

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

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

**For reporting on  
FFY 2023**

**Nevada**



**PART B DUE February 3, 2025**

**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 Nevada Department of Education (NDE) Office of Inclusive Education (OIE) is committed to ensuring that ALL students in Nevada are college- and career-ready upon exit from the public school system. Through our responsibility to provide general supervision over the implementation of federal and state regulations, the NDE builds upon collaborative efforts with state and local partners and stakeholders to raise expectation and improve early childhood, educational, and employment outcomes for all students with disabilities, their families, and their communities.

The Nevada General Supervision System (NVGSS) is the NDE's approach for monitoring, documenting, and enforcing accountability of the implementation of the Individuals with Disabilities Education Act (IDEA) and the Nevada Administrative Code (NAC). The NVGSS ensures continuous improvement, resulting in improved educational and functional outcomes for all students with disabilities ages 3 through 21, and that each Local Education Agency (LEA) responsible for educating students with disabilities meets IDEA and NAC special education program requirements.

The NVGSS vision for students with disabilities ages 3 through 21 focuses on:

- A coherent system for LEAs which seamlessly integrates annual LEA Special Education Determinations with monitoring and support activities designed to assist LEAs in meeting the 18 targets in Nevada's State Performance Plan;
- A strong focus on results in addition to compliance to provide technical assistance to LEAs; and
- Coordinating existing agency structures, processes, and protocols to reduce burden and duplication of efforts at the state and local level.

### Additional information related to data collection and reporting

In addition to the discussions below about cyclical integrated monitoring and data systems, data regarding the identification and correction of noncompliance are also collected and reported through the state's dispute resolution system and fiscal management systems. A description of these general supervision systems is included below. All noncompliance identified within these systems is required to be corrected as soon as possible, but no later than one year after the issuance of the findings. (The terms "issuance of findings," "receipt of findings," and "notification of findings" are used interchangeably in this report.) Individual cases of noncompliance must be corrected, and evidence that the LEA is correctly implementing the regulatory requirements with 100% compliance must also be provided to the NDE.

### FISCAL MANAGEMENT

The NDE implements the following steps to ensure proper fiscal management in accordance with federal law.

The NDE annually submits SEA Part B funding eligibility documents to OSEP, including assurances, descriptions of use of funds, and documentation of public participation. These materials are posted on the NDE website from application development through final submission.

Fiscal monitoring of LEAs occurs annually in accordance with NDE procedures, in three cycles: annual universal fiscal monitoring, cyclical targeted fiscal monitoring, and intensive fiscal monitoring. LEAs are reviewed in the following areas: written fiscal policies and procedures; budgets vs. expenditures, allowability of costs; time and effort; fiscal records and information management; equipment and inventory records; CEIS/CCEIS early intervening services; LEA maintenance of effort; equitable services and proportionate share; and procurement procedures. The NDE takes action to ensure that all identified noncompliance is corrected as soon as possible and no later than one year after the findings are issued, with 100% compliance.

### DISPUTE RESOLUTION

The NDE ensures establishment, maintenance and evaluation of the due process hearing system, including: adherence to timelines established in the IDEA; data demonstrating the extent to which resolution sessions result in written settlement agreements; technical assistance material available to the public on the NDE website; training offered to LEAs, parents, advocates, and others regarding NDE's due process hearing procedures; ongoing training of hearing and review officers (specific guidance is given for requiring correction of noncompliance within one year). System-level technical assistance (TA) and evaluation are provided by an independent contractor, including evaluation surveys from system users. The NDE monitors implementation of the hearing/review officer orders to ensure that all identified noncompliance is corrected within the prescribed timelines, or within a reasonable timeline as determined by the NDE, with 100% compliance.

The NDE ensures establishment, maintenance, and evaluation of a state mediation system, including collecting evaluation surveys from system users and analyzing data from mediation agreements. Periodic training of mediators is provided regarding IDEA and Nevada law, and mediation techniques.

The NDE ensures establishment, maintenance, and evaluation of the state complaint investigation system, including evaluation of timeliness. NDE analyzes findings to identify LEA training and technical assistance needs. In addition, orders for corrective action are monitored to ensure that all identified noncompliance is corrected as soon as possible and no later than one year after the findings are issued, with 100% compliance.

In addition, although not required by the IDEA, the NDE offers voluntary IEP facilitation services to LEAs and parents, at no cost to the parties.

### POLICIES, PROCEDURES AND EFFECTIVE IMPLEMENTATION

The NDE's policies and procedures are established in the Nevada Administrative Code (NAC), available on the NDE's Office of Inclusive Education website. Effective implementation of the NAC and IDEA is ensured through the general supervision system, in particular the integrated monitoring and dispute resolution systems. LEAs provide annual assurances regarding policies, procedures, and implementation of IDEA and NAC requirements. When LEAs are identified to have noncompliance with respect to their policies and procedures, through any general supervision mechanism, the LEA is required to correct all noncompliance as soon as possible and no later than one year after the findings are issued. LEAs must document correction of each individual case of noncompliance, and LEAs must provide evidence that the LEA is correctly implementing the regulatory requirements, with 100% compliance.

### Number of Districts in your State/Territory during reporting year

### **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 NDE conducts a comprehensive record review in each of the 18 LEAs in the state (17 school districts, and the State Public Charter School Authority (SPCSA)) at least once every four years. A stratified sampling is used to ensure a representative group of LEAs is monitored in each of the four years of the cycle. The 17 school districts have been assigned status as either "urban" (4 districts), "medium rural" (5 districts), or "small rural" (8 districts) depending on the relative size of the LEA and the relative urbanicity of the county seat. The SPCSA, which includes charter schools statewide, has been assigned status as a "medium" LEA. In each of the four years in the monitoring cycle, the LEAs selected for monitoring include one "urban" LEA, one "medium rural" LEA, and two "small rural" LEAs. Because there are 6 LEAs in the "medium/medium rural" subgroup, there are two years in the four-year cycle that include 2 of these LEAs. Because there are 8 LEAs in the "small rural" subgroup, there is one year in the four-cycle that includes 2 of these LEAs, and two years in the four-year-cycle that include 3 of these LEAs. This monitoring approach was approved by OSEP in April 2008 as part of the Indicator 8 Sampling Plan (revised in June 2023).

#### **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 compliance.**

All schools in the LEA have records selected for review, except Washoe County School District (WCSD), Clark County School District (CCSD), and the State Public Charter School Authority (SPCSA) where size dictates selection. In WCSD, CCSD and the SPCSA, schools are selected to ensure a representative sample among elementary, middle, and high schools. Record selection is stratified to ensure representation among race/ethnicity, disability, and placement categories in proportion to the LEA's total child count. For each school that will be monitored in a given year, generally, four records are selected for review at each middle/junior high school, and at each high school. Two records are selected for review at each elementary school.

When noncompliance is identified, each LEA is required to provide evidence of correction of each individual case of noncompliance at the student level. In addition, to document that the LEA is correctly implementing the regulatory requirements, each LEA must submit a number of new student files in a number equivalent to the number of records previously found to be noncompliant.

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

NDE annually collects IDEA Section 616 and 618 data which is used in monitoring and in completing the SPP/APR. Child count and placement data are collected and validated by LEAs electronically on October 1; software tools are used to search for duplicates, perform error checks, and prepare data for submission to EDFacts. The data are uploaded to a central NDE database, where the data are formatted through the Generate application for timely submission. Assessment data are prepared by NDE and formatted through the Generate application for timely submission to EDFacts. Electronic data are provided for exiting, discipline, and personnel data collections. Software tools are used to perform error checks; data are uploaded to a central NDE database and formatted through the Generate application for timely submission. Dispute resolution and MOE/CEIS/CCEIS data are collected via paper tables and document review; data are cleaned and prepared for timely submission. The Nevada Special Education Accountability and Reporting System (NVSEARS) is used to collect data for compliance Indicators 11 and 13 and performance Indicator 7. ACCESS Nevada, the NDE's newest special education data collection and information management system, is used to collect data for performance Indicator 14. A separate data collection in conjunction with cyclical integrated monitoring is used to collect data for compliance Indicator 12.

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

Nevada issues findings by LEA.

#### **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).**

Not applicable.

#### **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.**

Timelines for Making a Written Finding of Noncompliance and Notifying the LEA of that Finding

The NDE provides written notification of findings as soon as possible after the NDE concludes that the LEA has noncompliance. Written findings are usually issued within three months after discovery and verification.

#### **Steps to Ensure Correction of Noncompliance Within One Year**

All noncompliance, both individual and systemic, must be corrected by each LEA within one year of the LEA's receipt of a finding of noncompliance. The NDE does not make any prefindings of noncompliance that are corrected before the NDE issues a finding.

Findings of noncompliance are identified in a compliance report which is sent to LEAs along with a letter explaining the requirements (if any) for correction of identified noncompliance. The LEA is instructed to correct each noncompliance finding for each individual case of noncompliance. In addition, the LEA must provide evidence that the LEA is correctly implementing regulatory requirements. To provide this evidence, the LEA is directed to submit a designated number of new files (not previously monitored) demonstrating that the LEA is correctly implementing regulatory requirements that were found to be noncompliant during the monitoring review. The number of new files requested to demonstrate that the LEA is correctly implementing regulatory requirements is equivalent to the number of files for which noncompliance was identified.

The letter directs the LEA to develop a Corrective Action Plan (CAP) to address noncompliance found through review of records and policies/procedures/forms. CAPs are designed collaboratively between LEAs and the NDE. CAPs include procedures for review and revision, if necessary, of policies and procedures, and the provision of training to ensure that systemic noncompliance is corrected within one year. LEAs submit verification that CAP activities have been implemented as approved, and LEAs provide record review documentation to demonstrate correction of individual and systemic noncompliance within one year.

The NDE works with LEAs to provide targeted training, professional development, and other activities to verify that the LEA has corrected each individual case of noncompliance and that the LEA is correctly implementing the regulatory requirements, with 100% compliance. If all noncompliance has not been corrected within one year, the NDE continues to work with the LEA to ensure that corrective action has been taken, including taking

enforcement action as may be necessary to address uncorrected noncompliance.

If findings of noncompliance are not corrected within one year, the NDE may use the enforcement tools listed in 2 CFR §200.339 and 34 CFR 300.604(a)(1) and (a)(3), (b)(2)(i) and (b)(2)(v), and (c)(2), including but not limited to, the following:

- Advise the LEA of available technical assistance
- Require review and revision of policies and procedures
- Identify the LEA as a high-risk subgrantee and impose special conditions on the LEA's subgrant award
- Require training or webinars (if available and applicable within the one-year timeframe)
- Temporarily withhold payments until the LEA takes corrective action
- Disallow costs for all or part of the activity associated with the noncompliance of the LEA
- Suspend or terminate the federal award in part or in its entirety
- Initiate suspension or debarment proceedings as authorized in 2 CFR Part 180
- Withhold, in whole or in part, further payments from Part B of the IDEA, including new awards or continuation funding for the project or program
- Pursue other legally available remedies

**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.**

NDE issues LEA determinations annually when reporting performance of each LEA against the 15 indicators related to LEAs in the SPP/APR, no later than 120 days following NDE's submission of its SPP/APR to the U.S. Department of Education (i.e., LEA determinations are made by May following the submission on February 1).

Beginning in FFY 2023, the NDE considers the following factors in making annual determinations on the performance of each LEA under Part B of the IDEA:

- (1) Performance on compliance indicators. Annual compliance indicator data are analyzed in conjunction with the annual APR submission for Indicators 4b, 9, 10, 11, 12, 13 and 18 in the current data reporting year.
- (2) Valid and reliable data. Annual analysis of each LEA's submission of valid and reliable (as well as accurate and timely) data occurs when IDEA Section 618 data are collected, analyzed, and submitted to comply with IDEA data reporting requirements and timelines in the current data reporting year.
- (3) Correction of identified noncompliance as soon as possible and no later than one year from identification, based on whether noncompliance identified in SPP/APR Indicators 4b, 9, 10, 11, 12, 13 and 18 for the previous data reporting year was corrected within the current data reporting year; whether noncompliance identified in cyclical and/or targeted/focused monitoring and ordered to be corrected in the previous data reporting year was corrected within the current data reporting year; and whether noncompliance identified and ordered to be corrected in dispute resolution system decisions in the previous data reporting year was corrected within the current data reporting year.
- (4) Other data available to the State about the LEA's compliance with the IDEA, including relevant audit findings. Annually, the NDE determines whether during the current data reporting year the LEA had any unresolved audit findings, uncorrected noncompliance, and/or significant or persistent noncompliance concerns from other sources.
- (5) The NDE also considers results on performance indicators for the "needs assistance" category. Annual performance indicator data are analyzed in conjunction with the NDE's annual submission of the APR for Indicators 1, 2, 3, 4a, 5, 6, 7, 8, and 14 in the current data reporting year.

#### Determinations Categories

The four categories for determinations set forth in 34 CFR 300.603(b)(1) include:

- (1) Meets the requirements and purposes of Part B of the Act;
- (2) Needs assistance in implementing the requirements of Part B of the Act;
- (3) Needs intervention in implementing the requirements of Part B of the Act; or
- (4) Needs substantial intervention in implementing the requirements of Part B of the Act.

#### NDE Criteria for Four Categories for Determinations; Enforcement Actions

(1) The LEA "Meets Requirements" if:

- The LEA either met the target (100%) or demonstrated substantial compliance for Indicators 4b, 9, 10, 11, 12, 13 and 18 (compliance percentage of 95-99%) in the current data reporting year
- The LEA either met the target (100%) or demonstrated substantial compliance for the requirement to correct noncompliance within one year (95-99% of noncompliance identified in the previous data reporting year was corrected within one year in the current data reporting year)
- The LEA provided valid and reliable (timely, accurate) child count and Section 618 data for the current data reporting year
- The LEA had no unresolved audit findings, no uncorrected noncompliance, no significant or persistent noncompliance concerns from other sources

(2) The LEA "Needs Assistance" if:

- The LEA did not meet the target (100%) or demonstrate substantial compliance for Indicators 4b, 9, 10, 11, 12, 13 and 18 (compliance percentage of 95-99%) in the current data reporting year, but had compliance at a 50-94% rate
- The LEA did not meet the target (100%) or demonstrate substantial compliance for the requirement to correct noncompliance within one year (95-99% of noncompliance identified in the previous data reporting year was corrected within one year in the current data reporting year), but had compliance at a 50-94% rate
- The LEA did not provide valid and reliable (timely and accurate) child count and Section 618 data for the current data reporting year, but took necessary actions to collect and report timely and accurate data for the succeeding data reporting year
- The LEA met the target(s) for at least one "performance" indicator in the current data reporting year
- The LEA had no unresolved audit findings, no uncorrected noncompliance, no significant or persistent noncompliance concerns from other sources

If the NDE determines for two consecutive years or more that the LEA needs assistance, the NDE will take one or more of the following enforcement actions:

- advise the LEA of available sources of technical assistance
- identify the LEA as a high-risk grantee and impose conditions on the LEA's Part B grant award

If the NDE determines that an LEA is not meeting the requirements of Part B of the IDEA, the NDE prohibits the LEA from reducing its maintenance of effort under 34 CFR 300.203 for any fiscal year during which the LEA did not meet requirements.

(3) The LEA "Needs Intervention" if:

- The LEA did not meet the target (100%) or demonstrate substantial compliance for Indicators 4b, 9, 10, 11, 12, 13 and 18 (compliance percentage of 95-99%) in the current data reporting year, and the compliance percentage was very low (below 50%)
- The LEA did not meet the target (100%) or demonstrate substantial compliance for the requirement to correct noncompliance within one year (95-99%

of noncompliance identified in the previous data reporting year was corrected within one year in the current data reporting year), and the compliance percentage was very low (below 50%)

--The LEA did not provide valid and reliable (timely and accurate) child count and Section 618 data for the current data reporting year, and took no actions to collect and report timely and accurate data in the succeeding data reporting year

--The LEA may have had unresolved audit findings, uncorrected noncompliance, and/or significant or persistent noncompliance concerns from other sources

If the NDE determines for three consecutive years that the LEA needs intervention, the NDE may take any of the actions described under "needs assistance" and will take one or more of the following enforcement actions:

--require the LEA to prepare a corrective action plan or improvement plan to correct the identified area(s) within one year

--withhold, in whole or in part, further payments to the LEA under Part B of the IDEA

(4) The LEA "Needs Substantial Intervention" if:

--The LEA's substantial failures to comply significantly with legal requirements affected the core requirements of the program (such as the delivery of services to children), or the LEA informed the state that it was unwilling to comply.

Such determination may occur for any LEA at any time. In such case, the LEA must comply with a corrective action plan that may be developed by the LEA or the NDE, at the discretion of the NDE. Required activities may include any of those activities already identified in determinations under "Needs Assistance" or "Needs Intervention" and will result in the NDE withholding (after reasonable notice and opportunity for a hearing, in whole or in part, any further payments under Part B to the LEA.

Annual Determinations are disseminated directly to LEAs and are posted on the NDE website, at <https://doe.nv.gov/offices/inclusive-education/special-education-annual-performance-reports-for-nevada-school-districts>.

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

<https://doe.nv.gov/offices/inclusive-education/>

**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 NDE implements a comprehensive technical assistance (TA) system that maximizes opportunities for face-to-face interactions and leverages technology to sustain the delivery of TA and support. Intentional engagement occurs with special education leaders as well as with other LEA leaders who have a role to play in the performance of students with disabilities including superintendents, as well as directors of assessment/accountability, curriculum and instruction, career and technical education, and information technology.

Monthly, NDE leaders plan agendas, coordinate learning opportunities, and facilitate meetings that are routinely attended by the special education directors from each LEA. These meetings are designed to engage district leaders in learning about evidence-based practices for results (e.g., multi-tiered systems of support, formative assessment practices, universal design for learning, and others) as well as requirements for general supervision (e.g., fiscal issues, grant planning and administration, monitoring and compliance indicators, and so forth). In between these meetings, calls are routinely held and emails are exchanged among NDE and LEA personnel to address individualized TA needs.

Monthly meetings are also held with the superintendents from each LEA and attended by the State Superintendent and the Deputy Superintendent for Student Achievement. At these meetings, dialogue occurs regarding student performance, including practices that the state and districts are implementing to support improved results in their schools. The performance of students with disabilities, and the evidence-based practices that LEAs are employing with regard to instruction, assessment, accountability, identification, and educator expectations and support are focused subjects of conversation during several meetings across the year.

Various NDE offices hold quarterly (and in some cases, semi-annually) meetings among district leaders across various programs such as assessment, accountability, curriculum and instruction, career and technical education, special education, Title I, and Title III. Issues associated with results for special education students are addressed in these meetings, often as part of the LEAs' larger efforts to close achievement gaps for low-performing students.

NDE also employs routine systems of information dissemination. The OIE Director transmits memos, guidance documents, and email correspondence as needed to share information about legal requirements and best practices, including guiding LEA personnel to engage in webinars offered by the OSEP TA&PD Network. State special education leaders are also engaged in cross-team efforts to build and sustain statewide systems that promote the implementation of evidence-based practices as part of the state's comprehensive approach to school and district improvement, under the Nevada School Performance Framework (NSPF) and the aligned expectations of Nevada's ESSA Flexibility Waiver. Finally, the state utilizes meetings of the Special Education Advisory Committee (SEAC) as part of the TA system. SEAC meets quarterly and the meetings are designed to provide opportunities to share information, exchange ideas, and make requests of SEAC members to communicate with and share perspectives from the constituencies whom they represent.

**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.**

Nevada maintains a comprehensive scheme of licensure, established by state law, designed to prepare teachers to meet the unique needs of students with various disabilities. See <http://www.leg.state.nv.us/NAC/NAC-391.html> for licenses and endorsements for teaching exceptional pupils.

The Nevada State Board of Education has adopted regulations that set forth the expectations which teachers and administrators are required to meet under the Nevada Educator Performance Framework (NEPF). Teachers are expected to connect the prior learning and experience of students to (1) guide current learning; (2) assign tasks based upon the appropriate cognitive demands for students with diverse abilities; (3) require students to engage in learning through discourse and other strategies; (4) require students to engage in metacognitive activity; and (5) integrate assessment into instruction.

In order to support effective teaching and learning that result in positive student performance, school administrators are expected to create and sustain:

(1) a focus on learning at the school; (2) a school culture of striving for continuous improvement; (3) productive relationships; and (4) structures to support an effective school.

For both teachers and administrators, robust sets of indicators specify the measurable behaviors that exemplify these standards in practice. Significant

resources have been invested to ensure that all teachers have the skills and knowledge to provide instruction, and all administrators have the instructional leadership capacity aligned to these standards and indicators, to create teaching and learning parameters that result in high achievement for all students. Nevada's system of Regional Professional Development Programs — a regional configuration of training entities — has been charged with providing opportunities for educators to learn the standards themselves, and to deepen their capacity to engage in practices that exemplify these standards. Trainings are provided at the school, district, regional, and statewide level, in partnership with LEAs. An aligned system of observation and other data collection mechanisms is in place to check for educator understanding and mastery of content. Systems of educator preparation and teacher and administrator licensure are aligned to the standards to ensure coherence across the state's systems of personnel development, accreditation, and professional development.

Prior to the pandemic, the NDE annually hosted the Mega Conference for hundreds of educators statewide to engage them in learning to enhance long-standing practices as well as emerging strategies for successful teaching and learning. Even though the state has returned to in-person learning, teacher shortages have impacted the ability to have large in-person events. The NDE has pivoted to use a combination of virtual administrator meetings and communities of practice, synchronous and asynchronous virtual trainings, and specific training modules hosted on the NDE website to continue to meet this need. These options have allowed the professional learning and technical assistance to occur on a more frequent basis and have opened the door for more professionals to participate in professional learning on a more consistent basis. The NDE will continue to evaluate the use of these options and determine whether there will be a return to hosting large in-person conferences.

Specifically targeted for special education leaders, OIE also coordinates a two-day workshop each winter and a four-day workshop each summer, where experts present on practices associated with standards, assessment, accountability, instruction, and educator development. Special education directors and their senior staff members listen, learn, exchange ideas, and deepen professional connections. They engage in action planning to develop strategies for implementing evidence-based practices in their LEAs, which are then revisited in conversations with OIE staff across the year informally, and during specified opportunities in the monthly meetings described under the state's TA system, described above.

OIE staff members also collaborate with the Nevada Association of School Administrators to provide training during professional learning opportunities offered across the state.

#### **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.**

No targets were revised in the FFY 2023 SPP/APR.

See the section below titled "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" for FFY 2023 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.

The information below describes the work undertaken by the NDE in FFY 2020 to establish the state's six-year targets.

In October 2020, OIE began the Part B FFY 2020–2025 State Performance Plan/Annual Performance Report (SPP/APR) project to establish baselines and targets for the new six-year package. OIE embraced this project as an opportunity for new stakeholder engagements, new opportunities for program growth, and to set new expectations for ensuring improved outcomes for students with disabilities in Nevada.

Staff reviewed OSEP provided materials on the new SPP/APR requirements, participated in numerous technical assistance trainings provided by OSEP TA Centers, and developed a stakeholder engagement plan appropriate for Nevada. Indicators were grouped together to form the following five Workgroups: Equity (Indicators 4, 9, 10), Dispute Resolution (Indicators 15, 16), College and Career Ready (Indicators 1, 2, 13, 14), Strong Start (Indicators 6, 7, 11, 12), and Continuous Growth (Indicators 3, 5, 8). The Stakeholder Workgroup for Indicator 17 was the already-existing Assess-Plan-Teach (APT) Leadership Team that has been working for the last several years on Nevada's Indicator 17 project (APT).

Stakeholder recruitment commenced in May of 2021. Workgroup Teams connected with known content experts, colleagues, Committees and Boards, and recruited directly from the state Special Educational District Administrators (SEDA) and the Special Education Advisory Committee (SEAC). Direct recruitment also occurred when the SPP/APR target-setting process was explained and participation was requested in meetings of various external leadership teams where OIE staff participate, including the Governor's Council on Developmental Disabilities and the Governor's Assistive Technology Council. Stakeholders who were contacted were then also asked to bring a friend to the meetings and recommend other stakeholders that could be invited by OIE to participate. This network of stakeholders created rich diversity amongst all the Indicator Stakeholder Workgroups.

Each Stakeholder Workgroup contained members from northern, southern, and rural Nevada and included community advocates, parents (individual parents as well as Nevada Parent Training and Information Center staff), and State Department staff including those from the Nevada Center for Excellence in Disabilities, the Nevada Governor's Council on Developmental Disabilities, Vocational Rehabilitation Regional Centers and Nevada System for Higher Education. Participating LEA staff included teachers, Transition Specialists, Principals and District Administrators.

Each Indicator Workgroup established communal meeting times best fit for participating stakeholders and utilized Microsoft Office 365 collaboration tools. Meeting links and materials were sent to stakeholders in advance to the meeting date and time. These meeting invites were encouraged to be shared with others, as any member of the public could join if they had the meeting link. Workgroups met virtually via Teams for 90-120 minutes several times from June through November of 2021. Each Workgroup had the task of understanding the group's Indicators; analyzing and discussing historical data; brainstorming improvement strategies; determining best practices for evaluating progress and made recommendations for baseline and targets.

In early December 2021, target and baseline recommendations from each of the Workgroups were then put forth to the public via an open meeting of the Special Education Advisory Committee as well as an electronic survey. The survey link was emailed, included in group newsletters, and even posted on Facebook pages of some of Nevada's parent advocates. Opened from mid-December to late January 2022 the survey link was sent several times to well over 1100 NDE contacts that included teachers, Principals, District Superintendents, NDE ESSA Advisory Group members, members of the Press, SPP/APR Indicator Stakeholder Workgroup members, State Departments and Councils, SEDA, SEAC, Nevada PEP and all NDE staff. Survey responders represented a broad network of partners and constituents. OIE reviewed and collectively discussed all information collected during the stakeholder process. Survey results were analyzed, giving particular attention to results submitted by parents. Nevada stakeholders developed the thoughtful, thorough, rigorous yet achievable baselines and targets set forth in the FFY 2020 SPP/APR.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for specific details regarding the Indicator-specific mechanisms for

soliciting broad stakeholder input on the State's targets in the SPP/APR. The FFY 2020 SPP/APR is available on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.

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

NO

**Number of Parent Members:**

50

**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.**

No targets were revised in the FFY 2023 SPP/APR.

This information below describes the work undertaken by the NDE in FFY 2020 to establish the state's six-year targets.

Note that the "number of parent members" reported above as "50" is not an unduplicated count, since parents could respond anonymously to the public input survey. In addition, many individuals who are in leadership positions in LEAs and other state and local agencies are also parents of students with disabilities. Those individuals were not counted as "parents" since they had another primary role in the Stakeholder Workgroups, but without doubt their dual perspectives contribute in positive ways to the analyses and recommendations.

NDE ensured that parent members of the state Special Education Advisory Committee (SEAC) (2 parents); Nevada PEP, the state's parent training and information center (2 parents); parents from local and statewide advocacy and advisory committees (2 parents), and individual parents (8 parents) were well represented in each of the five Stakeholder Workgroups described above. It should be noted that many parents, although only counted once in the parenthetical tallies, have multiple roles in the parent leadership groups in Nevada. For example, the Executive Director of Nevada PEP is also a member of SEAC, and the parent of a person with a disability, but she has been counted only once as a member of Nevada PEP. In addition, some parents in key leadership roles in the state (e.g., Nevada PEP) served on more than one Stakeholder Workgroup.

As integral members of the Stakeholder Workgroups, these parents were involved in every step of the processes described above. They reviewed current and historical data (often recalculated to align with revised indicator measurement requirements) to evaluate progress, provided input regarding the selection of baseline years, formulated options for targets, made recommendations for program improvements, and made recommendations to NDE for six-year targets. The recommendations of the Stakeholder Workgroups were critical in NDE's final target-setting decisions.

The FFY 2020 SPP/APR is available on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.

**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.**

The NDE is committed to empowering diverse parent groups to effectively support their children with disabilities through a comprehensive strategy focused on key areas aligned with best practices in parent engagement and empowerment.

A cornerstone of this effort is strengthening parent leadership. The NDE revitalized the Special Education Advisory Committee (SEAC) through a targeted outreach campaign, resulting in full membership, with a majority of members being individuals with disabilities and parents of children with disabilities. To maximize their impact, SEAC members received dedicated training on their responsibilities, equipping them to actively participate in policy and decision-making.

The NDE's strong partnership with Nevada PEP, the state's Parent Training and Information Center, is essential to providing diverse parent groups with vital training and information. Through regular collaboration and a joint annual review of parent-reported issues, data is used to drive action planning and address Nevada PEP's most pressing needs. Accessibility is also prioritized by translating key documents, including IEP guides, parent handbooks, and procedural safeguards, into parent-friendly language and multiple languages. All public-facing communications are ADA compliant.

The NDE and Nevada PEP collaborate extensively through multiple avenues. Nevada PEP actively participates in the Assess-Plan-Teach (APT) Leadership Team within both the State Personnel Development Grant and the APT project. This collaboration, combined with Nevada PEP's direct support to families, ensures a multi-faceted approach to supporting implementation activities. For example, Nevada PEP developed the parent friendly "Helping Children to Become Better Readers" brochure. Regular discussions about APT implementation at Nevada PEP meetings, informed by close contact with the NDE, keep staff well-informed and effective in their support of the project.

Monthly meetings between NDE and Nevada PEP further strengthen this partnership by facilitating discussions about ongoing initiatives and parent-related issues. NDE also regularly invites Nevada PEP staff to participate in directors' training, promoting shared learning and alignment. A joint effort to inform parents about the Statewide Parent Survey resulted in an increased response rate for Indicator 8, with Nevada PEP helping families facing barriers like lack of internet access or language differences.

The NDE actively participates in various state councils and commissions, collaborating with parent representatives to integrate their perspectives into decision-making. The NDE provides these groups with training and technical assistance on relevant special education topics, including dispute resolution, resource availability, and updates on various initiatives. This collaborative approach strengthens partnerships and ensures parent voices are heard, as demonstrated by our successful collaboration with the Nevada Vision Services Team, which led to tangible improvements like revised regulations.

To ensure that personalized, competency-based education systems meet the diverse needs of all learners, including children with disabilities, the NDE includes diverse stakeholders, including parents and representatives from organizations like Nevada PEP and The Center for Excellence in Disabilities University of Nevada Reno, in the Nevada Future of Learning Network.

The NDE is committed to addressing barriers and promoting equity. The NDE ensures all activities and resources are accessible to diverse parent groups, including those with disabilities, limited English proficiency, or other challenges. Accommodation such as interpreters, translators, childcare, transportation assistance, and materials in alternative formats are provided in all meetings and professional learning opportunities.

Through these comprehensive and sustained efforts—leadership development, targeted training, information dissemination, collaborative partnerships,

and a focus on accessibility and equity—the NDE is building the capacity of diverse parent groups to meaningfully engage in their children's education and achieve positive outcomes.

#### **Soliciting Public Input:**

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

No targets were revised in the FFY 2023 SPP/APR.

This information below describes the work undertaken by the NDE in FFY 2020 to establish the state's six-year targets.

In early December 2021, target and baseline recommendations from each of the Workgroups were then put forth to the public via an open meeting of the Special Education Advisory Committee as well an electronic survey. The survey link was emailed, included in group newsletters, and even posted on Facebook pages of some of Nevada's parent advocates. Opened from mid-December to late January 2022 the survey link was sent several times to well over 1100 NDE contacts that included teachers, Principals, District Superintendents, NDE ESSA Advisory Group members, members of the Press, SPP/APR Indicator Stakeholder Workgroup members, State Departments and Councils, SEDA, SEAC, Nevada PEP and all NDE staff. Survey responders represented a broad network of partners and constituents. OIE reviewed and collectively discussed all information collected during the stakeholder process. Survey results were analyzed, giving particular attention to results submitted by parents. Nevada stakeholders developed the thoughtful, thorough, rigorous yet achievable baselines and targets set forth in the FFY 2020 SPP/APR.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for specific details regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR.

In early December 2021, target and baseline recommendations from each of the Stakeholder Workgroups were then put forth to the public via an open meeting of the Special Education Advisory Committee as well an electronic survey. Workgroup members agreed that an electronic survey via Google Forms would be best for Nevada and a reliable way to reach diverse stakeholders across the State. The survey link was emailed, included in group newsletters, and even posted on Facebook pages of some of Nevada's parent advocates. Opened from mid-December to late January 2022, the survey link was sent several times to more than 1100 NDE contacts that included teachers, Principals, District Superintendents, NDE ESSA Advisory Group members, members of the Press, SPP/APR Indicator Stakeholder Workgroup members, SEDA, SEAC, Nevada PEP, all NDE staff, and participant lists from NDE-sponsored conferences, including students who were Young Adult Facilitators for Nevada's Secondary Transition Summit.

The survey was also sent to other Nevada state programs, including Nevada Early Intervention Services (the Part C agency), Vocational Rehabilitation, the Nevada Volunteer Council, Nevada Tribal contacts, and the Nevada System of Higher Education.

The survey was also sent to several Governor's Councils: Commission on Autism Spectrum Disorders; Assistive Technology Council; Commission on Services for Persons with Disabilities; Statewide Independent Living Council; Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired; and the Council on Developmental Disabilities.

As with the rich diversity of stakeholders engaged in the Indicator Workgroups, survey responses included representation from northern, southern, and rural Nevada. Several survey responders identified as parents. Responders also included classroom teachers, school and district administrators, school board members, related service providers, students, community members and advocates.

NDE carefully considered the public survey responses along with the Stakeholder Workgroup recommendations when selecting the baseline years and six-year targets for the FFY 2000-2005 SPP/APR.

The FFY 2020 SPP/APR is available on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.

#### **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.**

No targets were revised in the FFY 2023 SPP/APR.

The results of Nevada's work to develop targets in the FFY 2020-2025 SPP/APR were contained in Nevada's FFY 2020 SPP/APR. The FFY 2020 SPP/APR document is posted on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.

Each year, Nevada's SPP/APR is posted publicly on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>. Reports submitted in 2020, 2021, 2022, 2023, 2024 contain evaluation results and are available to the public.

NDE reports annually on the performance of each LEA located in the State on the targets in the SPP/APR no later than May, at the following website: <https://doe.nv.gov/offices/inclusive-education/special-education-annual-performance-reports-for-nevada-school-districts>.

Presentations on results for each of the six years are provided to SEAC and SEDA after annual SPP/APR documents are prepared and reported to OSEP.

#### **Reporting to the Public**

**How and where the State reported to the public on the FFY 2022 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 2022 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 2022 APR in 2024, is available.**

No targets were revised in the FFY 2022 SPP/APR submitted in 2024. No targets were revised in the FFY 2023 SPP/APR submitted in 2025.

The NDE reports annually on the performance of each LEA located in Nevada on the targets in the SPP/APR no later than May, at the following website: <https://doe.nv.gov/offices/inclusive-education/special-education-annual-performance-reports-for-nevada-school-districts>. For the FFY 2022 LEA performance reports, see the section with the header "2022-2023 (May 2024)."

Nevada's current FFY 2022 State Performance Plan (SPP) and Annual Performance Report (APP) is available on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.



Nevada's FFY 2023 SPP/APR will be posted later this spring on the NDE website at: <https://doe.nv.gov/inclusive-education/spp-and-apr/>.

Nevada has not revised the targets that it submitted with its FFY 2020 APR in 2022. The FFY 2020 SPP/APR is available on the NDE website at: <https://doe.nv.gov/offices/inclusive-education/spp-and-apr/>.

## Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

In the FFY 2023 SPP/APR, the State must provide a description of the activities conducted to increase the capacity of diverse groups of parents, as required by the Measurement Table.

## Response to actions required in FFY 2022 SPP/APR

See the prompt "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" for the description of Nevada's activities in FFY 2023.

In FFY 2022, Nevada's RDA Percentage was 65.00%, down from 67.08% in FFY 2021. OSEP directed Nevada to report on (1) the technical assistance sources from which Nevada received assistance; and (2) the actions the State took as a result of that technical assistance. See discussion below.

### NATIONAL CENTER FOR SYSTEMIC IMPROVEMENT (NCSI)

NDE works with NCSI on key projects to enhance and improve NDE's General Supervision System. This past year it was most critical to engage with them in their work with OSEP's Differentiated Monitoring System (DMS) 2.0. Additional work included: (1) leadership skills for Nevada's OIE Director, (2) management and leadership skills for the OIE Assistant Director (AD) in the multi-state AD shared interest group, and (3) Results-Based Accountability, described in more detail below.

These ongoing collaboratives provide multiple opportunities for NDE staff to participate in virtual and in person meetings with NCSI staff and SEA staff from around the country. These collaboratives are a valuable source of information as well as support as NDE continues to examine data and support implementation of evidence-based practices for improved outcomes.

#### 1. Differentiated Monitoring System (DMS) 2.0

NDE participates in monthly TA calls related to DMS, helping NDE understand the tools available and the DMS process. NCSI provided onsite TA to NDE to prepare for the DMS visit in November 2023.

#### 2. Special Education Administrators Leadership Collaborative (SEAL)

The OIE Director participates in monthly meetings with other SEA Leaders to review federal requirements and share experiences to enhance skills.

#### 4. Results-Based Accountability and Support Collaborative (RBAS)

NDE participates in monthly meetings with other SEA Leaders to learn how to develop, implement and evaluate components of an RBA general supervision system.

In addition to participation in the collaboratives, in 2024 NDE partnered with NCSI project staff to develop Nevada-specific dyslexia documents.

NDE also works with other OSEP-sponsored TA centers. This work increases the knowledge of SEA staff and supports sharing information and TA with Nevada's LEAs. At monthly LEA meetings, NDE highlights the work of the NDE with these TA centers. NDE also give LEAs a tour of the resources available, to demonstrate how LEAs can use the free TA available, and LEAs can engage directly with TA centers to use targeted resources.

Work with other OSEP-sponsored TA centers includes the following:

### NATIONAL TECHNICAL ASSISTANCE CENTER ON TRANSITION: THE COLLABORATIVE (NTACT:C)

NDE receives TA from NTACT:C to connect with other states (e.g., opportunity to learn from states who require all transition components to begin at age 14, who go beyond minimum compliance in transition efforts, regarding the Indicator 14 Post-School Outcomes Survey, and who are Disability Innovation Fund grantees) and to use materials to train LEA staff (e.g., the Collaborative Assessment Guide for Transition Planning including Sample Tools and Resources and Indicator 13 Checklists, FAQs, Presenter Guide, and IEP Case Studies). OIE staff participate in professional learning opportunities offered by NTACT:C including the Indicator B14 CoP, CTE/SpEd/VR Network, and Students with Disabilities Service Delivery Solutions Peer Network. NDE (in collaboration with Nevada Vocational Rehabilitation) participated in and presented regarding NDE's Career and Technical Education (CTE) Paraprofessional Project at NTACT:C's Capacity Building Institute (CBI) in May of 2024. In May of 2025, NDE will once again participate in CBI, this time presenting on 84.421E Disability Innovation Fund (DIF), Pathways to Partnerships Innovative Model Demonstration Project, Assistance: Nevada Transitions Roadmap through Innovative Partnerships Project (Nevada TRIP) including the April 1, 2025, launch of the Nevada TRIP website.

### PROGRESS CENTER AT THE AMERICAN INSTITUTES FOR RESEARCH

In addition to work with NDE, two LEAs have worked with the Progress Center directly and have participated in their train-the-trainer model opportunities to build LEA capacity for improving IEP development and compliance.

### EARLY CHILDHOOD TECHNICAL ASSISTANCE (ECTA)

NDE continues to partner with ECTA to support development of professional learning and TA for LEAs on early childhood topics. These resources are posted on our website and are available on CANVAS, the online Learning Management System.

### CENTER FOR IDEA FISCAL REPORTING (CIFR)

NDE participates in CIFR's multi-state Part B State Set Aside CoP and IDEA State Fiscal Staff CoP meetings. This TA helps us improve our fiscal systems and restructure those systems around general supervision requirements.

#### EARLY CHILDHOOD INCLUSION COMMUNITY OF PRACTICE (CoP)

NDE participates regularly in this CoP, including conference calls on inclusion, transition, suspension/expulsion, social/emotional skill development, and improved behavioral outcomes.

#### IDEA CENTER FOR EARLY CHILDHOOD DATA SYSTEMS (DaSy)

NDE participates in TA offered by DaSy, including webinars on data collection and reporting. DaSy provides NDE with individual TA and cross-state collaboration to enhance data system development.

#### NATIONAL CENTER FOR PYRAMID MODEL INNOVATIONS (NCPMI)

NDE is a member of the NCPMI and staff attend monthly meetings. Information/training from NCPMI using the Pyramid Model has been disseminated to the Nevada's LEAs. The state leadership team is addressing suspension/expulsion and social emotional learning for toddlers. These strategies support effective instruction and behavioral outcomes, which in turn support inclusive placements.

#### IDEA DATA CENTER (IDC)

NDE participates in IDC webinars, Data Manger Summits, Peer-To-Peer groups, and receives one-to-one support. NDE regularly uses several tools produced by IDC including IDEA EDFacts Data Checker and other resources. Work with IDC has strengthened cross-office collaboration for timely/accurate State-reported IDEA data. NDE holds regular webinar meetings with LEAs on IDEA data collections and elements and provides detailed Guidance documents and one-to-one TA.

#### CENTER FOR INTEGRATION OF IDEA DATA (CIID)

NDE continues work with CIID on the NV Generate project to produce timely/accurate IDEA EDFacts files. Cross-office NDE teams meet bi-monthly with CIID for TA to implement NV Generate.

#### THE CENTER FOR TECHNICAL ASSISTANCE FOR EXCELLENCE IN SPECIAL EDUCATION (TAESE)

The OIE Director participates in monthly regional director's meetings to better understand federal requirements and to learn from other state directors. The OIE Director and staff participate in professional learning opportunities supported by TAESE.

#### CENTER FOR APPROPRIATE DISPUTE RESOLUTION IN SPECIAL EDUCATION (CADRE)

NDE participates in online state discussions related to dispute resolution and uses available CADRE resources.

#### DATA CENTER FOR ADDRESSING SIGNIFICANT DISPROPORTIONALITY (DCASD)

NDE continued the work that started in early 2024 with DCASD to address Nevada's needs in designing, implementing and evaluating methodologies for collecting and using data to accurately identify LEAs with significant disproportionality. NDE is actively developing tools to support LEAs in conducting root cause analyses and reviewing policies and procedures that may contribute to findings of significant disproportionality.

### Intro - OSEP Response

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 21, 2024 determination letter informed the State that it must report with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

### Intro - Required Actions

The State's IDEA Part B determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

## 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 2023 SPP/APR, use data from 2022-2023), 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	72.72%

FFY	2018	2019	2020	2021	2022
Target >=	100.00%	100.00%	72.72%	74.00%	75.00%
Data	65.96%	67.15%	72.72%	65.66%	54.97%

### Targets

FFY	2023	2024	2025
Target >=	76.00%	77.00%	78.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	2,690
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	105
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	281

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	187
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	714

#### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,690	3,977	54.97%	76.00%	67.64%	Did not meet target	No Slippage

#### Graduation Conditions

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

Receipt of a regular (standard) diploma in Nevada during 2022-2023 required a student to (1) earn a minimum of 23 credits, and (2) participate in the ACT Plus Writing examination as a college and career readiness assessment. No difference existed between the conditions required of youth with an IEP and youth without an IEP to earn a regular (standard) diploma in Nevada.

**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 EDFacts 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 2023 SPP/APR, use data from 2022-2023), 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	15.85%

FFY	2018	2019	2020	2021	2022
Target <=	5.00%	5.00%	15.85%	15.00%	14.00%
Data	4.41%	3.44%	15.85%	25.89%	32.63%

### Targets

FFY	2023	2024	2025
Target <=	13.00%	12.00%	11.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	2,690
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	105
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	281
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	187

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	714

#### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
714	3,977	32.63%	13.00%	17.95%	Did not meet target	No Slippage

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

NAC 387.048 "Dropout" defined. "Dropout" means any pupil who withdrew during the previous school year for any reason specified in subsection 3 of NAC 387.215.

NAC 387.215 Reason for withdrawal of pupil. The reason listed in the master register of enrollment and attendance for the withdrawal of a pupil must be stated as one of the following:

#### NAC 287.215

3. For a pupil who is not known to be receiving educational services, withdrawal of the pupil from the system of K-12 public education:

(a) By the pupil or the parent or guardian of the pupil, as applicable, for any of the following reasons:

- (1) The pupil is credit deficient;
  - (2) Pregnancy;
  - (3) Marriage;
  - (4) Employment;
  - (5) The pupil's physical or mental condition prevents or renders inadvisable the pupil's attendance at school or the pupil's application to study, certified pursuant to NRS 392.050, including, without limitation, a long-term medical condition or admission to a program of substance abuse treatment or a rehabilitative setting;
  - (6) Authorization by the juvenile division of the district court pursuant to NRS 392.090;
  - (7) Self-supported or parental support in accordance with NRS 392.100;
  - (8) Apprenticeship in accordance with NRS 392.110; or
  - (9) Any other reason not specified in subparagraphs (1) to (8), inclusive.
- (b) Because the pupil's age exceeds the maximum age at which the pupil is entitled to a public education in this State.
- (c) Due to:
- (1) Permanent expulsion;
  - (2) Disciplinary or other eligibility reasons; or
  - (3) Incarceration.
- (d) To enroll in an educational program for adults or other educational program which does not offer a diploma, including, without limitation:
- (1) A program of general educational development; or
  - (2) A program of vocational or technical education for adults.
- (e) As a result of the unknown enrollment status of the pupil due to the absence of the pupil:
- (1) For 10 consecutive school days if the whereabouts of the pupil are unknown or the reason for the pupil's absence cannot be determined;
  - (2) For 1 month when an expected date of return is not known; or
  - (3) For unexplained absence, as set forth in subsection 2 of NAC 387.220.
- (f) When attendance is excused pursuant to NRS 392.060 for completion of the 12 grades of elementary and high school courses.
- (g) When attendance is excused pursuant to NRS 392.080 because the pupil's residence is located at such a distance from the nearest public school as to render attendance unsafe or impractical.

#### 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 CFR §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	2018	94.90%
Reading	B	Grade 8	2018	94.30%
Reading	C	Grade HS	2018	93.31%
Math	A	Grade 4	2018	94.79%
Math	B	Grade 8	2018	93.98%
Math	C	Grade HS	2018	97.24%

#### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%

#### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### FFY 2023 Data Disaggregation from ED Facts

##### Data Source:

**Date:**

01/08/2025

**Reading Assessment Participation Data by Grade (1)**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	5,702	4,627	4,217
b. Children with IEPs in regular assessment with no accommodations (3)	5,200	4,024	1,703
c. Children with IEPs in regular assessment with accommodations (3)	27	21	1,595
d. Children with IEPs in alternate assessment against alternate standards	378	328	307

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

01/08/2025

**Math Assessment Participation Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	5,699	4,622	4,217
b. Children with IEPs in regular assessment with no accommodations (3)	5,189	4,027	1,838
c. Children with IEPs in regular assessment with accommodations (3)	29	24	1,709
d. Children with IEPs in alternate assessment against alternate standards	378	327	307

(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 2023 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	5,605	5,702	97.74%	95.00%	98.30%	Met target	No Slippage
B	Grade 8	4,373	4,627	93.50%	95.00%	94.51%	Did not meet target	No Slippage
C	Grade HS	3,605	4,217	83.51%	95.00%	85.49%	Did not meet target	No Slippage

**FFY 2023 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	5,596	5,699	97.72%	95.00%	98.19%	Met target	No Slippage
B	Grade 8	4,378	4,622	92.35%	95.00%	94.72%	Did not meet target	No Slippage



Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C	Grade HS	3,854	4,217	88.51%	95.00%	91.39%	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.

<http://nevadareportcard.nv.gov/di/>

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 (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 EDEfacts 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	2018	17.50%
Reading	B	Grade 8	2018	8.80%
Reading	C	Grade HS	2018	8.94%
Math	A	Grade 4	2018	16.14%
Math	B	Grade 8	2018	4.34%
Math	C	Grade HS	2018	3.08%

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	21.00%	22.00%	24.00%
Reading	B >=	Grade 8	12.00%	13.00%	15.00%
Reading	C >=	Grade HS	12.00%	13.00%	15.00%
Math	A >=	Grade 4	20.00%	21.00%	23.00%
Math	B >=	Grade 8	8.00%	9.00%	11.00%
Math	C >=	Grade HS	7.00%	8.00%	10.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

### FFY 2023 Data Disaggregation from EDEfacts

**Data Source:**

**Date:**

01/08/2025

**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	5,227	4,045	3,298
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	925	366	144
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	2	4	195

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**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	5,218	4,051	3,547
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	896	205	38
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	4	2	55

(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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	927	5,227	17.60%	21.00%	17.73%	Did not meet target	No Slippage
B	Grade 8	370	4,045	9.14%	12.00%	9.15%	Did not meet target	No Slippage
C	Grade HS	339	3,298	10.00%	12.00%	10.28%	Did not meet target	No Slippage

**FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	900	5,218	17.29%	20.00%	17.25%	Did not meet target	No Slippage
B	Grade 8	207	4,051	4.33%	8.00%	5.11%	Did not meet target	No Slippage
C	Grade HS	93	3,547	2.82%	7.00%	2.62%	Did not meet target	Slippage

**Provide reasons for slippage for Group C, if applicable**

There were 283 more 11th graders assessed against grade level academic standards in FFY 2023 than in the previous year (FFY 2022). This calculates to a 8.7% increase of students being assessed ( $[3,547 - 3,264 = 283] / 3264 = 8.7\%$ ).

Students who were 11th graders in the Spring of 2024 were 7th graders in the Spring of 2020 at the onset of COVID-19 school closures, which continued throughout the 2020-2021 school year. These students missed part of the 7th and much of the 8th grade in-person instruction. The decline in these grade-level assessment scores is not surprising under these circumstances. COVID-19 school closures adversely affected student achievement, and not just in the years when in-person instruction was limited. Instead, the lost months of direct, in-person instruction created an overall decline in performance that lingers into subsequent years as children struggle to make up for lost opportunities to learn to grade-level academic achievement standards.

The fact that 8.7% more of these 11th graders were assessed than in the previous year means that even more of the students who missed 7th and 8th grade in-person instruction were included in the analysis. Under these circumstances, the slippage in proficiency scores is not surprising.

**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.**

<http://nevadareportcard.nv.gov/di/>

**Provide additional information about this indicator (optional)**

**3B - Prior FFY Required Actions**

None

**3B - OSEP Response**

**3B - Required Actions**

## Indicator 3C: Proficiency for Children with IEPs (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 EDEFACTS 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	2018	15.47%
Reading	B	Grade 8	2018	0.00%
Reading	C	Grade HS	2018	0.00%
Math	A	Grade 4	2018	17.77%
Math	B	Grade 8	2018	1.13%
Math	C	Grade HS	2018	15.08%

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	19.00%	20.00%	22.00%
Reading	B >=	Grade 8	4.00%	5.00%	7.00%
Reading	C >=	Grade HS	4.00%	5.00%	7.00%
Math	A >=	Grade 4	21.00%	22.00%	24.00%
Math	B >=	Grade 8	5.00%	6.00%	8.00%
Math	C >=	Grade HS	19.00%	20.00%	22.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

**FFY 2023 Data Disaggregation from EDFacts****Data Source:**

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/08/2025

**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	378	328	307
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	40	0	1

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**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	378	327	307
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	52	4	60

**FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	40	378	10.34%	19.00%	10.58%	Did not meet target	No Slippage
B	Grade 8	0	328	0.34%	4.00%	0.00%	Did not meet target	Slippage
C	Grade HS	1	307	0.32%	4.00%	0.33%	Did not meet target	No Slippage

**Provide reasons for slippage for Group B, if applicable**

There were 33 more 8th graders assessed against alternate academic achievement standards in FFY 2023 than in the previous year (FFY 2022). This calculates to a 11.2% increase of students being assessed ( $(327-294=33)/294 = 11.2\%$ ).

Students who were 8th graders in the Spring of 2024 were 4th graders in the Spring of 2020 at the onset of COVID-19 school closures, which continued throughout the 2020-2021 school year. These students missed part of their 4th grade and much of the 5th grade in-person instruction. The decline in these alternate assessment scores is not surprising under these circumstances, particularly among students with significant cognitive disabilities, for whom the Nevada Alternate Assessment was designed. COVID-19 school closures adversely affected student achievement, and not just in the years when in-person instruction was limited. Instead, the lost months of direct, in-person instruction created an overall decline in performance that lingers into subsequent years as children struggle to make up for lost opportunities to learn to alternate academic achievement standards.

The fact that 11.2% more of these 8th graders were assessed than the previous year means that even more of the students who missed 4th and 5th grade in-person instruction were included in the analysis. Under these circumstances, the slippage in proficiency scores is not surprising.

**FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	52	378	21.20%	21.00%	13.76%	Did not meet target	Slippage
B	Grade 8	4	327	2.04%	5.00%	1.22%	Did not meet target	Slippage
C	Grade HS	60	307	12.86%	19.00%	19.54%	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

There were 62 more 4th graders assessed against alternate academic achievement standards in FFY 2023 than in the previous year (FFY 2022). This calculates to a 19.4% increase of students being assessed ( $(378-316=62)/316 = 19.4\%$ ).

Students who were 4th graders in the Spring of 2024 would have been kindergarteners in the Spring of 2020 at the onset of COVID-19 school closures, which continued throughout the 2020-2021 school year. These students missed part of their kindergarten year and much of the 1st grade in-person instruction. The decline in these alternate assessment scores is not surprising under these circumstances, particularly among students with significant cognitive disabilities, for whom the Nevada Alternate Assessment was designed. COVID-19 school closures adversely affected student achievement, and not just in the years when in-person instruction was limited. Instead, the lost months of direct, in-person instruction created an overall decline in performance that lingers into subsequent years as children struggle to make up for lost opportunities to learn to alternate academic achievement standards.

The fact that 19.4% more of these 4th graders were assessed than the previous year means that even more of the students who missed kindergarten and 1st grade in-person instruction were included in the analysis. Under these circumstances, the slippage in proficiency scores is not surprising.

**Provide reasons for slippage for Group B, if applicable**

There were 33 more 8th graders assessed against alternate academic achievement standards in FFY 2023 than in the previous year (FFY 2022). This calculates to a 11.2% increase of students being assessed ( $(327-294=33)/294 = 11.2\%$ ).

Students who were 8th graders in the Spring of 2024 were 4th graders in the Spring of 2020 at the onset of COVID-19 school closures, which continued throughout the 2020-2021 school year. These students missed part of their 4th grade and much of the 5th grade in-person instruction. The decline in these alternate assessment scores is not surprising under these circumstances, particularly among students with significant cognitive disabilities, for whom the Nevada Alternate Assessment was designed. COVID-19 school closures adversely affected student achievement, and not just in the years when in-person instruction was limited. Instead, the lost months of direct, in-person instruction created an overall decline in performance that lingers into subsequent years as children struggle to make up for lost opportunities to learn to alternate academic achievement standards.

The fact that 11.2% more of these 8th graders were assessed than the previous year means that even more of the students who missed 4th and 5th grade in-person instruction were included in the analysis. Under these circumstances, the slippage in proficiency scores is not surprising.

**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.

<http://nevadareportcard.nv.gov/di/>

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 (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 EDEfacts 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 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 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 2023-2024 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2023-2024 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	2020	24.69
Reading	B	Grade 8	2020	33.64
Reading	C	Grade HS	2020	38.92
Math	A	Grade 4	2020	16.55
Math	B	Grade 8	2020	18.50
Math	C	Grade HS	2020	19.96

### Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	24.00	23.00	22.00
Reading	B <=	Grade 8	33.00	32.00	31.00
Reading	C <=	Grade HS	38.00	37.00	36.00
Math	A <=	Grade 4	16.00	15.00	14.00
Math	B <=	Grade 8	18.00	17.00	16.00
Math	C <=	Grade HS	19.00	18.00	17.00

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

**FFY 2023 Data Disaggregation from EDFacts****Data Source:**

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/08/2025

**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	35,014	35,508	34,747
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,227	4,045	3,298
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	15,223	13,441	15,265
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2	6	574
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	925	366	144
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	2	4	195

**Data Source:**

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/08/2025

**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	34,981	35,437	35,633
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	5,218	4,051	3,547
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	13,890	8,387	6,665
d. All students in regular assessment with accommodations scored at or above proficient against grade level	28	8	256
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	896	205	38
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	4	2	55

(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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	17.73%	43.48%	24.15	24.00	25.75	Did not meet target	Slippage
B	Grade 8	9.15%	37.87%	30.28	33.00	28.72	Met target	No Slippage
C	Grade HS	10.28%	45.58%	35.92	38.00	35.30	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

During FFY 2023, there were 115 fewer students counted in the category for "all students who received a valid score and a proficiency was assigned for the regular assessment" than were counted in FFY 2022. This resulted in 3.3% fewer students in this category  $[(35,014-35,129) / 35,129 = -3.3\%]$ . This decrease is not particularly notable, except when compared to the increase of students counted in the category for "children with IEPs who received a valid score and a proficiency was assigned for the regular assessment." During FFY 2023, there were 488 more children with IEPs who were counted in the analysis than were counted in FFY 2022, which calculates to an increase of 10.1%  $[(5,227-4,739=488) / 4,739 = 10.2\%]$ . Taken together, this represents a 13.4-point shift in this calculation toward including more children with IEPs who tend to have lower proficiency scores than students who do not have IEPs. As noted in our slippage analysis for Indicator 3B, missed in-person instruction for 4th grade students with IEPs when they were in kindergarten and 1st grade has had an adverse effect on their proficiency. Under these circumstances, the slippage is not surprising.

**FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	17.25%	39.79%	20.33	16.00	22.54	Did not meet target	Slippage
B	Grade 8	5.11%	23.69%	18.52	18.00	18.58	Did not meet target	No Slippage
C	Grade HS	2.62%	19.42%	16.92	19.00	16.80	Met target	No Slippage

**Provide reasons for slippage for Group A, if applicable**

During FFY 2023, there were 77 fewer students counted in the category for "all students who received a valid score and a proficiency was assigned for the regular assessment" than were counted in FFY 2022. This resulted in 2.2% fewer students in this category  $[(34,981-35,058) / 35,058 = -2.2\%]$ . This decrease is not particularly notable, except when compared to the increase of students counted in the category for "children with IEPs who received a valid score and a proficiency was assigned for the regular assessment." During FFY 2023, there were 482 more children with IEPs who were counted in the analysis than were counted in FFY 2022, which calculates to an increase of 10.2%  $[(5,218-4,736=482) / 4,736 = 10.2\%]$ . Taken together, this represents a 12.4-point shift in this calculation toward including more children with IEPs who tend to have lower proficiency scores than students who do not have IEPs. As noted in our slippage analysis for Indicator 3B, missed in-person instruction for 4th grade students with IEPs when they were in kindergarten and 1st grade has had an adverse effect on their proficiency. Under these circumstances, the slippage is not surprising.

**Provide additional information about this indicator (optional)**

**3D - Prior FFY Required Actions**

None

**3D - OSEP Response**

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

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 2023 SPP/APR, use data from 2022-2023), 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 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 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 2022-2023 (which can be found in the FFY 2022 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.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2023	0.00%

FFY	2018	2019	2020	2021	2022
Target <=	0.00%	0.00%	0.00%	0.00%	0.00%
Data	0.00%	0.00%	0.00%		0.00%

### Targets

FFY	2023	2024	2025
Target <=	0.00%	0.00%	0.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator, [https://webapp-strapl-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapl-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

### FFY 2023 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).**

Nevada uses a minimum cell size requirement to exclude LEAs from the calculation if the LEA has fewer than 25 students with disabilities who were suspended/expelled out of school for more than 10 school days during the data reporting year (a one-year lag).

Of the 16 LEAs that were excluded from this analysis in FFY 2023, 7 were excluded because they had zero suspensions or expulsions of students with disabilities out of school for more than 10 school days.

**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.**

Nevada's minimum cell size was carefully reviewed when the FFY2020-2025 SPP was developed.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator, [https://webapp-strapl-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapl-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

Nevada has two large LEAs whose data always trigger analysis (Washoe and Clark). The third largest LEA is the State Public Charter School Authority (SPCSA) which includes a number of virtual schools; the disciplinary removal rate for the SPCSA is always very low (less than 1%). Establishing a lower minimum cell size than 25 for all of the remaining LEAs would result in more LEAs being included in the analysis, but establishing a low cell size threshold can result in a risk to validity when LEA student counts are very small, and the fluctuation of a few students from one year to the next can distort calculations. Unlike analysis of significant disproportionality, Nevada does not require that the LEA must have three years of exceeding the threshold before the LEA is identified as having significant discrepancy from the statewide rate. Finally, every year that these data are analyzed, all data are analyzed, and no LEA has exceeded the threshold that did not also satisfy the minimum cell size requirement. This additional data analysis helps to confirm that the data included in this Indicator appropriately identify LEAs with actual significant discrepancies.

**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.**

No, the minimum cell size did not change from the prior SPP/APR.

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

Not applicable.

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	2	0.00%	0.00%	0.00%	N/A	N/A

**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**

An LEA has a significant discrepancy when its suspension/expulsion rate for children with disabilities is at least three times higher than the state's average suspension/expulsion rate for all children with disabilities ("the statewide bar").

The statewide bar is calculated by dividing the statewide total number of students with disabilities suspended/expelled out of school for more than 10 school days in a school year by the statewide total number of students with disabilities, and multiplying by a factor of 3. During 2022-2023, a total of 1,015 students in 11 LEAs were suspended or expelled for greater than 10 days in a school year. The October 1, 2022, IDEA child count for the state's LEAs totaled 64,019, and the state's average suspension rate was 1.6% ( $1015/64019=1.6\%$ ). The statewide bar was 4.8% ( $1.6\% \times 3=4.8\%$ ).

LEA rates are calculated by dividing the LEA's total number of students with disabilities suspended/expelled out of school for more than 10 school days by the total number of students with disabilities in the LEA during the data reporting year (a one-year lag).

**Provide additional information about this indicator (optional)**

Because Nevada changed its methodology for calculating this Indicator in FFY 2023, the NDE reset the baseline year to 2023. Stakeholder involvement in changing the methodology is discussed below.

The NDE met with stakeholders during 2024 to revise the methodology to determine whether significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The NDE proposed to stakeholders that the threshold for measuring significant discrepancy would be reasonably designed if the NDE revised the statewide bar calculation that sets Nevada's threshold. The NDE proposed to the state special education advisory committee and the state special education directors that The NDE would calculate the statewide removal rate, and multiply it by 3, rather than simply adding an arbitrary number of percentage points to the statewide average. The stakeholders supported the revision to the methodology and the revision was implemented in FFY 2023.

**Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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.**

Not applicable. Nevada was not required to complete a review of policies, procedures, and practices in FFY 2023 because no LEAs had significant discrepancies in their rates of suspensions/expulsions out of school for more than 10 days for children with disabilities, using 2022-2023 data.

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 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### **4A - Prior FFY Required Actions**

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

##### **Response to actions required in FFY 2022 SPP/APR**

The NDE met with stakeholders during 2024 to revise the methodology to determine whether significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The NDE proposed to stakeholders that the threshold for measuring significant discrepancy would be reasonably designed if the NDE revised the statewide bar calculation that sets Nevada's threshold. The NDE proposed to the state special education advisory committee and the state special education directors that The NDE would calculate the statewide removal rate, and multiply it by 3, rather than simply adding an arbitrary number of percentage points to the statewide average. The stakeholders supported the revision to the methodology and the revision was implemented in FFY 2023.

Because a multiplier of 3 is consistent with OSEP's presumptively reasonable risk ratio threshold of 3.0 in the state's calculation of significant disproportionality, the NDE believes this threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

#### **4A - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

#### **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 2023 SPP/APR, use data from 2022-2023), 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 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 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 2022 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 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.

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2023	0.00%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%		0.00%

### Targets

FFY	2023	2024	2025
Target	0%	0%	0%

### FFY 2023 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).

Nevada uses a minimum cell size requirement to exclude LEAs from the calculation if the LEA has fewer than 25 students with disabilities, by race and ethnicity, who were suspended/expelled out of school for more than 10 school days during the data reporting year (a one-year lag).

Of the 16 LEAs that were excluded from this analysis in FFY 2023, 7 were excluded because they had zero suspensions or expulsions of students with disabilities out of school for more than 10 school days.

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.

Nevada's minimum cell size was carefully reviewed when the FFY2020-2025 SPP was developed.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strap1-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strap1-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

Nevada has two large LEAs whose data always trigger analysis (Washoe and Clark). The third largest LEA is the State Public Charter School Authority (SPCSA) which includes a number of virtual schools; the disciplinary removal rate for the SPCSA is always very low (less than 1%). Establishing a lower minimum cell size than 25 for all of the remaining LEAs would result in more LEAs being included in the analysis, but establishing a low cell size threshold can result in a risk to validity when LEA student counts are very small, and the fluctuation of a few students from one year to the next can distort calculations. Unlike analysis of significant disproportionality, Nevada does not require that the LEA must have three years of exceeding the threshold before the LEA is identified as having significant discrepancy from the statewide rate. Finally, every year that these data are analyzed, all data are analyzed, and no LEA has exceeded the threshold that did not also satisfy the minimum cell size requirement. This additional data analysis helps to confirm that the data included in this Indicator appropriately identify LEAs with actual significant discrepancies.

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.

No, the minimum cell size did not change from the prior SPP/APR.

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

Not applicable.

**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.**

16

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1	0	2	0.00%	0%	0.00%	N/A	N/A

**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**

An LEA has a significant discrepancy when its suspension/expulsion rate for children with disabilities is at least three times higher than the state's average suspension/expulsion rate for all children with disabilities ("the statewide bar").

The statewide bar is calculated by dividing the statewide total number of students with disabilities suspended/expelled out of school for more than 10 school days in a school year by the statewide total number of students with disabilities, and multiplying by a factor of 3. During 2022-2023, a total of 1,015 students in 11 LEAs were suspended or expelled for greater than 10 days in a school year. The October 1, 2022, IDEA child count for the state's LEAs totaled 64,019, and the state's average suspension rate was 1.6% ( $1015/64019=1.6\%$ ). The statewide bar was 4.8% ( $1.6\% \times 3=4.8\%$ ).

LEA rates are calculated by dividing the LEA's total number of students with disabilities, by race/ethnic category, suspended/expelled out of school for more than 10 school days by the total number of students with disabilities, by race/ethnic category, in the LEA during the data reporting year (a one-year lag).

**Provide additional information about this indicator (optional)**

Because Nevada changed its methodology for calculating this Indicator in FFY 2023, the NDE reset the baseline year to 2023. Stakeholder involvement in changing the methodology is discussed below.

The NDE met with stakeholders during 2024 to revise the methodology to determine whether significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The NDE proposed to stakeholders that the threshold for measuring significant discrepancy would be reasonably designed if the NDE revised the statewide bar calculation that sets Nevada's threshold. The NDE proposed to the state special education advisory committee and the state special education directors that The NDE would calculate the statewide removal rate, and multiply it by 3, rather than simply adding an arbitrary number of percentage points to the statewide average. The stakeholders supported the revision to the methodology and the revision was implemented in FFY 2023.

**Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 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.**

Based on the one-year lag discipline data from 2022-23 Clark County School District (CCSD) suspended or expelled students with disabilities for more than 10 school days who were identified as Black/African American at a rate of 5.74% (463 Black/African American students with disabilities suspended/expelled, divided by 8061 Black/African American students with disabilities = 5.74%). This rate exceeded the statewide bar (4.8%). The NDE conducted a review of policies, procedures, and practices of the CCSD relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

CCSD submitted its policies and procedures related to discipline of students with disabilities. CCSD submitted a complete list of students with disabilities who identified as Black/African American who were suspended for more than 10 school days during the fall of the 2024-2025 school year. From this list, the NDE selected a stratified sample of 10 records, including records for 7 males and 3 females; records from 4 middle and 6 high schools; and records from students with health impairments, learning disabilities, emotional disturbance, and autism spectrum disorder.

CCSD's policies/procedures were reviewed to ensure that they complied with IDEA Discipline Procedures at 34 CFR 300.530 (authority of school personnel), 300.531 (determination of setting), 300.532 (appeal), 300.533 (placement during appeals). CCSD's policies/procedures were reviewed to ensure that the policies/procedures complied with the IDEA 300.324 (development, review, and revision of IEP), and specifically 300.324(a)(2) (consideration of special factors) and state law requirements in NAC 388.284.2(b) and 388.284.3(b) (requirements to include strategies and services in the IEP of a pupil who requires positive behavioral strategies, supports and interventions). Particular attention was given to requirements for providing notice when a disciplinary change of placement is sought by the LEA, with a copy of the state's procedural safeguards ("rights" document), and conducting a manifestation determination within requirements for timelines, participants, review of data, addressing proper criteria for determining

whether criteria for determining whether conduct is a manifestation of disability, and taking subsequent actions based on that determination, including applicable requirements for functional behavioral assessments and behavioral intervention plans. Finally, careful attention was given to the requirement to provide services on the 11th and any subsequent day of removal during a school year, even though this requirement itself pertains to decisions made after the disciplinary removal decision has been made. CCSD's policies/procedures, which included forms, powerpoint training materials, specific guidelines for specific elements of the process (e.g., manifestation determination reviews), and process outlines/checklists, complied in every respect to the regulatory requirements cited above. Notably, CCSD specifically documents the review of procedural safeguards with parents at the time that the prior written notice proposing a disciplinary change of placement, through a document called "Due Process Documentation." Parents sign the form acknowledging that they understand their procedural safeguards and they are given an opportunity to express disagreement with the proposal for disciplinary removal, as well as to request an internal "appeal" review prior to further action. The NDE concluded that the policies and procedures of the CCSD comply with applicable regulations.

The NDE used a checklist to monitor each of the regulatory requirements listed above for each set of records received from CCSD described above. Without exception, every file contained the IEP in effect prior to the proposed disciplinary removal, and where appropriate those IEPs discussed behavior issues in present levels of academic achievement and functional performance. Several IEPs already had Behavior Intervention Plans in place based on prior behavior concerns. Each IEP team had addressed the "special factors considerations" and when behavior was found to impede the learning of the child or others, each IEP included goals and specially designed instruction to address that behavior. In each set of records, after the student violated a rule of conduct, the CCSD promptly issued a Notice of Suspension, followed shortly by a prior written notice of the CCSD's proposal to conduct a manifestation determination and make a disciplinary change of placement. Each file contained a Due Process Documentation form describing the discussion with the parent regarding the parent's procedural safeguards, which also gave the parent an opportunity to indicate whether the parent agreed with the proposed disciplinary removal, and whether the parent requested an internal review. Each file contained documentation of manifestation determinations that had been conducted within 10 days of proposing the disciplinary change of placement. Each manifestation determination was attended by all members of the student's IEP team, with one exception where the parent refused to attend. Each manifestation determination contained discussions of relevant data and a specific rationale for the IEP team's determination that the student's conduct was not a manifestation of the student's disability. Following each manifestation determination, the student's IEP team determined the services and location for services to be provided on the 11th day of removal; this information was documented in IEP revisions. One file reflected compliance with 34 CFR 300.534, affording procedural protections to a student not yet eligible in Nevada. These files reflected well-documented practices that comply with regulations.

The NDE reviewed the analysis of significant disproportionality related to disciplinary removals for CCSD conducted during the last three years as required by 34 CFR 300.646, and CCSD was not identified as having significant disproportionality related to disciplinary removals for students with disabilities as a group, or for students with disabilities analyzed by race and ethnicity, during the last three years.

The NDE reviewed due process hearing/review officer findings of noncompliance in decisions against CCSD during 2022-2023, the school year from which the disciplinary data for this Indicator were reported. One hearing/review officer decision found that CCSD did not appropriately address the student's behavior needs in 2019-2020 (three years before the data year for this Indicator), but the issue was not raised within the context of a dispute about student discipline. One hearing/review officer decision found that CCSD did not implement a student's February 2021 IEP provision requiring collaboration with the student's private BCBA, but this issue was not raised within the context of a dispute about discipline. There is no indication that these issues reflect practices that contributed to CCSD's significant discrepancy in the suspension or expulsion for more than 10 school days of students who identified as Black/African American in 2022-2023.

The NDE also reviewed state complaint findings of noncompliance issued to CCSD during 2022-2023, the school year from which the disciplinary data for this Indicator were reported. One finding of noncompliance was issued to CCSD during 2022-2023, and it related to an unauthorized disclosure of education records. The issue was not raised within the context of a dispute about discipline. There is no indication that this issue reflects practices that contributed to CCSD's significant discrepancy in the suspension or expulsion for more than 10 school days of students who identified as Black/African American in 2022-2023.

NDE concluded that CCSD does not have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements.

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 2022

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

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### **4B - Prior FFY Required Actions**

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

##### **Response to actions required in FFY 2022 SPP/APR**

The NDE met with stakeholders during 2024 to revise the methodology to determine whether significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The NDE proposed to stakeholders that the threshold for measuring significant discrepancy would be reasonably designed if the NDE revised the statewide bar calculation that sets Nevada's threshold. The NDE proposed to the state special education advisory committee and the state special education directors that The NDE would calculate the statewide removal rate, and multiply it by 3, rather than simply adding an arbitrary number of percentage points to the statewide average. The stakeholders supported the revision to the methodology and the revision was implemented in FFY 2023.

Because a multiplier of 3 is consistent with OSEP's presumptively reasonable risk ratio threshold of 3.0 in the state's calculation of significant disproportionality, the NDE believes this threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

#### **4B - OSEP Response**

The State revised its baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

#### **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<sup>Facts</sup> 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	2018	2019	2020	2021	2022
A	2020	Target >=	64.00%	64.00%	63.60%	65.00%	67.00%
A	63.60%	Data	61.54%	61.15%	63.60%	62.15%	60.90%
B	2020	Target <=	15.00%	15.00%	14.01%	13.50%	13.00%
B	14.01%	Data	15.56%	15.86%	14.01%	15.70%	17.09%
C	2020	Target <=	1.60%	1.60%	1.39%	1.36%	1.36%
C	1.39%	Data	1.51%	1.46%	1.39%	1.25%	1.19%

### Targets

FFY	2023	2024	2025
Target A >=	69.00%	71.00%	73.00%
Target B <=	12.00%	11.00%	10.00%
Target C <=	1.36%	1.36%	1.36%

#### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	62,069
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	37,356
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	10,821
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	486
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	1
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	236

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 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	37,356	62,069	60.90%	69.00%	60.18%	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	10,821	62,069	17.09%	12.00%	17.43%	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]	723	62,069	1.19%	1.36%	1.16%	Met target	No Slippage

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	2018	2019	2020	2021	2022
A	Target >=	25.70%	25.70%	40.29%	40.29%	41.29%
A	Data	39.44%	43.87%	40.29%	37.12%	36.54%
B	Target <=	52.30%	52.30%	49.19%	49.19%	48.19%
B	Data	40.39%	37.21%	49.19%	51.04%	52.01%
C	Target <=			0.65%	0.65%	0.65%
C	Data			0.65%	0.57%	0.70%

#### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### 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	40.29%
B	2020	49.19%
C	2020	0.65%

#### Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	42.29%	43.29%	44.29%
Target B <=	47.19%	46.19%	45.19%

#### Inclusive Targets – 6C

FFY	2023	2024	2025
Target C <=	0.65%	0.65%	0.64%

#### Prepopulated Data

##### Data Source:

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

##### Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	1,786	2,881	513	5,180
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	556	1,144	203	1,903
b1. Number of children attending separate special education class	1,084	1,419	226	2,729
b2. Number of children attending separate school	4	5	3	12
b3. Number of children attending residential facility	0	0	0	0
c1. Number of children receiving special education and related services in the home	2	7	2	11

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 2023 SPP/APR Data - Aged 3 through 5

<b>Preschool Environments</b>	<b>Number of children with IEPs aged 3 through 5 served</b>	<b>Total number of children with IEPs aged 3 through 5</b>	<b>FFY 2022 Data</b>	<b>FFY 2023 Target</b>	<b>FFY 2023 Data</b>	<b>Status</b>	<b>Slippage</b>
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,903	5,180	36.54%	42.29%	36.74%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	2,741	5,180	52.01%	47.19%	52.92%	Did not meet target	No Slippage
C. Home	11	5,180	0.70%	0.65%	0.21%	Met target	No Slippage

**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	2018	2019	2020	2021	2022
A1	2013	Target >=	80.60%	80.60%	68.71%	68.71%	71.71%
A1	78.55%	Data	72.29%	71.93%	68.71%	71.31%	67.58%

A2	2013	Target >=	59.31%	59.31%	42.56%	42.56%	46.20%
A2	57.13%	Data	48.79%	44.27%	42.56%	50.57%	49.04%
B1	2013	Target >=	86.60%	86.60%	70.74%	70.74%	72.32%
B1	77.06%	Data	75.05%	72.89%	70.74%	72.96%	68.17%
B2	2013	Target >=	56.00%	56.00%	45.41%	45.41%	47.59%
B2	54.14%	Data	49.57%	44.68%	45.41%	46.03%	45.88%
C1	2013	Target >=	80.30%	80.30%	70.31%	70.31%	70.78%
C1	72.21%	Data	52.39%	72.37%	70.31%	69.51%	68.05%
C2	2013	Target >=	65.60%	65.60%	41.71%	41.71%	46.36%
C2	60.32%	Data	46.64%	42.91%	41.71%	54.35%	55.04%

#### Targets

FFY	2023	2024	2025
Target A1 >=	73.63%	76.09%	78.56%
Target A2 >=	49.84%	53.48%	57.14%
Target B1 >=	73.90%	75.48%	77.07%
Target B2 >=	49.77%	51.95%	54.15%
Target C1 >=	71.25%	71.72%	72.22%
Target C2 >=	51.01%	55.66%	60.33%

#### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,  
[https://webapp-strap-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strap-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### FFY 2023 SPP/APR Data

##### Number of preschool children aged 3 through 5 with IEPs assessed

3,013

##### 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	35	1.16%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	729	24.20%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	727	24.13%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	861	28.58%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	661	21.94%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age	1,588	2,352	67.58%	73.63%	67.52%	Did not meet target	No Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
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. <i>Calculation: (c+d)/(a+b+c+d)</i>							
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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,522	3,013	49.04%	49.84%	50.51%	Met 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	10	0.33%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	710	23.56%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	867	28.78%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	880	29.21%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	546	18.12%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,747	2,467	68.17%	73.90%	70.81%	Did not meet 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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,426	3,013	45.88%	49.77%	47.33%	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	36	1.19%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	744	24.69%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	620	20.58%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	964	31.99%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	649	21.54%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	1,584	2,364	68.05%	71.25%	67.01%	Did not meet target	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. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	1,613	3,013	55.04%	51.01%	53.53%	Met target	No Slippage

Part	Reasons for slippage, if applicable
C1	The slippage in Summary Statement C1 was 1.04 percentage points, a very modest decline. The slippage represented the difference between 68.05 in FFY 2022 and 67.01 in FFY 2023. This difference was very minimal, although it triggered the OSEP slippage calculation. The number of children assessed in FFY 2023 was 3013, a 25% increase from the number of children assessed in FFY 2022 $[(3013-2402=611)/2402 = 25\%]$ . When the cohort group increases from one year to the next that significantly, comparisons from year to year may lack statistical strength and validity.

**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 NDE has determined a specific list of state-approved assessments from which LEAs have the option to choose. These assessment options include: AEPS (Assessment, Evaluation, and Programming System); Brigance (IED - II); DAYC (Developmental Assessment of Young Children); and/or Developmental Continuum (Teaching Strategies-Creative Curriculum). Assessments are administered by licensed service providers (e.g. early childhood special education teachers, speech language pathologists) within one month of entry into LEA services. Based on the assessment results, a score is established to determine the child's comparability to same-age peers. To compute this score, The NDE has chosen to use the Child Outcomes Summary Form (COS) developed by the national Early Childhood Outcomes (ECO) Center. A COS score is established for each of three indicator outcome areas. For each of the three areas, a score of 6 or 7 on the COS represents functioning at a level comparable to same-age peers, while a score of 5 or less represents functioning at a level below same-age peers. Once the assessment is complete and the comparability scores are determined based on the COS, data are entered into a cloud-based data collection and reporting system (NVSEARS), with parameters in place to help prevent the entry of misinformation (e.g., a code exists to flag a birth date that is entered which makes the child under age 3 or over age 5). Each LEA compiles into one database the data for all children served, and submits this information to NDE through secured internet submission.

**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 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 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

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator, [https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapia-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### Historical Data

Baseline Year	Baseline Data
2019	75.31%

FFY	2018	2019	2020	2021	2022
Target >=	78.00%	78.00%	78.00%	78.00%	78.00%
Data	71.51%	75.31%	72.62%	72.24%	73.04%

#### Targets

FFY	2023	2024	2025
Target >=	79.00%	79.00%	79.00%

#### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,032	2,777	73.04%	79.00%	73.17%	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 data are collected for children with disabilities in preschool in the same way as the data are collected for school-age children with disabilities. The parents of all students with disabilities for each LEA (except Clark County School District, Washoe County School District, and the State Public Charter School Authority [SPCSA]) are surveyed in the year that the LEA is selected for on-site monitoring, including the parents of all children with disabilities ages three through five. For Clark and Washoe school districts and the SPCSA, the samples are created to be representative of the age, ethnicity, and disability category for the entire population of students with disabilities in those LEAs, including children with disabilities in preschools. There are no threats to validity or reliability for the preschool surveys that are any different than for the school-age surveys.

The number of parents to whom the surveys were distributed.

15,781

Percentage of respondent parents

17.60%

#### Response Rate

FFY	2022	2023
Response Rate	15.21%	17.60%

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

The National Technical Assistance Center on Transition: The Collaborative (NTACT:C) has stated in the Indicator 14 context that when representativeness is outside the +/- 3% range, the lack of representativeness is important.

Using this metric, Nevada compares the proportion of survey responders to the target group (child count data), and if the discrepancy is outside the +/- 3% range then the responders are not representative of the target group.

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.

#### REPRESENTATIVENESS OF SURVEY RESULTS -- HOW THE DATA REPRESENTS DEMOGRAPHICS OF THE STATE

In order to examine the representativeness of the respondents in the FFY 2023 parent survey, student-level data regarding grade level, disability category, and race/ethnicity category are collected for each survey response. Then, the grade level, disability category, and race/ethnicity category data for survey responses are compared to the grade level, disability category, and race/ethnicity category data in the October 1, 2023, child count of students ages 3-21 in the surveyed LEAs.

#### REPRESENTATIVENESS BY DISABILITY CATEGORY

The National Technical Assistance Center on Transition: The Collaborative (NTACT:C) has stated in the Indicator 14 context that when representativeness is outside the +/- 3% range, the lack of representativeness is important. When comparing the representativeness within disability categories, Nevada's survey respondents in most categories are within the NTACT:C acceptable range. See the following data (percentages have been rounded):

- 3.3% students with intellectual disabilities in the child count, compared to 4% in survey respondents
- 15.3% students with speech/language impairments in the child count, compared to 20% in survey respondents. This represents a 4.7-point gap and a decrease from the 5.5-point gap reported in FFY 2022.
- 2.6% students with emotional disturbance in the child count, compared to 3% in survey respondents
- 6.6% students with developmental delay in the child count, compared to 6% in survey respondents
- 19.3% students with autism spectrum disorders in the child count, compared to 19% in survey respondents
- 10.4% students with other health impairments in the child count, compared to 13% in survey respondents
- 39% students with learning disabilities in the child count, compared to 34% in survey respondents. This represents a 5-point gap and a decrease from the 7-point gap reported in FFY 2022.

#### REPRESENTATIVENESS BY RACE/ETHNICITY CATEGORY



Analysis of the race/ethnicity representativeness showed a very close representativeness (within the +/- 3% range) in categories for American Indian/Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or More Races. In the other three categories, the analysis showed larger gaps in representativeness, and in each case, the gap decreased from FFY 2022.

-- 44.7% students in Hispanic/Latino category in the child count, compared to 37% in survey respondents (6.7-point gap, down slightly from a 7-point gap in FFY 2022)

-- 15.9% students in Black/African American category in the child count, compared to 9% in survey respondents (6.9-point gap, down from a 7.7-point gap in FFY 2022)

-- 26.4% students in White category in child count, compared to 38% in survey (11.6-point gap, down from a 12.6-point gap in FFY 2021)

#### REPRESENTATIVENESS BY GRADE LEVEL

Analysis of the grade category representativeness showed a close representativeness between PreK groups in the child count (7.7%) and respondents in the survey (7%), suggesting that preschool parent survey data are representative of the PreK population in these LEAs.

**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**

The NDE has and will continue to work with Piedra Data to analyze the FFY 2023 data to identify specific strategies to increase response rates and to oversample to increase the responses from race/ethnicity groups that are under-represented in the response group, particularly the Hispanic/Latino and Black/African American groups.

During FFY 2022, the NDE working with Piedra Data took a significant step toward ensuring that response data are representative of the demographics of the LEAs that were surveyed. In the June 2023 Nevada Indicator 8 Sampling Plan, the NDE described that henceforth the NDE would implement a weighting procedure to ensure that the responses within disability and race/ethnic categories are representative of the demographics of the LEAs who were surveyed. That procedure was used for the FFY 2022 and FFY 2023 parent survey data. The demographic variables used in the weighting procedure were race/ethnicity and primary exceptionality (i.e., disability category). In this manner, the resulting outcome measures (e.g., mean SEPPS score, % meeting the threshold of 600 on the SEPPS, etc.) had a representation from the distribution of race/ethnicity and disability categories that mirrors that of the population of students served by LEAs whose parents are surveyed.

The result of this weighting procedure was that the unweighted percentage of respondents who agreed with Item 25 (73.2%) was almost exactly the same as the weighted data percentage (73.3%). This means that even though certain categories of disability and race/ethnicity in the respondent data appeared to be unrepresentative of data in the child count (see description above), weighting the data to make the groups comparable produced almost no difference in the statewide results.

In summary, the NDE employed a weighting procedure to ensure that the response data were representative of the disability and race/ethnic categories of students in the LEAs who were surveyed. The results showed that weighting the data in FFY 2023 did not make a significant difference in the results, which suggests that the original response data were more representative of the LEA demographics than analysis of subcategories would suggest. The NDE will continue to conduct the weighting procedure and evaluate its effect on the 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 NDE has and will continue to work with Piedra Data to analyze the FFY 2023 data to identify specific strategies to increase overall response rates and to oversample to increase the responses from race/ethnicity groups that are under-represented in the response group, particularly the Hispanic/Latino and Black/African American groups.

The work the NDE has been doing has produced results with regard to overall response rates, including Nevada PEP's collaboration with NDE to send emails/notifications to parents within the surveyed LEAs to encourage parents to participate in the survey. Nevada's response rate has increased steadily over the last five years. In FFY 2018, the response rate was 8.88%. In FFY 2019, the response rate was 10.48%. In FFY 2020, the response rate was 12.2%. In FFY 2021, the response rate was 13.02%. In FFY 2022, the response rate was 15.21%. In FFY 2023, the response rate was 17.59%.

According to the 2023-2024 report provided by Piedra Data Services, the "number of returned services exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines (e.g., <https://www.surveysystem.com/sscalc.htm>)."

Specific strategies were implemented in 2023-2024 to increase Nevada's response rate. For LEAs monitored during 2023-2024 (including the three largest LEAs whose students will be sampled for inclusion in the survey), the survey was disseminated during the spring of 2024, rather than later in the year as had occurred in the past. This change increased the likelihood that parent addresses are current, and that students were still enrolled in special education programs in the LEAs from which the samples have been drawn. In addition, during 2023-2024, the survey window was open for a longer period of time than during past years, increasing from approximately 8-10 weeks to approximately 14-16 weeks. This change provided more opportunities for parents to respond by giving them a longer time within which to do so. It also provided additional opportunities for follow-up contact with nonrespondents. Finally, the NDE has begun discussions with its stakeholders to consider revising the survey to create a version that is short, user-friendly, and collects valid and reliable data to measure the extent to which parents report that schools facilitated parent involvement as a means of improving services and results for children with disabilities. Work is underway to collect and begin preliminary review of surveys used by other states who have higher response rates than the response rate in Nevada. The high priority given to Nevada's DMS work between May 2023 and January 2025 has caused other priorities to shift, including work to consider revising Nevada's parent survey.

**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.**

During FFY 2023, parent surveys were disseminated to all students with disabilities in five LEAs scheduled for a comprehensive monitoring visit (Carson City, Douglas, Mineral, and Nye County School Districts). A sample was selected for parent survey in Clark County School District, Washoe County School District, and the State Public Charter School Authority because those LEAs have an average daily membership (ADM) of more than 50,000 students.

Surveys were successfully sent to 15,781 parents, and a total of 2,777 responses were received for a 17.59% response rate ( $2777/15781 = 17.59\%$ ), an increase from the 15.21% response rate in FFY 2022. This response rate exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines (e.g., <http://www.surveysystem.com/sscalc.htm>).

In FFY 2023, the NDE requested additional data from Piedra Data to analyze nonresponse bias. The focus was on potential nonresponse bias related to disproportionate responses in race/ethnicity categories, which was more significant than disproportionate responses in disability categories.

The requested data included tables of raw data, disaggregated by race/ethnicity, to show how many ACTUAL survey respondents agreed or disagreed with Question 25, and a calculation of the percentage of ACTUAL survey respondents who agreed with Question 25. Once these raw numbers were obtained, the NDE calculated the # of responses that WOULD HAVE BEEN RECEIVED if the response rates were comparable to the proportion of the race/ethnic representation in the CHILD COUNT in the LEAs that were surveyed. As an example, Black/African American students represented 15.91% of the CHILD COUNT, but only 9% of the SURVEY RESPONDENTS.

The calculation was made to answer this question: How many SURVEY RESPONDENTS would there have been if Black/African American students represented 15.91% of the SURVEY RESPONDENTS? For example, there were 259 ACTUAL RESPONDENTS who were parents of Black/African American students, at the rate of 9% of the respondents. But when the RESPONDENTS were ADJUSTED to reflect the fact that Black/African American students comprise 15.91% of the students in the CHILD COUNT, the number of ADJUSTED RESPONDENTS grew to 442 students. This calculation was performed to adjust totals in each race/ethnic category.

Once the ADJUSTED RESPONDENTS were calculated, then the ADJUSTED RESPONDENTS were multiplied by the percent of actual respondents who agreed with Question 25 in the original data. This calculation produced a hypothetical percentage of agreement with Question 25, based on an assumption that nonresponders would have responded in the same way that responders did. For example, in the ACTUAL survey, parents of students who are Black/African American agreed with Question 25 at a rate of 72.20%. The ADJUSTED RESPONDENTS totaled 442, and when the actual percentage of agreement with Question 25 (72.20%) was multiplied by 442, the result was that 319 hypothetical parents agreed with Question 25, and 123 hypothetical parents disagreed. Note that the difference between the race/ethnicity composition of students in the CHILD COUNT and students in the survey respondents was negligible for three categories: American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and Two or More Races.

This analysis was conducted for each race/ethnic category: recalculating the number of responses that would have existed if the survey respondents had been proportionate to the child count; distributing the adjusted totals according to whether they would have agreed or disagreed with Question 25 according to the relative percentage of agreement in the actual survey data; and then recalculating the percentage of agreement with Question 25. In the end, the total hypothetical percentage of agreement with Question 25 only increased slightly, from 73.2% to 73.3%. These data suggest that there may be very little nonresponse bias according to race/ethnic categories in Nevada's data. The reasons for this result are discussed below.

Making adjustments to totals within race/ethnic categories to conduct a hypothetical analysis of nonresponse bias produced interesting results that were influenced by the relative proportion of various race/ethnic categories in the total as a whole. As an example, because the Black/African American and Hispanic/Latino groups were underrepresented in the survey results, adjusting (and increasing) the number for those two groups tended to increase their relative effect on the % agreement with Question 25. However, the relative percentage of those two groups when compared to the total is very different. Black/African American students comprise 15.91% of the CHILD COUNT; but Hispanic/Latino students comprise 44.67% of the CHILD COUNT. As a result, increasing the number of students who are Black/African American in the hypothetical analysis has much less effect than increasing the number of students who are Hispanic/Latino in the hypothetical analysis. Notably, the % agreement for the Black/African American category in the survey results was 72.20%, so when the number of these responses was hypothetically increased, it tended to "decrease" the overall percentage of agreement. However, the % agreement for the Hispanic/Latino group was 75.09%, so when the number of these responses was hypothetically increased it tended to "increase" the overall percentage of agreement – to a much greater extent than the "decrease" that resulted from hypothetically increasing the number of Black/African American respondents. Finally, parents of students who were White comprised 26.43% of the CHILD COUNT population, but 38% of the survey respondents. The % agreement for the White group was 71.85%. As a result, when the White category was hypothetically adjusted downward to align with the 26.43% in the child count, the negative effect of these survey respondents was diminished in calculating the overall total % in agreement with Question 25.

To summarize, making hypothetical adjustments to the results to analyze potential nonresponse bias according to race/ethnic categories did not produce a significant difference in the overall result for Indicator 8. Adjusting the Hispanic/Latino group (increasing the number), the Black/African American group (increasing the number), and White group (decreasing the number) groups tended to very slightly increase the % of responses in agreement with Question 25 because the Hispanic/Latino group agreed with Q25 at a higher rate than the statewide average; the Black/African American group agreed with Q25 at almost exactly the statewide average; and because White groups agreed with Q25 at a lower rate than the statewide average. These three categories together comprise 87% of the CHILD COUNT in the LEAs that were surveyed. These increases and decreases tended to cancel each other out, resulting in a hypothetical % of agreement that was very close to the survey results (actual 73.2% compared to hypothetical 73.3%).

In addition, the NDE examined "late responder" data (those who responded during the last three weeks that the survey was open) as compared to the data from parents who promptly responded to the survey (those who responded during the first three weeks). The data revealed that late responders agreed with Question 25 at a rate of 71.43%, which was slightly lower than survey respondents who responded promptly, who agreed with Question 25 at a rate of 71.65%. If late responders are a proxy for parents who do not respond, it would appear that nonrespondents might respond slightly less positively than the overall respondents (73.2% actual compared to 71.43% late responders). This difference is negligible. We also note that during FFY 2022, the late responders responded slightly less favorably than the statewide average, but the difference was also negligible (73.04% actual compared to 72.68% late responders).

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.**

There are 18 LEAs in Nevada—seventeen school districts contiguous with Nevada's seventeen counties, and the State Public Charter School Authority (SPCSA) which operates charter schools throughout the state, including some that exclusively offer distance education.

Nevada has a four-year comprehensive monitoring cycle, ensuring that at least once every four years each LEA participates in a comprehensive monitoring review by the NDE. Each school year, the parents of all students with disabilities for each LEA (except Clark County and Washoe County School Districts and the SPCSA) are surveyed in the year that the LEA is selected for on-site monitoring, including the parents of all children with disabilities ages three through five.

Every year, a sample of students from Clark and Washoe County School Districts and the SPCSA is included in the data collection for reporting

Nevada's results on Indicator 8 of the SPP/APR. Each of these LEAs has schools that are operated in more urban areas (e.g., Las Vegas and Reno), and schools that are operated in rural communities (e.g., Indian Springs and Gerlach). These three LEAs comprise approximately 90% of all of Nevada's students with disabilities, so when 3-5 other smaller LEAs are added to the Indicator 8 data set in any given year, the population of parents of students with disabilities surveyed is fully representative of the state's parents of students with disabilities. There is no need to sample from the additional LEAs selected for monitoring in a given school year, because the entire population of parents of students with disabilities in those LEAs is surveyed.

Nevada's Indicator 8 Sampling Plan for Clark and Washoe County School Districts and the SPCSA is as follows. Parents of students with disabilities in Clark and Washoe County School Districts and the SPCSA are sampled to represent the entire population of students with disabilities in those three LEAs (i.e., the Washoe County School District sample will represent the entire population of students with disabilities in the Washoe County School District). Because the NDE samples from within each of the three largest LEAs (Washoe, Clark, SPCSA) in each year, the sample is representative of the population it is trying to represent (i.e., parents of students with disabilities in those LEAs).

The sample is stratified to represent not only each LEA's population in terms of disability category, but also race/ethnicity and grade group. Because parents will be selected based upon the characteristics of their children (disability category, grade group, and race/ethnicity), the sample is expected to be the same as the population of students with disabilities in the LEA.

NDE uses stratified sampling to ensure that a sample representative of the parents of all students with disabilities in the LEA is surveyed. Stratified sampling is a commonly used probability method that is superior to random sampling, particularly when a subset of the population has low incidence relative to other segments of the population. This method is useful when sampling among low-incidence disability categories, such as students with vision and hearing impairments. Assistance in assuring a high-quality stratified sample is provided by Piedra Data, a NCSEAM-recommended vendor.

The NCSEAM survey is used to collect data on the percent of parents who report that their children's schools facilitated parent involvement as a means of improving services and results for students with disabilities. The survey is mailed to families and an Internet version is also made available to parents who choose to complete the survey online.

Acknowledging that low survey response rates pose problems when drawing inferences about the population as a whole, NDE takes the following steps to ensure that valid and reliable information is obtained. First, NDE works with Piedra Data and Scantron, Inc. to identify the number of responses that are necessary to reasonably draw inferences about the population. In order to ensure sufficient responses, NDE over-samples, and then weighs responses as necessary.

Assuming that the NCSEAM survey addresses the common flaws in survey question design (unclear questions, providing a postage stamp on the return envelope, etc.), NDE works with Nevada PEP (the state's federally funded Parent Training and Information Center) to develop correspondence and other media communications encouraging parents to respond to the survey, and advising parents to seek assistance from Nevada PEP if they are unclear about any aspect of the survey. Incomplete surveys are followed up with additional mailings.

A Spanish version of the survey is used as an option for parents, and more than one method (paper and pencil as well as internet) is available for parent response.

#### Weighting Results to Address Missing Data and/or Selection Bias

In an effort to ensure that the outcomes reported by Nevada are representative of the population of students served by the state, a weighting procedure is used. The demographic variables used in the weighting procedure are race/ethnicity and primary exceptionality. In this manner, the resulting outcome measures (e.g., mean SEPPS score, % meeting the threshold of 600 on the SEPPS, etc.) have a representation from the distribution of race/ethnicity and primary exceptionality that mirrors that of the population of students served by the state.

An initial step in evaluating how representative the analytic sample is of the population of students served by the state is to compare the observed bivariate distribution of race/ethnicity and primary exceptionality in the obtained sample from the population values provided by the state. Large deviations between the sample and the state are noted and will be used to inform future changes to the sampling plan.

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 2023 SPP/APR, the State must report whether the FFY 2023 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 2022 SPP/APR

The instructions for this Indicator require that Nevada analyze "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." The measurement table is consistent with these instructions.

For many years, Nevada has provided comprehensive analyses of representativeness of the "demographics of the children" by comparing the demographics of children whose parents responded to the survey, to the demographics of children in the child count, disaggregated by disability category, race/ethnicity category, and grade level. These data are described in response to the prompt "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. ... "

In addition, see sections above where the NDE analyzed response data including potential nonresponse bias.

## **8 - OSEP Response**

### **8 - 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.

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 2023 reporting period (i.e., after June 30, 2024).

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

#### FFY 2023 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.

1

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	17	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).

Nevada defines disproportionate representation of racial and ethnic groups (i.e., Hispanic/Latino, American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, and Two or More Races) in special education and related services by using the following criteria: (1) weighted risk ratio except where the OSEP disproportionality template automatically calculates an alternate risk ratio when there were fewer than 10 children in the comparison group; (2) with the risk-ratio threshold set at equal to or greater than 3.0; (3) for three consecutive years; (4) with a minimum cell size of 25 (risk numerator).

In FFY 2023, one LEA was totally excluded from the calculation because the LEA did not meet the minimum cell size for any racial/ethnic group.

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.

In FFY 2023, Nevada did not identify any disproportionate representation of racial/ethnic groups in special education and related services.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2023 reporting period (i.e., after June 30, 2024).

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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%



Data	0.00%	0.00%	0.00%	0.00%	0.00%
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#### Targets

FFY	2023	2024	2025
Target	0%	0%	0%

#### FFY 2023 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.

4

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2	0	16	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).

Nevada defines disproportionate representation of racial and ethnic groups (i.e., Hispanic/Latino, American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, and Two or More Races) in special education and related services by using the following criteria: (1) weighted risk ratio except where the OSEP disproportionality template automatically calculates an alternate risk ratio when there were fewer than 10 children in the comparison group; (2) with the risk-ratio threshold set at equal to or greater than 3.0; (3) for three consecutive years; (4) with a minimum cell size of 25 (risk numerator).

In FFY 2023, four LEAs were totally excluded from the calculation because the LEAs did not meet the minimum cell size for any racial/ethnic group in any of the six disabilities categories analyzed.

**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.**

The NDE used LEA-provided data collected from the state's October 1, 2023 Special Education Child Count (data year FFY 2023) to identify disproportionate representation according to the definition described above. Disproportionate representation was identified in 2 LEAs. Lyon County School District had disproportionate representation in the category of emotional disturbance, for students who identified as White, for three consecutive years. Humboldt County School District had disproportionate representation in the category of other health impairments, for students who identified as White, for three consecutive years.

For both of these LEAs, their policies and procedures were reviewed to ensure compliance with state and federal law child find, referral, evaluation, and eligibility decision-making requirements. Both of the LEAs were found to have compliant policies and procedures.

Monitoring data were reviewed for any evidence of noncompliant practices related to child find, referral, evaluation, and eligibility decision-making requirements. The review of Lyon County School District practices focused on evaluation and eligibility decision-making requirements for students identified as having an emotional disturbance. The review of Humboldt County School District practices focused on evaluation and eligibility decision-making requirements for students identified as having other health impairments. Nevada regulations prescribe disability-specific requirements for eligibility criteria, assessment requirements, and eligibility team membership, and these requirements were carefully reviewed. Each LEA had compliant practices as evidenced in the monitoring data, with no noncompliance identified.

The NDE reviewed the last three years of analysis for significant diproportionality, and neither LEA had been identified for significant disproportionality in identification in any disability category, for any race or ethnic category, in the last three years.

The NDE reviewed the last three years of state complaint investigations, and neither LEA has been issued any findings of noncompliance related to child find, referral, evaluation, and eligibility decision-making requirements.

The NDE reviewed the last three years of due process hearing/review decisions, and neither LEA has been issued any findings of noncompliance related to child find, referral, evaluation, and eligibility decision-making requirements.

Based on this annual review of policies, procedures and practices, the NDE concluded that the disproportionate representation of racial and ethnic groups in special education, within six disability categories, for these 2 LEAs was not the result of inappropriate identification.

Provide additional information about this indicator (optional)

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	76.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	96.55%	100.00%	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
53	44	100.00%	100%	83.02%	Did not meet target	Slippage

**Provide reasons for slippage**

Nevada has been experiencing severe personnel shortages as well as never-seen-before rates of staff turnover in the LEAs that were monitored during FFY 2023. Those shortages and the turnover rates have had an adverse effect on the ability of LEAs to complete initial evaluations within Nevada's 45-school-day timeline.

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

9

**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 2023, data were collected from five LEAs that were monitored: Carson City School District, Douglas County School District, Nye County School District, Mineral County School District and Washoe County School District. Within these LEAs, there were 9 total children (1 in Douglas County School District; 1 in Nye County School District; 7 in Washoe County School District) whose initial evaluations were not completed within the 45-school-day timeline. The number of days beyond the 45-school-day timeline ranged from 3 days to 37 days. Of the 9 delays, 5 delays were between 15 and 37 days. In all 9 instances the delays were the result of staff scheduling difficulties.

**Indicate the evaluation timeline used:**

The State established a timeline within which the evaluation must be conducted

**What is the State's timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).**

Nevada's initial evaluation timeline is established in state regulation at Nevada Administrative Code (NAC) 388.337, as follows:

NAC 388.337 Deadlines for conducting initial evaluations; request for extension; exception.

1. Except as otherwise provided by subsections 2 and 3, when a public agency determines that good cause exists to evaluate a pupil pursuant to NAC 388.330 to 388.440, inclusive, it shall conduct the initial evaluation within:

- (a) Forty-five school days after the parent provides informed written consent;
- (b) Forty-five school days after receipt of the decision of a hearing officer pursuant to NAC 388.310 ordering the evaluation or the time set forth in the decision, whichever is shorter; or
- (c) At any other time agreed upon in writing by the parent and the public agency.

2. Upon the request of a public agency, the Superintendent may extend the deadline for conducting initial evaluations for not more than 15 school days.

3. The deadline for conducting an initial evaluation does not apply to a public agency if:

- (a) A pupil enrolls in a school served by the public agency after the 45 school day timeframe has begun and before a determination by the pupil's previous public agency as to whether the pupil is a pupil with a disability, but only if the succeeding public agency is making sufficient progress to ensure a prompt completion of the evaluation and the parent and subsequent public agency agree to a specific time when the evaluation will be completed; or
- (b) The parent of the pupil repeatedly fails or refuses to deliver the pupil for the evaluation.

The "exceptions" provided in NAC 388.337 pertain to situations where a pupil begins an evaluation in one public agency and transfers to another, and to instances "the parent of the pupil repeatedly fails or refuses to deliver the pupil for the evaluation." During 2023-2024, three cases fell within these exceptions and were included in (b).

**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.**

These data are collected as part of annual state monitoring. See "Monitoring" subsection in "General Supervision" section in INTRODUCTION. Each year, each record reviewed is monitored to determine whether the student's initial evaluation was conducted in accordance with the requirements of NAC 388.337, generally within 45 school days of the date that the student's parent signed the consent for the student's initial evaluation. Follow-up inquiries are made as needed to clarify any questions that arise during monitoring.

In FFY 2023, data were collected from five LEAs that were monitored: Carson City School District, Douglas County School District, Nye County School District, Mineral County School District and Washoe County School District.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - 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.

## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	83.90%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	99.23%	96.16%	55.56%	78.57%

#### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	306
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	3
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	52
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.	128
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	0
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.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 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.	52	175	78.57%	100%	29.71%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

During FFY 2023, 29.71% of children who were referred from Part C to Part B were found eligible for Part B and had an IEP developed and implemented by their third birthdays, or were subtracted from the analysis based on factors listed in b, d, e, or f. Nevada did not reach its target for this indicator and demonstrated slippage from the previous year when the compliance calculation was 78.57%.

Because the calculation for this indicator is based on monitoring findings in a different set of LEAs in each year of a four-year cycle, the comparison to the compliance percentage in the previous year is not a comparison to the same LEAs. During FFY 2022, five rural LEAs were included in the analysis, and in FFY 2023, four rural LEAs were included in the analysis along with Washoe County School District which is the second largest LEA in Nevada. A total of 123 children statewide were included in (a), but not included in b, c, d, e, or f. One hundred eighteen (118) of these children were from Washoe County School District where delays were primarily the result of staff scheduling issues, compounded by a significant staff shortage.

**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**

123

**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.**

In Douglas and Nye County School Districts, a total of 5 children were included in (a), but not included in b, c, d, e, or f (30 - 25 = 5). The delays were the result of staff scheduling issues. For these 5 children, the number of days beyond the third birthday ranged from 5 days to 104 days.

In Washoe County School District 118 children were included in (a), but not included in b, c, d, e, or f (250 - 132 = 118). The delays were primarily the result of staff scheduling issues, compounded by a significant staff shortage. The number of days beyond the third birthday ranged from 1 day to 417 days.

**Attach PDF table (optional)**
**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.**

Nevada has a four-year monitoring cycle and each LEA is selected for monitoring in one of the four years. See "Monitoring" subsection in "General Supervision" section in INTRODUCTION. Each LEA selected for monitoring in a given school year submits one entire year of data with necessary elements to complete the calculation required for Indicator 12. Follow-up inquiries are made as needed to clarify any questions that arise during data analysis.

In FFY 2023, data were collected from five LEAs that were monitored: Carson City School District, Douglas County School District, Mineral County School District, Nye County School District, and Washoe County School District.

**Provide additional information about this indicator (optional)**
**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

## FFY 2022 Findings of Noncompliance Verified as Corrected

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

During 2022-2023, five LEAs were selected for a comprehensive record review as part of Nevada's four-year monitoring cycle: Elko County School District, Eureka County School District, Humboldt County School District, Lander County School District, and White Pine County School District.

A noncompliance finding for failure to have IEPs developed and implemented by the third birthdays of Part C transfers was issued for Elko County School District. Fifteen (15) records were reviewed for Elko County School District, and of those, 3 children (20%) served in Part C and referred to Part B for an eligibility determination who were found eligible did not have an IEP developed and implemented by their third birthdays. No delays occurred during the summer.

To verify correct implementation of the regulatory requirements, Elko County School District was ordered to (1) review policies/procedures and forms to identify and make necessary modifications; (2) provide training for staff on compliance requirements; and (3) submit updated data for students referred from Part C to Part B after the issuance of the noncompliance finding, to document that IEPs were developed and implemented by the third birthday consistent with the requirements of Indicator 12. Elko County School District submitted the required material to satisfy the corrective action requirements. Specifically, 12 consecutive records were submitted for children who transitioned from Part C to Part B between October 2023 and March 2024, to demonstrate that the Elko County School District was developing and implementing the children's IEPs by their third birthdays. The NDE reviewed the information submitted, including updated data, and specifically verified that the source of noncompliance was correctly implementing the regulatory requirements, with 100% compliance.

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

There were 3 children in Elko County School District for whom the child's eligibility determination and IEP development and implementation was not completed by the child's third birthday. In all instances the delays were the result of staff scheduling difficulties, with no delays occurring during the summer. The number of days beyond the third birthday ranged from 12 days to 125 days. All eligible students whose files were reviewed had IEPs developed and implemented at the time the file was monitored.

Consequently, within the 2022-2023 school year, the noncompliance for these 3 students was already corrected and the students were receiving services in accordance with each student's IEP.

## Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### Response to actions required in FFY 2022 SPP/APR

See section above titled: "Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements." See section above titled: "Describe how the State verified that each individual case of noncompliance was corrected."

## 12 - OSEP Response

## 12 - 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.



## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2019	80.56%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	80.56%	88.71%	45.45%	27.78%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	46	27.78%	100%	0.00%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

During FFY 2023, 0% of youth aged 16 and above in LEAs that were monitored had IEPs that contained each of the required components for secondary transition. Nevada did not reach its target for this indicator and demonstrated slippage from the previous year when the compliance calculation was 27.78%. Because the calculation for this indicator is based on monitoring findings in a different set of LEAs in each year of a four-year cycle, the comparison to the compliance percentage in the previous year is not a comparison to the same LEAs.

Nevada evaluates several items (including several with sub-items) on its compliance checklist to determine compliance with all eight components of the NTACT:C Indicator 13 Checklist Form A. For the LEAs monitored during 2023-2024, each of the 46 records reviewed were found not to be in compliance with one or more of the requirements, including providing written notice inviting the student to the IEP meeting, agency participation in IEP meetings, conducting age-appropriate transition assessments, formulating measurable post-secondary goals, developing annual goals that support post-secondary goals, and determining the student's transition services needs. Most IEPs were missing only 3-4 of the required components, but compliance with all components is required. There was no consistency across the 5 LEAs in the components that were found to be noncompliant.

The LEAs monitored during FFY 2023 comprised four rural LEAs and one large urban LEA: Carson City School District, Douglas County School District, Mineral County School District, Nye County School District, and Washoe County School District. Most of the IEPs that were reviewed had been developed during the 2022-2023 school year, and access to in-person training during that year and the two years prior was a distinct challenge.

Two of these LEAs participated in in-person or virtual training on secondary transition in August 2023 prior to their spring 2024 monitoring visit, but any IEPs developed after that training would not have been included in the IEPs that were monitored. Three of the five LEAs have experienced very large staff turnover during the four years since they were last monitored. Two LEAs have already received training from the NDE in August 2024 and on four separate days during December 2024 and January 2025.

These trends unsurprisingly show that one-stop training every few years is not effective, especially virtually, given the very high turnover of staff and the four-year monitoring cycle. LEA staff need ongoing training annually. The NDE is also challenged by staff shortages to support LEAs. To address this reality, the NDE is working to build out training on NDE's Canvas Learning Management System platform so that LEAs can access the training more frequently. Also, plans are underway to identify ways that the NDE can provide more in-person training and coaching support for LEAs, which would focus on effective implementation of secondary transition requirements as well as compliance.

**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.**

These data are collected as part of annual state monitoring. See "Monitoring" subsection in "General Supervision" section in INTRODUCTION. Each year, each record selected for students with disabilities age 16 and older is monitored to determine whether each of the required secondary transition components is in place.

In FFY 2023, data were collected from five LEAs that were monitored: Carson City School District, Douglas County School District, Mineral County School District, Nye County School District, and Washoe County School District.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	NO

**If no, please explain**

Only two of the eight Indicator 13 requirements are required at an age younger than 16 in Nevada. Nevada state regulations do require that students beginning at age 14 be invited to their IEP meetings and that "transition services: course of study" be described in the IEP developed when the student is age 14. The remaining compliance items addressed in Indicator 13 are not required beginning at age 14 in Nevada, so youth at an age younger than 16 are not included in the data for this indicator.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

During 2022-2023, five LEAs were selected for a comprehensive record review as part of Nevada's four-year monitoring cycle: Elko County School District, Eureka County School District, Humboldt County School District, Lander County School District, and White Pine County School District.

A noncompliance finding was issued for Elko County School District, Humboldt County School District, Lander County School District, and White Pine County School District for failure to have in place all secondary transition requirements in the IEPs that were monitored. A total of four noncompliance findings were issued.

To verify correct implementation of the regulatory requirements, the four LEAs that were issued noncompliance findings were each ordered to (1) review policies/procedures and forms to identify and make necessary modifications; (2) provide training for staff on compliance requirements; and (3) submit complete files containing annual IEPs including transition components for students ages 16 or older developed between August 15, 2023, and March 1, 2024, containing all required documentation to provide evidence that compliant practices are now in place. The number of new files requested to demonstrate that the LEA is correctly implementing regulatory requirements is equivalent to the number of files for which noncompliance was identified. Elko was required to submit 3 complete files; Humboldt was required to submit 3 complete files; Lander was required to submit 2 complete files; White Pine was required to submit 3 complete files. The four LEAs submitted the required material to satisfy the corrective action requirements. The NDE reviewed the information submitted, including new complete files, and specifically verified that the source of noncompliance was correctly implementing the regulatory requirements, with 100% compliance.

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

Elko, Humboldt, Lander, and White Pine County School Districts were required to convene IEP meetings and submit corrected IEPs to the NDE for each student whose record was found to be noncompliant so that the NDE could verify that each individual case of noncompliance was corrected. All four LEAs submitted the corrected IEPs. The NDE reviewed each corrected IEP to verify that all secondary transition requirements were in place with 100% compliance. The NDE advised each LEA that the corrections had been verified and the required corrective actions were complete for the individual cases of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

See section above titled: "Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements." See section above titled: "Describe how the State verified that each individual case of noncompliance was corrected."

**13 - OSEP Response**

**13 - 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.

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

#### 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 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 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 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 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	2018	2019	2020	2021	2022
A	2020	Target ≥	28.00%	28.00%	27.00%	27.00%	30.00%
A	22.46%	Data	22.20%	30.24%	22.46%	19.90%	18.76%
B	2020	Target ≥	57.00%	57.00%	63.00%	63.00%	66.00%
B	61.86%	Data	57.84%	66.05%	61.86%	61.21%	59.90%
C	2020	Target ≥	73.00%	73.00%	74.00%	76.00%	78.00%
C	71.19%	Data	71.76%	76.88%	71.19%	78.72%	72.45%

### FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	30.00%	33.00%	33.00%
Target B ≥	66.00%	70.00%	70.00%
Target C ≥	78.00%	80.00%	80.00%

### Targets: Description of Stakeholder Input

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada’s "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State’s targets for this Indicator,  
[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

**FFY 2023 SPP/APR Data**

Total number of targeted youth in the sample or census	2,965
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	784
Response Rate	26.44%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	190
2. Number of respondent youth who competitively employed within one year of leaving high school	328
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)	38
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).	48

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	190	784	18.76%	30.00%	24.23%	Did not meet target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	518	784	59.90%	66.00%	66.07%	Met target	No 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)	604	784	72.45%	78.00%	77.04%	Did not meet target	No Slippage

**Please select the reporting option your State is using:**

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.

**Response Rate**

FFY	2022	2023
Response Rate	21.47%	26.44%

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

The National Technical Assistance Center on Transition: The Collaborative (NTACT:C) has stated that when representativeness is outside the +/- 3% range, the lack of representativeness is important.

Using this metric, Nevada uses an analysis of +/-3% discrepancy in the proportion of survey responders compared to the target group (student leavers).

This is consistent with how Nevada has historically reported representativeness and remains the way we will report representativeness moving forward. A positive difference indicates overrepresentation, and a negative difference indicates underrepresentation.

**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.**

#### ANALYSIS OF DATA ON REPRESENTATIVENESS OF SURVEY RESPONSES

##### DISABILITY CATEGORY

Respondents were compared to the original survey population to determine the representativeness of the responding students when compared to the surveyed students, using the Response Calculator from NTACT:C. Representativeness was compared by disability category for students with learning disabilities, emotional disturbance, intellectual disabilities, and all other disabilities, with the following results. Negative numbers reflect underrepresentation. Positive numbers reflect overrepresentation.

- 66.37% of students surveyed had learning disabilities; 61.10% of respondents had learning disabilities; the -5.28% difference was outside the acceptable range identified by NTACT:C.
- 4.11% of students surveyed had emotional disturbance; 3.19% of respondents had emotional disturbance; the -0.93% difference was within the acceptable range identified by NTACT:C.
- 2.26% of students surveyed had intellectual disabilities; 2.04% of respondents had intellectual disabilities; the -0.22% difference was within the acceptable range identified by NTACT:C.
- 27.25% of students surveyed had "all other disability categories"; 33.67% of respondents had "all other disability categories"; the +6.42% difference was outside the acceptable range identified by NTACT:C.

The only two categories with calculations of representativeness outside the acceptable range identified by NTACT:C were students with learning disabilities and students with all other disability categories.

##### RACE/ETHNIC CATEGORY

Students were also compared for representativeness according to race and ethnicity categories with the following results:

- 1.35% of students surveyed identified as American Indian/Alaskan Native; 1.15% of respondents identified as American Indian/Alaskan Native; the -0.20% difference was within the acceptable range identified by NTACT:C.
- 1.69% of students surveyed identified as Asian; 1.53% of respondents identified as Asian; the -0.16% difference was within the acceptable range identified by NTACT:C.
- 13.73% of students surveyed identified as Black/African American; 16.07% of respondents identified as Black/African American; the 2.34% difference was within the acceptable range identified by NTACT:C.
- 46.85% of students surveyed identified as Hispanic; 42.73% of respondents identified as Hispanic; the -4.12% difference was outside the acceptable range identified by NTACT:C.
- 5.73% of students surveyed identified as Two or More Races; 6.25% of respondents identified as American Indian/Alaskan Native; the 0.52% difference was within the acceptable range identified by NTACT:C.
- 1.25% of students surveyed identified as Native Hawaiian or Other Pacific Islander; 0.89% of respondents identified as Native Hawaiian or Other Pacific Islander; the -0.36% difference was within the acceptable range identified by NTACT:C.
- 29.41% of students surveyed identified as White; 31.38% of respondents identified as White; the 1.97% difference was within the acceptable range identified by NTACT:C.

The only category with a calculation of representativeness outside the acceptable range identified by NTACT:C were students who identified as Hispanic, and that rate only exceeded the acceptable range by 1.12%.

##### GENDER AND ENGLISH LEARNERS CATEGORIES

Students were also compared for representativeness according to gender and English Learner (EL) status, with the following results:

- 37.54% of students surveyed were female; 35.71% of respondents were female; the -1.82% difference was within the acceptable range identified by NTACT:C.
- 62.46% of students surveyed were male; 64.29% of respondents were male; the 1.83% difference was within the acceptable range identified by NTACT:C.
- 26.61% of students surveyed were English Learners; 22.32% of respondents were English Learners; the -4.29% difference was outside the acceptable range identified by NTACT:C, but smaller than the previous year when English Learners were underrepresented by 5.37%.

##### DROPOUTS

Students were also compared for representativeness according to dropout status, with the following results:

6.75% of students surveyed were dropouts; 4.34% of respondents were dropouts. The difference of -2.41% is within the acceptable range identified by NTACT:C and is significantly smaller than the previous year when dropouts were underrepresented by 10.08%.

**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.**

Following are the strategies that Nevada will use to ensure that in the future the response data are representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school, as well as strategies Nevada will use to increase the response rate year over year, particular for underrepresented groups.

Response rate and representativeness improvement efforts are ongoing. In addition to continuing proven survey outreach (including mailing, calling, and web-based (emailing) contacts) and completion (including online and via phone) methods, the NDE contractor will also continue to utilize Nevada area codes. In addition, the NDE put out a combined request for proposals (RFP) for Indicators 8 and 14 and included in the requirements that proposals must include how contractors will "Employ methods to increase response rate. Including: Targeted increases in contact attempts to underrepresented respondent populations, and research and recommend improvement strategies to increase response rates." The NDE developed a new ACCESS Nevada data collection and reporting system and utilized it to complete the Post-School Outcomes Survey (PSOS) for the first time with the collection

that took place in summer-fall 2024. Beginning with the PSOS collection in summer-fall 2025, the NDE and the PSOS contractors will be able to run reports during live survey collection to look at response rates and representativeness as calls are being made and increase efforts in outreach toward exiters in underrepresented populations.

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

Following are the strategies that Nevada will use to ensure that in the future the response data are representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school, as well as strategies Nevada will use to increase the response rate year over year, particular for underrepresented groups.

Response rate and representativeness improvement efforts are ongoing. In addition to continuing proven survey outreach (including mailing, calling, and web-based (emailing) contacts) and completion (including online and via phone) methods, the NDE contractor will also continue to utilize Nevada area codes. In addition, the NDE put out a combined request for proposals (RFP) for Indicators 8 and 14 and included in the requirements that proposals must include how contractors will "Employ methods to increase response rate. Including: Targeted increases in contact attempts to underrepresented respondent populations, and research and recommend improvement strategies to increase response rates." The NDE developed a new ACCESS Nevada data collection and reporting system and utilized it to complete the Post-School Outcomes Survey (PSOS) for the first time with the collection that took place in summer-fall 2024. Beginning with the PSOS collection in summer-fall 2025, the NDE and the PSOS contractors will be able to run reports during live survey collection to look at response rates and representativeness as calls are being made and increase efforts in outreach toward exiters in underrepresented populations.

**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.**

Strategies to continue to increase the response rate and promote response from a broad cross section of youth are described in the above section titled "Describe strategies that will be implemented which are expected to increase the response rate ..."

Nevada's response rate had declined in the four years prior to FFY 2023, from 35.07% in FFY 2019, to 30.04% in FFY 2020, to 24.70% in FFY 2021, to 21.47% in FFY 2022. However, in FFY 2023, the response rate increased to 26.44%, an increase of 23%  $[(26.44-21.47)/21.47 = 23\%]$ .

NDE analyzed the response rates across several categories of responders: Students with learning disabilities, students with emotional disturbance, students with intellectual disabilities, students with all other disability categories, female students, male students, students in each of the seven race and ethnic categories, students who are English Learners, and students who dropped out of school. When compared with the statewide response rate, the response rate in these subgroups was within the +/- 3 percentage points acceptable range identified by NTACTION, except for students with emotional disturbance (6.0% lower response rate than statewide average), students who identified as American Indian/Alaskan Native (3.94% lower), students who were English Learners (4.26% lower), and students who were dropouts (9.44% lower).

Nonresponse bias in these four groups may affect the extent to which these results are representative of all students with IEPs who left school during the 2022-2023 school year.

**NONRESPONSE BIAS FOR DROPOUTS**

The lower response rate of students who were dropouts affected the statewide results for Categories A, B, and C. The percentage of students who were dropouts that were counted in Category A was 0%, compared to the statewide percentage of 24.23%. The percentage of students who were dropouts that were counted in Category B was 41.2%, compared to the statewide percentage of 66.07%. The percentage of students who were dropouts that were counted in Category C was 52.9%, compared to the statewide average of 77.04%. If the nonresponding students who were dropouts have the same post-school outcomes as those who responded, then the lower response rate of dropouts had the effect of creating statewide rates that were higher than may be representative of all students with IEPs who left school during the 2022-2023 school year.

**NONRESPONSE BIAS FOR ENGLISH LEARNERS**

The lower response rate of students who were English Learners affected the statewide results for Categories A, B, and C. The percentage of students who were English Learners that were counted in Category A was 23.43%, compared to the statewide percentage of 24.23%. The percentage of students who were English Learners that were counted in Category B was 62.3%, compared to the statewide percentage of 66.07%. The percentage of students who were English Learners that were counted in Category C was 73.1%, compared to the statewide average of 77.04%. Overall, the percentages of students who were English Learners in Categories A, B, and C were slightly lower but very close to the statewide percentages. Thus, if the nonresponding students who were English Learners have the same post-school outcomes as those who responded, then the lower response rate of English Learners had the effect of creating statewide rates that were only slightly higher than may be representative of all students with IEPs who left school during the 2022-2023 school year.

**NONRESPONSE BIAS FOR STUDENTS WITH EMOTIONAL DISTURBANCE**

The lower response rate of students with emotional disturbance affected the statewide results for Categories A, B, and C. The percentage of students with emotional disturbance that were counted in Category A was 16%, compared to the statewide percentage of 24.23%. The percentage of students with emotional disturbance that were counted in Category B was 52%, compared to the statewide percentage of 66.07%. The percentage of students with emotional disturbance that were counted in Category C was 56%, compared to the statewide average of 77.04%. If the nonresponding students with emotional disturbance have the same post-school outcomes as those who responded, then the lower response rate of students with emotional disturbance had the effect of creating statewide rates that were higher than may be representative of all students with IEPs who left school during the 2022-2023 school year.

**NONRESPONSE BIAS FOR STUDENTS WHO IDENTIFIED AS AMERICAN INDIAN/ALASKAN NATIVE**

The lower response rate of students who identified as American Indian/Alaskan Native affected the statewide results for Categories A, B, and C. The percentage of students who identified as American Indian/Alaskan Native that were counted in Category A was 11%, compared to the statewide percentage of 24.23%. The percentage of students who identified as American Indian/Alaskan Native that were counted in Category B was 55%, compared to the statewide percentage of 66.07%. The percentage of students who identified as American Indian/Alaskan Native that were counted in Category C was 55%, compared to the statewide average of 77.04%. If the nonresponding students who identified as American Indian/Alaskan Native have the same post-school outcomes as those who responded, then the lower response rate of students who identified as American Indian/Alaskan Native had the effect of creating statewide rates that were higher than may be representative of all students with IEPs who left school during the 2022-2023 school year.



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 2023 SPP/APR, the State must report whether the FFY 2023 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.

##### Response to actions required in FFY 2022 SPP/APR

Nevada has reported whether the FFY 2023 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 in the section above titled: "Include the State's analyses of the extent to which the response data are representative of the demographics of youth ..."

Nevada has reported its analysis of the extent to which the FFY 2023 response data are representative of youth who are no longer in secondary school and had IEPs in effect at the time they left school in the section above titled: "Describe the analysis of the response rate including any nonresponse bias that was identified ..."

#### 14 - OSEP Response

#### 14 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 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

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

#### 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 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	78
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	57

**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

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator,

[https://webapp-strap-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strap-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

#### Historical Data

Baseline Year	Baseline Data
2005	91.00%

FFY	2018	2019	2020	2021	2022
Target >=	85.00%	85.00%	91.25%	91.25%	91.25%
Data	73.85%	90.11%	68.97%	6.15%	20.25%

#### Targets

FFY	2023	2024	2025
-----	------	------	------

Target >=	91.50%	91.50%	91.50%
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#### FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
57	78	20.25%	91.50%	73.08%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

#### 15 - Prior FFY Required Actions

None

#### 15 - OSEP Response

#### 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

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### 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 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	9
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	2
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	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

No changes have been made to the target(s) for this Indicator for the FFY 2023 reporting year.

See INTRODUCTION section entitled "Broad Stakeholder Input" for an overall discussion regarding broad stakeholder input on the SPP/APR targets that were set during FFY 2020 for FFY 2020-2025.

See each separate Indicator section in Nevada's "IDEA Part B SPP/APR FFY 2020" for detailed information regarding the Indicator-specific mechanisms for soliciting broad stakeholder input on the State's targets for this Indicator, [https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_B\\_SPPAPR\\_FFY\\_20\\_b7ba8f5b07.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_B_SPPAPR_FFY_20_b7ba8f5b07.pdf)

### Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2018	2019	2020	2021	2022
Target >=	80.00%	80.00%	80.25%	80.25%	80.25%
Data	100.00%	80.00%	87.50%	83.33%	72.73%

### Targets

FFY	2023	2024	2025
-----	------	------	------

Target >=	80.50%	80.50%	80.50%
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#### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2	3	9	72.73%	80.50%	55.56%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

Although there is slippage from FFY 2022 to FFY 2023, the very small "n" size in Nevada makes the year-to-year comparisons between these two years not particularly meaningful. Nine (9) mediations were conducted during FFY 2023, and 11 mediations were conducted during FFY 2022. Nevada resolved its due process hearing requests during FFY 2023 without a hearing in 97% of the cases, and the state mediation process is but one of many routes to resolution.

#### Provide additional information about this indicator (optional)

#### 16 - Prior FFY Required Actions

None

#### 16 - OSEP Response

#### 16 - Required Actions

## Indicator 17: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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, 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, 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, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)?

The Nevada Department of Education will improve the performance of third-grade students with disabilities in Clark County School District on statewide assessments of reading/language arts through building the school district's capacity to strengthen the skills of special education teachers in assessment, instructional planning, and teaching.

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.

Not all third-grade students with disabilities are included in the Assess-Plan-Teach (APT) project that is being implemented in Clark County School District (CCSD). The subset of the population only includes third-grade students with disabilities in the 29 schools who participated in the APT project, and the subset does not include students with speech-language impairments in those schools.

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

[https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV\\_SSiP\\_Theory\\_of\\_Action\\_600d4429d6.pdf](https://webapp-strapi-paas-prod-nde-001.azurewebsites.net/uploads/NV_SSiP_Theory_of_Action_600d4429d6.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
2015	7.00%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	15.00%	16.00%	17.00%

FFY 2023 SPP/APR Data

Number of Students Scoring Proficient or Above on SBAC	Number of Students Tested on SBAC	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
20	335	10.45%	15.00%	5.97%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Clark County School District (CCSD) adopted a new literacy curriculum for K-5 for both phonics and comprehension instruction. The CCSD adopted new Tier One instruction for literacy in the 2023-2024 school year. HMH Into Reading was the new reading program and 95 Phonics Core Program is a K-5 phonics program that is being used for phonics and morphology. APT school teams shifted to teaching HMH Into Reading for

comprehension and then tiered support using the Tier 2-3 program 95 Phonics Lesson Libraries (PLL) for phonics instruction.

Although the APT special education teachers received extensive training and coaching, this shift and change in scope and sequence to align with general education could be a major factor for this decline. Our hope is that with alignment to the general education curriculum and extensive Professional Learning and coaching, we will start to see an increase in the percentage of 3rd grade students scoring proficient or above on the SBAC. This increased exposure to Tier One instruction and moving towards more ambitious goals will take time to yield results as CCSD moves through this pedagogical shift.

**Provide the data source for the FFY 2023 data.**

Smarter Balanced Consortium Assessment (SBAC) assessment administered in Spring 2024.

**Please describe how data are collected and analyzed for the SiMR.**

A data set is established including third-grade students with disabilities (minus students with speech-language impairments) in the 29 APT schools who participated in SBAC assessments. From that data set, subtotals are calculated for students who scored at Level 1 and Level 2 (not proficient), Level 3 (proficient) and Level 4 (above proficient). The total number of students who scored at Level 3 or 4 is divided by the total number of students who participated in the SBAC assessments. The resulting percentage is the actual data for reporting progress on Nevada's SiMR (20 students at or above proficient, divided by 335 students who were assessed = 5.97%).

**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.**

CORE Phonics Survey data were collected from approximately 1,213 students in 145 APT classrooms in fall and spring in school year 2023-2024. Nevada disaggregated these data by grade level.

Between the fall and spring administration of the CORE Phonics Survey, students showed the following improvements in "average percent score" for measures of letter knowledge and word reading.

**LETTER KNOWLEDGE**

- Students in second grade, served in resource rooms, improved letter knowledge from an average score of 73 to an average score of 79—the average percentage change was 9%
- Students in second grade, served in self-contained classrooms, improved letter knowledge from an average score of 63 to an average score of 72—the average percentage change was 13%
- Students in third grade, served in resource rooms, improved letter knowledge from an average score of 78 to an average score of 79—the average percentage change was 1%
- Students in third grade, served in self-contained classrooms, improved letter knowledge from an average score of 68 to an average score of 73—the average percentage change was 7%

**WORD READING**

- Students in second grade, served in resource rooms, improved word reading from an average score of 38 to an average score of 72—the average percentage change was 87%
- Students in second grade, served in self-contained classrooms, improved word reading from an average score of 61 to an average score of 67—the average percentage change was 61%
- Students in third grade, served in resource rooms, improved word reading from an average score of 50 to an average score of 72—the average percentage change was 43%
- Students in third grade, served in self-contained classrooms, improved word reading from an average score of 40 to an average score of 59—the average percentage change was 46%

**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://webapp-strapipaas-prod-nde-001.azurewebsites.net/uploads/NVSSIP\\_Evaluation\\_Plan\\_8aae7ef7a1.pdf](https://webapp-strapipaas-prod-nde-001.azurewebsites.net/uploads/NVSSIP_Evaluation_Plan_8aae7ef7a1.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:**

Nevada has identified three broad APT improvement strategies: (1) Infrastructure Development, (2) Professional Development, and (3) Data Systems Development. Outcomes were established in the April 2016 SSIP report. Some outcomes overlap among strategies, but achievements are only listed once below.

**Broad Improvement Strategy #1, APT Infrastructure Development**

Implementation of this strategy establishes the foundational infrastructure to support development, implementation, and expansion of APT as a critical component of the CCSD Literacy Instruction Frameworks for improving reading instruction for third-grade students with disabilities in the CCSD.



The CCSD adopted new Tier One instruction for literacy in the 2023-2024 school year. HMH Into Reading was the new reading program and 95 Phonics Core Program is a K-5 phonics program that is being used for phonics and morphology. APT school teams shifted to teaching HMH Into Reading for comprehension and then tiered support using the Tier 2-3 program 95 Phonics Lesson Libraries (PLL) for phonics instruction.

During the reporting period, activities that were implemented included continued employment of three Instructional Interventionists who serve as coaches; expenditures of federal funds in accordance with approved budgets; participation of 29 schools in the APT project; and continued support of Instructional Interventionists to support APT teachers at schools and build CCSD capacity to continue to implement and scale-up the project. See section below for a description of the short-term and intermediate outcomes achieved and the evaluation of those achievements.

#### Broad Improvement Strategy #2, Professional Development

Implementation of this strategy supports improved performance of third-grade students with disabilities on statewide assessments of reading/language arts through building CCSD capacity to strengthen the skills of teachers in assessment, instructional planning, and teaching. During the reporting period, CORE INC. training and training by three Instructional Interventionists was provided to teachers, and coaching was implemented in APT schools, principally through in-person sessions. Two (2) CORE Reading Academies were offered; and 41 teachers attended. The Instructional Interventionists provided 42 in-service training sessions. Topics included the Science of Reading, HMH Into Reading curriculum, 95 Phonics Core Program, IEP expectations, among other topics. Four hundred forty-four (444) teachers attended. These are duplicated counts--the same teachers may have attended more than one training session.

The principal means by which professional learning is offered to APT teachers is through coaching sessions provided by the Instructional Interventionists. During 2023-2024, there were 634 coaching contacts provided by the Instructional Interventionists; 43 more than in 2022-2023. This included 363 coaching sessions to provide direct support to participating teachers and 271 coaching sessions to observe the degree to which teachers were implementing evidence-based early literacy practices with fidelity and to inform action planning for participating teachers.

See section below for a description of the short-term and intermediate outcomes achieved and the evaluation of those achievements.

#### Broad Improvement Strategy #3, Data Systems Development

Implementation of this strategy supports identification, development, and implementation of data collection and analysis systems to support formative and summative evaluation of the reading performance of third-grade students with disabilities, and to assess the quality and fidelity of APT implementation. During the reporting period, activities that were implemented included using data to evaluate the training of teachers, using data to evaluate the coaching provided by Instructional Interventionists to teachers, providing training to increase teachers' knowledge about how to use data to assess, plan, and teach reading; providing training to increase teachers' knowledge about how to use progress monitoring data to assess, plan, and teach reading; using observational data to evaluate the extent to which teachers use 7 evidence-based APT practices with consistency; using data to evaluate students' progress in letter knowledge and word reading when comparing fall-to-spring CORE Phonics Survey data; and using SBAC data to evaluate progress toward the SiMR.

See section below for a description of the short-term and intermediate outcomes achieved and the evaluation of those achievements.

**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.**

#### INFRASTRUCTURE DEVELOPMENT

The INFRASTRUCTURE DEVELOPMENT Broad Improvement Strategy relates to governance, finance, and accountability. The implementation of activities to support infrastructure outcomes is necessary to achieve the SiMR, sustain systems improvement, and scale-up. In particular, adequate staff must be trained and employed to provide the coaching and support needed by staff at the APT schools; adequate funding must be provided to support staff, training, and materials; APT must be implemented with fidelity or it will not produce results; producing results is what will both sustain the improvement efforts as well as encourage the participation of new schools to scale-up the project. During 2023-2024, these short-term/intermediate outcomes were achieved:

1. Three highly qualified Instructional Interventionists (IIs) were employed to support teachers, administrators, paraeducators, and the APT Leadership Team to improve and expand the APT model.
2. Federal funds were expended according to approved CCSD budget proposal.
3. 29 CCSD schools participated in the APT project and implemented APT with fidelity.
4. 96% of administrators reported that IIs have the skills to effectively to support APT teachers.
5. 100% of administrators reported that CCSD has the professional learning capacity to support ongoing implementation of APT.

#### PROFESSIONAL DEVELOPMENT

The PROFESSIONAL DEVELOPMENT Broad Improvement Strategy relates to quality standards, professional development and technical assistance. The implementation of activities to support professional development outcomes is necessary to achieve the SiMR, sustain systems improvement, and scale-up. In particular, in order to achieve the SiMR and expand the project, teachers and paraeducators in APT schools must learn the methods of assessing, planning, and teaching that are integral to the CORE model--the principal evidence-based practice used in the APT model--and those methods must be implemented with fidelity. During 2023-2024, these short-term/intermediate outcomes were achieved:

1. 89% of APT teachers reported that training was high quality, relevant, and useful.
2. 89% of APT teachers reported that training increased their knowledge and skills of how to assess, plan and teach.
3. 87% of APT teachers reported that coaching was high quality, relevant, and useful.
4. 87% of APT teachers reported that coaching increased their knowledge and skills of how to assess, plan and teach.

#### DATA SYSTEMS DEVELOPMENT

The DATA SYSTEMS DEVELOPMENT Broad Improvement Strategy relates to data and accountability. The implementation of activities to support data systems outcomes is necessary to achieve the SiMR, sustain systems improvement, and scale-up. In particular, data systems are essential to ensure that teachers know how to use data to assess, plan, and teach; that students' formative and summative progress is measured; and that the implementation activities are properly evaluated, so that key adjustments can be made in a timely fashion. Data must be gathered to understand the extent to which APT is implemented with fidelity, or it will not produce results. Producing results is what will both sustain the improvement efforts as well

as encourage the participation of new schools to scale-up the project. During 2023-2024, these short-term/intermediate outcomes were achieved:

1. 97% of APT teachers reported increased knowledge in using assessments to inform instruction.
2. 97% of APT teachers reported increased knowledge in using CORE data to assess, plan, and teach reading.
3. 92% of APT teachers reported increased knowledge in using progress monitoring data to assess, plan, and teach reading.
4. 7 evidence-based APT practices were used consistently, on average, in 59% of observations.
5. On the Letter Knowledge section of the 2023-24 CORE Phonics Survey, 804 (66%) of 1,213 students showed growth between fall and spring survey administrations. A greater percentage of students showed growth on the fall to spring administrations of the Word Knowledge section of the 2023-24 CORE Phonics Survey, with 716 (88%) of 814 students showing growth.
6. 335 third-grade students with disabilities who participated in the APT project were assessed through SBAC in Spring 2024. Of those assessed, 20 were at or above proficiency, for a proficiency rate of 10.45% ( $20/335 = 5.97\%$ ).

**Did the State implement any new (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.**

1. The APT project will continue to provide CORE Reading Academies, and we expect APT teachers to continue to report that the training is high quality, relevant and useful; and that the training increased their knowledge and skills of how to assess, plan and teach. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.
2. The APT project will continue to provide coaching to teachers and we expect APT teachers to continue to report that the coaching was high quality, relevant and useful; and that coaching increased their knowledge and skills of how to assess, plan and teach, as well as how to implement APT. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.
3. The APT project will continue to provide training to teachers on the use of evidence-based practices so that they can use those practices consistently and we expect that "consistency of implementation" data will show that teachers are increasing their consistent use of these practices. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.

**List the selected evidence-based practices implement in the reporting period:**

During FFY 2023, the APT project continued to implement the evidence-based CORE model for data-based problem solving to plan for and provide reading instruction for students with disabilities and assess progress. In addition the CCSD adopted new evidenced-based Tier One instruction for literacy in the 2023-2024 school year. HMH Into Reading was the new reading program and 95 Core Phonics is a K-5 phonics program that is being used for phonics and morphology. APT school teams shifted to teaching HMH Into Reading for comprehension and then tiered support using the Tier 2-3 program 95 Phonics Lesson Libraries (PLL) for phonics instruction.

**Provide a summary of each evidence-based practice.**

Summary of CORE

CORE is an evidence-based professional development framework that supports the implementation of a school's reading curriculum. The CORE framework includes presentation of theory, modeling and demonstration, practice in workshop settings and simulated conditions, structured feedback, and coaching for classroom applications. The CORE Phonics Survey has a central role in the evaluation of student outcomes in the APT project.

Summary of HMH Into Reading

HMH Into Reading is an evidence-based instructional approach that is aligned to the Science of Reading research. HMH Into Reading reflects the most conclusive reading and writing research and evidence-based effective classroom practices. Authored by leaders in the field, HMH Into Reading is built upon the Science of Reading, a foundation of research proven to be effective in raising student achievement.

Summary of 95 Phonics Core Program

The 95 Phonics Core Program includes classroom-ready, evidence-based phonics instruction that is used in the literacy block. In 30 minutes a day, 95 Phonics Core Program builds critical phonics skills through explicit instruction.

**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.**

The role of evidence-based practices incorporated into CORE, HMH Into Reading curriculum, and the 95 Phonics Core Program in impacting Nevada's SiMR is explained in Nevada's Theory of Action and summarized as follows: "If NDE provides technical support and resources to build CCSD's capacity to strengthen the skills of special education teachers in assessment, instructional planning, and teaching, then third-grade students with disabilities will receive specially designed instruction in reading to meet their unique needs, and then the performance of third-grade students with disabilities on statewide assessments of reading/language arts will improve." The evidence-based practices described above comprise the "technical support and resources" embedded in APT that are intended to impact the SiMR.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Consistency (fidelity) of implementation data are collected by Instructional Interventionists who observe APT teachers and rate the extent to which teachers use 7 practices aligned with the APT model: motivation and engagement; teacher to student feedback; classroom management; varied instructional approaches; explicit instruction; implementing provided curriculum consistent with the program manual; and gradual release model.

Consistency of implementation data were collected during the 2023-2024 school year. There was a steady increase in the consistency of implementation from 2016-2017 through 2018-2019, with an average of 45% of practices used consistently in 2016-17, increasing to 56% in 2017-18, and reaching 65% in 2018-2019. In 2019-2020, through March 2020, there was a slight dip in the average frequency of use of the APT teaching practices to 63%. During the 2020-2021 school year, consistency of implementation dropped further, to an average frequency of 45%. By 2021-2022 when students and teachers had returned to classrooms, the average frequency had increased to 70%. In the 2022-2023 school year, the average frequency had increased to 78%. However, in the 2023-2024 school year, the average frequency had decreased to 59%. Many APT teachers were new to the project and new to special education teaching in general.

Of the 7 practices rated, the practice related to motivation and engagement was observed the most frequently at 78%. Higher than average frequencies

were reported for teacher to student feedback (73%) and classroom management (72%). Lower than average frequencies were reported for varied instructional approaches (54%) and explicit instruction (53%). The least consistent implementation was noted for use of the gradual release model (39%) and implementing provided curriculum consistent with the program manual (45%).

These data are critical in identifying areas where teacher skills should be strengthened, and they help inform the content of professional learning and future coaching.

**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.**

Other than the data reported within this Indicator report, there were no additional data collected to support the decision to continue the ongoing use of each evidence-based practice.

**Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.**

1. The APT project will continue to provide CORE Reading Academies and professional learning for the implementation of the HMH Into Reading curriculum and the 95 Phonics Core Program. We expect APT teachers will continue to report that the training is high quality, relevant and useful; and that the training increased their knowledge and skills of how to assess, plan and teach. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.
2. The APT project will continue to provide coaching to teachers and we expect APT teachers to continue to report that the coaching was high quality, relevant and useful; and that coaching increased their knowledge and skills of how to assess, plan and teach, as well as how to implement APT. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.
3. The APT project will continue to provide training to teachers on the use of evidence-based practices so that they can use those practices consistently. We expect that "consistency of implementation" data will show that teachers are increasing their consistent use of these practices. We also anticipate that students with disabilities in the APT classrooms will increase reading proficiency as measured by the SBAC.

**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.**

NDE and the APT Leadership Team will continue to focus in 2023-2024 and 2024-2025 on regaining ground lost in the project when COVID-19 caused school closures beginning in the spring of 2020 and continuing through the 2020-2021 school year when many students continued to be educated through distance learning. COVID-19 created profound disruptions in the lives of students, families, staff and administrators in the CCSD. COVID-19 disrupted the recruitment and retention of teachers and administrators, and this disruption has not yet been eliminated.

NDE does not intend to implement any activities not already described in this report, but considerable work is being done to strengthen the APT project and support structures. Even though SBAC scores declined when compared with the 2022-2023 scores, professional learning as rated by teachers and support as rated by administrators were rated more highly than in 2022-2023. The perceived value of professional learning and administrative support is no doubt affected by the fact that during 2023-2024, the CCSD adopted new Tier One instruction for literacy in the 2023-2024 school year. HMH Into Reading was the new reading program and 95 Phonics Core Program is a K-5 phonics program that is being used for phonics and morphology. The adoption of a new literacy curriculum creates challenges (as reflected in lower SBAC scores) but it also creates opportunities for increased student learning in the future. In addition, CORE Phonics data showed, for example, more growth in word reading for second and third graders than the previous year. Although the SBAC scores declined, other evaluation data, both quantitative and qualitative, support the decision to continue implementing the APT project model.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

The stakeholder input group for Indicator 17 has been and continues to be the APT Leadership Team. APT Leadership Team stakeholder input was sought specifically related to the baseline and six-year targets for Indicator 17 for the FFY 2020-2025 SPP/APR. This stakeholder input is described below.

The original Indicator 17 targets set in FFY 2013 were based on pre-SBAC data (we used Nevada's Criterion Referenced Test [CRT] data) and were based on the proficient scores of ALL students with disabilities in Clark County School District, including students with speech-language impairments whose scores tend to be higher than the scores of other students with disabilities.

Once the APT project was underway in 2015-2016, several things became clear. First, the impact of APT would not be accurately measured through SBAC by including the scores of students with speech-language impairments who were less likely to be impacted by the APT reading instruction model, which focused on reading instruction in self-contained classrooms in the beginning, and then expanded to include resource classrooms. Second, when the scores of students with speech-language impairments were disaggregated from the scores of all students with disabilities at the APT schools, the actual data no longer aligned with data that had been used to set targets – the targets were set based on proficiency rates all third-grade students with disabilities in CCSD.

Beginning with the April 2017 SSIP report, the NDE reported that the targets needed to be revised, because they were based on 2013-2014 results from the state's previous CRT assessment, not the SBAC, and the targets were based on the entire group of third-grade students with disabilities. Further, the targets were based on data from all CCSD schools, and by design the APT schools have specialized programs for students with more significant disabilities that are not necessarily part of each neighborhood elementary school.

The APT Leadership Team as the SPP/APR Stakeholder Group determined that submission of the FFY 2020-2025 SPP/APR was an appropriate time to revise the targets to be rigorous, yet achievable. The input and decisions by the APT Leadership Team are described below.

The following information specific to Indicator 17 was reviewed:

- In the Spring of 2019 (data reported in April 2020), the % proficient on SBAC was 14.3%
- There were no SBAC assessments in the Spring of 2020

- In the Spring of 2021, the % proficient is 5.4% and because the % of participants was low (approximately 54%) this actual data may not be representative of the scores of third-grade students with disabilities (minus students with speech-language impairments) in the APT schools
- The APT Leadership Team recommended that messaging be enhanced to let schools and parents know that there is no provision to "opt out" of participation in SBAC assessments in Spring 2022
- The APT Leadership Team reviewed previous targets and actual data from FFY 2014 through FFY 2019
- The APT Leadership Team proposed continuing the baseline as FFY 2015 (actual data, 7% proficient)
- The APT Leadership Team proposed establishing the following targets: FFY 2020 (7%), FFY 2021 (10%), FFY 2022 (14%), FFY 2023 (15%), FFY 2024 (16%), FFY 2025 (17%)

Following the review of all input, the NDE selected the baselines and targets recommended by the APT Leadership Team stakeholders.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Nevada has organized stakeholder engagement through the lens of NASDSE's "Leading by Convening" model. We have structured stakeholder involvement depending upon whether the purpose ("depth of interaction") was to inform, network and collaborate, or transform. In the last five years, we have focused on the purpose to transform reading instruction in approximately 30 schools. In these years, the bulk of our work with stakeholders has involved those who are closest to the actual implementation of APT. The primary "transforming" stakeholder group is the APT Leadership Team who are continuously engaged in decision-making regarding ongoing SSIP implementation.

During 2023-2024, the working APT Leadership Team included 3 CCSD administrators, 3 APT school principals 1 APT project evaluator, 1 APT Instructional Interventionist, 2 NDE staff (including the OIE Director), and the Educational Services Director from Nevada PEP, Nevada's federally funded parent training and information project. The Team meets frequently with a standing agenda to review fiscal matters, grants/contracts, personnel, and the design of the entire APT model, including all SSIP implementation and evaluation data issues. The Team is very much a working team, and nearly all SSIP implementation recommendations and decisions occur at this level. The Team met five times in 2023-2022, in September, October, December, March, and May.

Throughout 2023-2024, the APT project coordinator met directly in 1:1 meetings with school administrators to hear and address concerns, as well as hear and respond to recommendations for project improvement. When these 1:1 conversations raised issues that were appropriate for decision making at the APT Leadership Team level, those issues were brought to the regular meetings of the Team for problem-solving.

These 1:1 interactions have had positive results. APT principals and assistant principals have had an increased role in decision-making regarding ongoing implementation. Feedback from teachers and administrators, through all channels, has had a direct impact on choices made about needs for training and coaching, and policy choices about uses of resources.

A third means of engaging "transforming" stakeholders is through direct communication with and engagement of parents. APT implementation is a standing topic at the Nevada PEP meetings, and Nevada PEP provides substantial training to parents relating to reading, social/emotional learning, and other important topics throughout each year. Nevada PEP also provides training and support upon request from any APT school.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

NO

**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.**

No new activities not already described are planned for 2024-2025.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

No new activities not already described are planned for 2024-2025.

**Describe any newly identified barriers and include steps to address these barriers.**

There were no newly identified 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:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # 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

*States are required to complete the General Supervision Data Table within the online reporting tool.*

#### Instructions

**Baseline Data:** The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B 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.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, 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.

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.

## 18 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

Not applicable. Indicator 4B (Column A) correctly reported that there were no findings of noncompliance identified in FFY 2022.

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*:

Not applicable. There were no findings of noncompliance identified in FFY 2022 related to Indicator 4B from other sources within Nevada's general supervision system (e.g., data system, cyclical integrated monitoring, dispute resolution system).

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Not applicable. There were no findings of noncompliance identified in FFY 2022 related to Indicator 4B from other sources within Nevada's general supervision system (e.g., data system, cyclical integrated monitoring, dispute resolution system).

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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	8	0	8	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

Indicator 9 (Column A) correctly reported that in FFY 2022, there were no LEAs with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification (i.e., violations of IDEA requirements).

The difference between the number of findings reported in Indicator 9 (Column A) (zero) and the number of findings reported in Column B in this data table (eight) is based on other findings of noncompliance issued in cyclical integrated monitoring.

During FFY 2022, five LEAs were selected for a comprehensive record review as part of Nevada's four-year cyclical integrated monitoring cycle: Elko County School District, Eureka County School District, Humboldt County School District, Lander County School District, and White Pine County School District. A total of 8 noncompliance findings were issued for failure to comply with requirements related to Indicator 9. Four (4) noncompliance findings were issued, one each to Elko, Eureka, Humboldt, and Lander County School Districts for failure to comply with Nevada's minimum assessment requirements for student evaluations, per disability category. Four (4) noncompliance findings were issued, one each to Elko, Humboldt, Lander, and White Pine County School Districts for failure to comply with Nevada's eligibility team membership requirements, per disability category.

There were no findings of noncompliance identified in FFY 2022 related to Indicator 9 from other sources within Nevada's general supervision system (e.g., data system, dispute resolution system).

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 verify correct implementation of the regulatory requirements related to evaluation and eligibility team members, Elko, Eureka, Humboldt, Lander, and White Pine County School Districts were each ordered to (1) review policies/procedures and forms to identify and make necessary modifications; (2) provide training for staff on compliance requirements; and (3) submit complete files containing initial evaluation and reevaluations conducted between August 15, 2023, and March 1, 2024, containing all required documentation to provide evidence that compliant practices are now in place. The number of new files requested to demonstrate that the LEA is correctly implementing regulatory requirements is equivalent to the number of files for which noncompliance was identified. Elko submitted 10 complete files, Eureka submitted 1 complete file, Humboldt submitted 2 complete files, Lander submitted 2 complete files, and White Pine submitted 5 complete files. Each LEA submitted the required material to satisfy the corrective action requirements. The NDE reviewed the information submitted, including new files, and specifically verified that the sources of noncompliance (Elko, Eureka, Humboldt, Lander, and White Pine County School Districts) were correctly implementing the regulatory requirements, with 100% compliance.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Because these findings of noncompliance were based on initial evaluations and reevaluations that had already occurred at specific points in time, based on then-current data and staff members, these processes could not be retrospectively corrected for each individual case of noncompliance. LEAs cannot

rewind the clock. Consequently, the NDE did not order the LEAs to conduct these initial evaluations and reevaluations again, since such a process would only create confusion and potential disruption for children and parents (i.e., what if a “corrected” process reached a conclusion that the child was NOT eligible after having concluded that the child was eligible?).

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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	8	0	8	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).**

Indicator 10 (Column A) correctly reported that in FFY 2022, there were no LEAs with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

The difference between the number of findings reported in Indicator 10 (Column A) (zero) and the number of findings reported in Column B in this data table (eight) is based on other findings of noncompliance issued in cyclical state monitoring.

During FFY 2022, five LEAs were selected for a comprehensive record review as part of Nevada’s four-year monitoring cycle: Elko County School District, Eureka County School District, Humboldt County School District, Lander County School District, and White Pine County School District. A total of 8 noncompliance findings were issued to these LEAs for failure to comply with requirements related to Indicator 10. Four (4) noncompliance findings were issued, one each to Elko, Eureka, Humboldt, and Lander County School Districts for failure to comply with Nevada’s minimum assessment requirements for student evaluations, per disability category. Four (4) noncompliance findings were issued, one each to Elko, Humboldt, Lander, and White Pine County School Districts for failure to comply with Nevada’s eligibility team membership requirements, per disability category.

There were no findings of noncompliance identified in FFY 2022 related to Indicator 10 from other sources within Nevada’s general supervision system (e.g., data system, dispute resolution system).

**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 verify correct implementation of the regulatory requirements related to evaluation and eligibility team members, Elko, Eureka, Humboldt, Lander, and White Pine County School Districts were each ordered to (1) review policies/procedures and forms to identify and make necessary modifications; (2) provide training for staff on compliance requirements; and (3) submit complete files containing initial evaluation and reevaluations conducted between August 15, 2023, and March 1, 2024, containing all required documentation to provide evidence that compliant practices are now in place. The number of new files requested to demonstrate that the LEA is correctly implementing regulatory requirements is equivalent to the number of files for which noncompliance was identified. Elko submitted 10 complete files, Eureka submitted 1 complete file, Humboldt submitted 2 complete files, Lander submitted 2 complete files, and White Pine submitted 5 complete files. Each LEA submitted the required material to satisfy the corrective action requirements. The NDE reviewed the information submitted, including new files, and specifically verified that the sources of noncompliance (Elko, Eureka, Humboldt, Lander, and White Pine County School Districts) were correctly implementing the regulatory requirements, with 100% compliance.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:**

Because these findings of noncompliance were based on initial evaluations and reevaluations that had already occurred at specific points in time, based on then-current data and staff members, these processes could not be retrospectively corrected for each individual case of noncompliance. LEAs cannot rewind the clock. Consequently, the NDE did not order the LEAs to conduct these initial evaluations and reevaluations again, since such a process would only create confusion and potential disruption for children and parents (i.e., what if a “corrected” process reached a conclusion that the child was NOT eligible after having concluded that the child was eligible?).

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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	6	0	6	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).**

Indicator 11 (Column A) correctly reported that in FFY 2022, all children monitored through cyclical integrated monitoring had evaluations conducted within the state timeframe for an initial evaluation.

The difference between the number of findings reported in Indicator 11 (Column A) (zero) and the number of findings reported in Column B in this data table (six) is based on other findings of noncompliance issued in cyclical integrated monitoring, in state complaints, and in a Special Monitoring.

During FFY 2022, a total of six (6) findings of noncompliance were issued for violations of requirements related to Indicator 11. Two (2) findings were based on Nevada's cyclical integrated monitoring system and four (4) findings were based on Nevada's other general supervision systems (i.e., dispute resolution system, Special Monitoring).

During FFY 2022, five LEAs were selected for a comprehensive record review as part of Nevada's four-year cyclical integrated monitoring cycle: Elko County School District, Eureka County School District, Humboldt County School District, Lander County School District, and White Pine County School District. No findings of noncompliance were issued to these LEAs failure to conduct an initial evaluation within the state timeframe. However, two (2) noncompliance findings were issued for failure to comply with other requirements related to Indicator 11. One finding of noncompliance was issued to Elko County School District, and one finding was issued to White Pine County School Districts for failure to comply with requirements to provide prior written notice of the LEA's proposal to conduct an initial evaluation.

During 2022-2023, a total of four (4) noncompliance findings were issued related to Indicator 11 from sources other than cyclical integrated monitoring. Three (3) findings of noncompliance were issued based on three state complaint investigations in three LEAs, one in Mineral County School District, one in Washoe County School District, and one in the State Public Charter School Authority (SPCSA). One additional finding of noncompliance was issued to Washoe County School District based on a Special Monitoring. These findings are described below.

1. On February 1, 2023, Washoe County School District was issued one noncompliance finding for violation of child find requirements for failing to timely act upon the parent's referral of the student for an evaluation and to determine whether the student was a student with a disability in need of special education and related services.
2. On March 24, 2023, SPCSA was issued one noncompliance finding for violation of the initial evaluation timeline requirement.
3. On June 23, 2023, Mineral County School District was issued one noncompliance finding for violation of child find requirements, including the requirement to respond within a reasonable period of time to parent requests for evaluations by providing prior written notice of the LEA's proposals or refusals.
4. On March 10, 2023, Washoe County School District was issued one noncompliance finding for violation of child find requirements based on a Special Monitoring that was initiated in February 2023.

There were no findings of noncompliance identified in FFY 2022 related to Indicator 11 from other sources within Nevada's general supervision system (e.g., data system).

**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:**

**Correction of Noncompliance Findings in Cyclical Integrated Monitoring**

To verify correct implementation of the regulatory requirements related to evaluation and eligibility team members, Elko, Eureka, Humboldt, Lander, and White Pine County School Districts were each ordered to (1) review policies/procedures and forms to identify and make necessary modifications; (2) provide training for staff on compliance requirements; and (3) submit complete files containing initial evaluation and reevaluations conducted between August 15, 2023, and March 1, 2024, containing all required documentation to provide evidence that compliant practices are now in place. The number of new files requested to demonstrate that the LEA is correctly implementing regulatory requirements is equivalent to the number of files for which noncompliance was identified. Elko submitted 10 complete files and White Pine submitted 5 complete files. Each LEA submitted the required material to satisfy the corrective action requirements. The NDE reviewed the information submitted, including new files, and specifically verified that the source of noncompliance was correctly implementing the regulatory requirements, with 100% compliance.

**Correction of Noncompliance Findings in State Complaint Investigations and Special Monitoring**

1. On February 1, 2023, the Washoe County School District was issued a state complaint noncompliance finding for failing to comply with child find requirements. To address this issue at the systemic level, the NDE announced that the LEA would be subjected to a Special Monitoring to identify violations (if any) and require corrective action. See Special Monitoring discussion below under Item 4.
2. On March 24, 2023, the SPCSA was issued a state complaint noncompliance finding for failing to conduct an initial evaluation within the state timeline. The LEA was ordered to review and revise, or develop, policies and procedures and provide training to staff regarding timelines specific to the NAC and the IDEA. The SPCSA submitted evidence that the LEA implemented the corrective action order. The NDE reviewed the information submitted and specifically verified that the source of noncompliance was correctly implementing the regulatory requirements, with 100% compliance.
3. On June 23, 2023, Mineral County School District was ordered to revise the LEA's policies and procedures to include the steps to be taken if the LEA refuses to conduct an initial evaluation, including provision of a prior written notice and procedural safeguards. The LEA was also ordered to disseminate a memorandum to all staff at the beginning of the school year reminding them of their obligations to take immediate action to respond to a request from a parent to conduct a special education evaluation. Mineral County School District submitted evidence that the LEA implemented the corrective action order. The NDE reviewed the information submitted and specifically verified that the source of noncompliance was correctly implementing the regulatory requirements, with 100% compliance.
4. On March 10, 2023, Washoe County School District was ordered to address systemic violations of the LEA's child find obligations, based on a Special Monitoring. Twelve (12) separate corrective actions were ordered to address violations related to child find (Indicator 11) and the obligation to have an IEP developed by the third birthday for eligible children transitioning from Part C to Part B (Indicator 12). Principally, the LEA was ordered to eliminate



the backlog in the preschool child find system in processing referrals and conducting evaluations, and eliminate the wait list for the implementation of the IEPs of students with a disability of preschool age. To accomplish this task, the LEA was ordered to timely act upon referrals, timely conduct the initial evaluation, and timely implement the IEP of every eligible student with a disability by the student's third birthday. The LEA was ordered to collaborate with the NDE to determine whether technical assistance or support was necessary from the NDE. The LEA was ordered to post the Order for Corrective Action on the LEA's child find website, advise parents that the LEA is offering compensatory education for failure to comply with child find requirements in a timely manner, and describe the procedures for parents to follow to receive compensatory education. The LEA was ordered to establish a centralized data base to allow daily monitoring of the implementation of the LEA's child find responsibilities. The LEA was required to submit monthly progress reports to the NDE. The LEA was ordered to review its allocation of resources for the preschool child find system to ascertain whether resources are utilized in an effective and efficient manner, to identify resources that are not used or are underutilized, and to report the LEA's findings to the NDE. The LEA was also ordered to conduct training of all individuals who are responsible for implementation of the LEA's preschool program. Washoe County School District submitted evidence that the LEA implemented the corrective action order. The NDE reviewed the information submitted and specifically verified that the source of noncompliance (Washoe County School District) was correctly implementing the regulatory requirements, with 100% compliance.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:**

**Correction of Individual Cases of Noncompliance Findings in Cyclical Integrated Monitoring**

The findings of noncompliance related to prior written notice in connection with initial evaluations were based on initial evaluations that had already occurred up to two years prior to notification of the finding. The LEAs were not ordered to issue prior written notices two years later, because it would be confusing and disruptive to parents to receive prior written notice of a proposal to conduct an evaluation, when the evaluation had already been conducted.

**Correction of Individual Cases of Noncompliance Findings in State Complaint Investigations and Special Monitoring**

1. On February 1, 2023, Washoe County School District was ordered to provide compensatory education services to the student referenced in the state complaint investigation. The February 1, 2023, order specified that unless agreed to otherwise in writing by the LEA and the parent, the order for compensatory education must be completed no later than one year from the date of the report. In Letter to Zirkel, August 22, 2016, OSEP stated "We recognize that in some circumstances providing the remedy ordered in the SEA's complaint decision could take more than one year to complete (e.g., the SEA orders an action, such as compensatory services, the provision of which will extend beyond year; the corrective action timeline is extended because ... the parties mutually agree to extend the timeline for implementation). ... If circumstances surrounding implementation of the State complaint decision or hearing decision require more than one year to carry out, the SEA must, consistent with its general supervisory authority, continue to follow-up to ensure implementation of the decision, even after the one-year timeline ends." In this case, the parent continuously failed to respond to the LEA's offer of compensatory education services, and upon documentation of due diligence in offering compensatory education services for more than one year, the NDE closed the complaint investigation on August 16, 2024.

2. On June 23, 2023, Mineral County School District was ordered to conduct the evaluation, and if the student was found eligible, provide compensatory education services to the student. Mineral County School District submitted evidence that the LEA implemented the corrective action order, including the provision of compensatory education services. The NDE reviewed the information submitted and specifically verified that the order for compensatory education services was implemented and the individual case of noncompliance was corrected, with 100% compliance.

3. On March 10, 2023, Washoe County School District was ordered to take a number of actions with respect to individual preschool students waiting for an evaluation and/or waiting for provision of services, including offering compensatory education services to any child who experienced a delay in the provision of services. See Item 4 above in the description of how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data. Washoe County School District submitted evidence that the LEA implemented the corrective action order. The NDE reviewed the information submitted and specifically verified that individual cases of noncompliance were corrected, with 100% compliance.

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
1	2	1	2	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).**

Indicator 12 (Column A) correctly reported that in FFY 2022, Elko County School District was issued one noncompliance finding in cyclical integrated monitoring for failure to have an IEP developed and implemented by the third birthdays of children referred to Part B by Part C prior to age 3.

The difference between the number of findings reported in Indicator 12 (Column A) (one) and the number of findings reported in Column B in this data table (two) is based on other findings of noncompliance issued in a state complaint and in a Special Monitoring.

1. On March 10, 2023, Washoe County School District was issued one noncompliance finding based on a state complaint for failing to have an IEP in effect by the third birthday of a child who transitioned from Part C to Part B.

2. On March 10, 2023, Washoe County School District was issued one noncompliance finding based on a Special Monitoring that was initiated in February 2023 for failing to ensure that an IEP is developed and implemented by the third birthday of children who transitioned from Part C to Part 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:**

Correction of Individual Cases of Noncompliance Findings in Cyclical Integrated Monitoring

Regarding Column A, in FFY 2022, Elko County School District was issued one noncompliance finding in cyclical integrated monitoring for failure to have an IEP developed and implemented by the third birthdays of children referred to Part B by Part C prior to age 3. See Indicator 12 in this SPP/APR for a description of how Nevada verified that the source of noncompliance (Elko County School District) is correctly implementing the regulatory requirements based on updated data.

Correction of Noncompliance Findings in State Complaint Investigation and Special Monitoring

1. On March 10, 2023, the Washoe County School District was issued a state complaint noncompliance finding for failing ensure that an IEP was developed and implemented by the third birthday of a child who transitioned from Part C to Part B. To address this issue at the systemic level, the NDE announced that the LEA would be subjected to a Special Monitoring to identify violations (if any) and require corrective action. See Special Monitoring discussion below under Item 2.

2. On March 10, 2023, Washoe County School District was ordered to address systemic violations of the LEA's obligations to have an IEP developed and implemented by the third birthday of children who transitioned from Part C to Part B based on a Special Monitoring. Twelve (12) separate corrective actions were ordered to address violations related to child find (Indicator 11) and the obligation to have an IEP developed by the third birthday for eligible children transitioning from Part C to Part B (Indicator 12). Principally, the LEA was ordered to eliminate the backlog in the preschool child find system in processing referrals and conducting evaluations, and eliminate the wait list for the implementation of the IEPs of students with a disability of preschool age. To accomplish this task, the LEA was ordered to timely act upon referrals, timely conduct the initial evaluation, and timely implement the IEP of every eligible student with a disability by the student's third birthday. The LEA was ordered to collaborate with the NDE to determine whether technical assistance or support was necessary from the NDE. The LEA was ordered to post the Order for Corrective Action on the LEA's child find website, advise parents that the LEA is offering compensatory education for failure to comply with child find requirements in a timely manner, and describe the procedures for parents to follow to receive compensatory education. The LEA was ordered to establish a centralized data base to allow daily monitoring of the implementation of the LEA's child find responsibilities. The LEA was required to submit monthly progress reports to the NDE. The LEA was ordered to review its allocation of resources for the preschool child find system to ascertain whether resources are utilized in an effective and efficient manner, to identify resources that are not used or are underutilized, and to report the LEA's findings to the NDE. The LEA was also ordered to conduct training of all individuals who are responsible for implementation of the LEA's preschool program. Washoe County School District submitted evidence that the LEA implemented the corrective action order within one year of the notification of findings. The NDE reviewed the information submitted and specifically verified that the source of noncompliance (Washoe County School District) was correctly implementing the regulatory requirements, with 100% compliance.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:**

Correction of Individual Cases of Noncompliance Findings in Cyclical Integrated Monitoring

Regarding Column A, in FFY 2022, Elko County School District was issued one noncompliance finding in cyclical integrated monitoring for failure to have an IEP developed and implemented by the third birthdays of children referred to Part B by Part C prior to age 3. See Indicator 12 in this SPP/APR for a description of how Nevada verified that each individual case of noncompliance was corrected.

Correction of Noncompliance Findings in State Complaint Investigation and Special Monitoring

1. Regarding the March 10, 2023, Washoe County School District state complaint, the noncompliance for the child under review was already corrected and the student was receiving services by the time the state complaint was filed. However, the NDE also ordered the provision of compensatory education services. The March 10, 2023, order specified that unless agreed to otherwise in writing by WCSD and the parent, the order for compensatory education must be completed by August 1, 2024. The complaint investigation letter cited Letter to Zirkel for NDE's authority to order a timeline for completion of the compensatory education services that exceeded one year after notification of the finding of noncompliance. Letter to Zirkel, August 22, 2016, OSEP stated "We recognize that in some circumstances providing the remedy ordered in the SEA's complaint decision could take more than one year to complete (e.g., the SEA orders an action, such as compensatory services, the provision of which will extend beyond year; the corrective action timeline is extended because ... the parties mutually agree to extend the timeline for implementation). ... If circumstances surrounding implementation of the State complaint decision or hearing decision require more than one year to carry out, the SEA must, consistent with its general supervisory authority, continue to follow-up to ensure implementation of the decision, even after the one-year timeline ends." In this case, in August 2024, the LEA submitted evidence that the compensatory education services had been provided within the August 1, 2024, timeline ordered by the NDE. The NDE reviewed the information submitted and specifically verified that the individual noncompliance was corrected and the LEA had implemented the order for corrective action, including provision of compensatory education services, with 100% compliance. The NDE closed the complaint investigation on August 30, 2024. Even though the time necessary to provide compensatory education services exceeded one year, the NDE determined that the LEA had corrected the noncompliance within the guidelines provided by OSEP as set forth in Letter to Zirkel.

2. On March 10, 2023, Washoe County School District was ordered to take a number of actions with respect to individual preschool students waiting for an evaluation and/or waiting for provision of services, including offering compensatory education services to any child who experienced a delay in the provision of services. See Item 4 above in the description of "how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data." Washoe County School District submitted evidence that the LEA implemented the corrective action order within one year of the notification of findings. The NDE reviewed the information submitted and specifically verified that individual cases of noncompliance were corrected, with 100% compliance.

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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
4	0	4	0	0

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).**

Indicator 13 (Column A) correctly reported that in FFY 2022, a total of four (4) noncompliance finding were issued, one each for Elko County School District, Humboldt County School District, Lander County School District, and White Pine County School District, for failure to have in place all secondary transition requirements in the IEPs that were monitored.

There were no findings of noncompliance identified in FFY 2022 related to Indicator 13 from other sources within Nevada's general supervision system (e.g., data system, cyclical integrated monitoring, dispute resolution system).

**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:**

Regarding Column A, in FFY 2022, a total of four (4) noncompliance findings were issued, one each for Elko County School District, Humboldt County School District, Lander County School District, and White Pine County School District, for failure to have in place all secondary transition requirements in the IEPs that were monitored. See Indicator 13 in this SPP/APR for a description of how Nevada verified that the sources of noncompliance (Elko, Humboldt, Lander, and White Pine County School Districts) are 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:**

Regarding Column A, in FFY 2022, a total of four (4) noncompliance findings were issued, one each for Elko County School District, Humboldt County School District, Lander County School District, and White Pine County School District, for failure to have in place all secondary transition requirements in the IEPs that were monitored. See Indicator 13 in this SPP/APR for a description of how Nevada verified that each individual case of noncompliance was corrected.

**Optional for FFY 2023, 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 2022 (7/1/22 – 6/30/23)	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

**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 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
5	24	5	24	0

#### FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
29	29		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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#### Provide additional information about this indicator (optional)

#### Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	29
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)	29
3. Number of findings <u>not</u> verified as corrected within one year	0

#### Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (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	0
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	0
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	0
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	0
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	0
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	0
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	0
7. Number of findings <u>not</u> 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.

### **18 - OSEP Response**

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

### **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:**

Julie Bowers

#### **Title:**

Director Office of Inclusive Education - Nevada Department of Education

#### **Email:**

jabowers@doe.nv.gov

#### **Phone:**

775-687-9142

#### **Submitted on:**

04/19/25 3:15:50 PM

## Determination Enclosures

### RDA Matrix

# Nevada 2025 Part B Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
68.64%	Needs Assistance

#### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	12	60.00%
Compliance	22	17	77.27%

(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 2025: Part B."

#### 2025 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	98%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	95%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	26%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	89%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	22%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	90%	1

**Math Assessment Elements**

<b>Math Assessment Elements</b>	<b>Grade</b>	<b>Performance (%)</b>	<b>Score</b>
<b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>	Grade 4	98%	1
<b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>	Grade 8	95%	1
<b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b>	Grade 4	39%	1
<b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>	Grade 4	89%	1
<b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b>	Grade 8	12%	0
<b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>	Grade 8	89%	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	18	1
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	68	0

\*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."

## 2025 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (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	83.02%	N/A	1
Indicator 12: IEP developed and implemented by third birthday	29.71%	YES	0
Indicator 13: Secondary transition	0.00%	YES	0
Indicator 18: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
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/FFY2023-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  $\geq 5\%$  and  $< 10\%$  for Indicators 4B, 9, and 10, and  $\geq 90\%$  and  $< 95\%$  for Indicators 11, 12, 13 and 18.







## Data Rubric

### Nevada

FFY 2023 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

<b>Subtotal</b>	22
<b>Timely Submission Points</b> - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (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
<b>Child Count/ Ed Envs Due Date: 7/31/24</b>	1	1	1	3
<b>Personnel Due Date: 3/5/25</b>	1	1	1	3
<b>Exiting Due Date: 3/5/25</b>	1	1	1	3
<b>Discipline Due Date: 3/5/25</b>	1	1	1	3
<b>State Assessment Due Date: 1/8/25</b>	1	1	1	3
<b>Dispute Resolution Due Date: 11/13/24</b>	1	1	1	3
<b>MOE/CEIS Due Date: 9/4/24</b>	1	1	1	3

**618 Score Calculation**

<b>Subtotal</b>	21
<b>Grand Total</b> (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
<b>Denominator</b>	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 2025 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 *EDFacts* files or the entire *EMAPS* survey 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	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	3/5/2025
Part B Exiting	FS009	3/5/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	3/5/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in <i>EMAPS</i>	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	9/4/2024

**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 *EDFacts* 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

Nevada

School Year: 2023-24

#### Section A: Written, Signed Complaints

<b>(1) Total number of written signed complaints filed.</b>	42
(1.1) Complaints with reports issued.	18
(1.1) (a) Reports with findings of noncompliance	10
(1.1) (b) Reports within timelines	16
(1.1) (c) Reports within extended timelines	2
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	24

#### Section B: Mediation Requests

<b>(2) Total number of mediation requests received through all dispute resolution processes.</b>	20
(2.1) Mediations held.	9
(2.1) (a) Mediations held related to due process complaints.	5
(2.1) (a) (i) Mediation agreements related to due process complaints.	2
(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.	2
(2.3) Mediations withdrawn or not held.	9

#### Section C: Due Process Complaints

<b>(3) Total number of due process complaints filed.</b>	95
(3.1) Resolution meetings.	78
(3.1) (a) Written settlement agreements reached through resolution meetings.	57
(3.2) Hearings fully adjudicated.	3
(3.2) (a) Decisions within timeline (include expedited).	1
(3.2) (b) Decisions within extended timeline.	2
(3.3) Due process complaints pending.	25
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	67

#### Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

<b>(4) Total number of expedited due process complaints filed.</b>	8
(4.1) Expedited resolution meetings.	7
(4.1) (a) Expedited written settlement agreements.	7
(4.2) Expedited hearings fully adjudicated.	1
(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.	7

This report shows the most recent data that was entered by:  
Nevada

These data were extracted on the close date:  
11/13/2024

## 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 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



**UNITED STATES DEPARTMENT OF EDUCATION**  
**OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES**

**Final Determination Letter**

June 20, 2025

Honorable Jhone Ebert  
State Superintendent of Public Instruction  
Nevada Department of Education  
700 East 5th Street  
Carson City, NV 89701

Dear Superintendent Ebert:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Nevada needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Nevada's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Nevada's 2025 determination is based on the data reflected in its "2025 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 2025: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Nevada).

In making Part B determinations in 2025, 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 2025 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, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2025 determination as it did for Puerto Rico's 2024 determination. OSEP used the publicly available NAEP data for the Bureau of Indian Education 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 2025 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.

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP's review of Nevada's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your Nevada-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Nevada'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 Nevada is required to take. The actions that Nevada is required to take are in the "Required Actions" section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

[www.ed.gov](http://www.ed.gov)

*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

You will also find the following important documents in the Determinations Enclosures section:

- (1) Nevada's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2025 Data Rubric Part B," which shows how OSEP calculated Nevada's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the Nevada's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Nevada's 2025 determination is Needs Assistance. A State's or Entity's 2025 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 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

Nevada's determination for 2024 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
- (2) direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
- (3) identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State's or Entity's IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising Nevada of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\) Topic Areas](#), and requiring Nevada to work with appropriate entities. The Secretary directs Nevada to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Nevada to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. Nevada must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

- (1) the technical assistance sources from which Nevada received assistance; and
- (2) the actions Nevada took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. § 300.606, Nevada must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, 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 the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission 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, Nevada 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 Nevada on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Nevada's submission of its FFY 2023 SPP/APR. In addition, Nevada must:

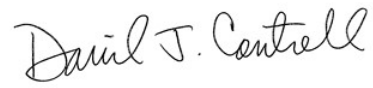
- (1) review LEA performance against targets in the State's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Nevada 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 Nevada'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 Nevada's efforts to improve results for children and youth with disabilities and looks forward to working with Nevada 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,

A handwritten signature in black ink that reads "David J. Cantrell". The signature is written in a cursive, flowing style.

---

David J. Cantrell  
Deputy Director  
Office of Special Education Programs

cc: Nevada Director of Special Education