



# **SCHOOL DISTRICT SELF-REVIEW State Performance Plan (SPP) 9 and SPP 10**

**Disproportionate Identification and/or  
Classification of Racial and Ethnic  
Groups for Special Education and  
Related Services**

**New York State Education Department  
Albany, NY**

February 11, 2021

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## Introduction

This Disproportionate Identification and/or Classification of Racial and Ethnic Groups for Special Education and Related Services Self-Review is used by school districts notified by the New York State Education Department (NYSED) as having one or more years of data showing the disproportionate identification and/or classification of racial and ethnic groups for special education and related services. The Self-Review provides a school district with an opportunity to evaluate its policies, procedures, and practices (i.e., implementation of policies and procedures) that most closely impact identification and/or classification of students as having disabilities that require special education and related services and self-correct where appropriate to ensure that inappropriate policies, procedures, and practices do not contribute to such disproportionality.

The Self-Review focuses on the special education requirements listed below:

- **Referral to the Committee on Special Education (CSE)-** The practices of the school district will be reviewed to determine if teachers and administrators make appropriate use of pre-referral interventions and if student referrals are handled consistently school-wide.
- **Evaluation to Determine Eligibility-** The school district's evaluation practices will be reviewed to determine if students of all racial and ethnic groups, and particularly students of the identified group, have received appropriate evaluations. The evaluations must include a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student that may assist in determining whether the student is a student with a disability.
- **Eligibility Determination-** The district's CSE process will be examined to determine to what extent students of the identified racial and ethnic groups are provided appropriate instruction and resources to promote learning prior to referral and that the CSE recommendation is based on the students' evaluations.

The determination of compliance with these regulatory requirements relies on a review of student records from a sample of students selected by the district.

## Prepare for the Review

### Timelines for Completion

The Self-review must be completed, and results reported electronically to NYSED by **June 7<sup>th</sup>**.

### Selection of Team Members

The district should select a team of individuals to conduct the review. The team should include a representation of district staff and may include a school administrator, special

education teacher, general education teacher, school psychologist and/or school counselor.

**NOTE:** All documents used and developed during this Self-review must be maintained in the district and made available to NYSED upon request for a minimum of seven years. If the district is identified again for subsequent years, the evidence of correction of the previous noncompliance identified during the Self-review must be made available to NYSED.

### **Selection of a Facilitator**

The facilitator should be someone with knowledge of the district's policies, procedures, and practices regarding suspension/removal of students with disabilities. It is recommended an administrator be the facilitator.

The responsibility of the facilitator is to:

- Review and discuss the information contained within the Self-review with the team.
- Ensure the educational record and other documents of the students in the sample necessary to complete the Self-review are available to the team members.
- Ensure each team member understands the procedure for completing the Self-review.

### **Selection of a Sample of Students for the Self Review**

The district compiles a list of all students evaluated by the CSE in the past twelve months. The list will include student name, race/ethnicity, referred by whom, age of student, date of CSE meeting, purpose of CSE meeting and classification. The district needs to ensure the sample of student records includes all or a significant number of students from the identified group(s), as well as students from other races/ethnicities.

These dates may be expanded to get an adequate number of records needed for representation. Using the Master List of Students, the district will complete the Student Sample List (Attachment B) as follows:

The size of the student sample is dependent upon the number of students with disabilities on the list and must minimally include:

- All student records for school districts with fewer than 10 students on this list,
- 10 student records for school districts with fewer than 100 students on this list.
- 15 student records for school districts with 100-200 students on this list.
- 20 student records for school districts with more than 200 students on this list,

**Note:** Ensure the sample of student records includes all or a significant number of students from the identified group, and a proportion of other students from other

racess/ethnicities. Add to the number of records to be reviewed if, based on the record reviews, you are finding inconclusive patterns of policy implementation.

### **Materials List**

Education record for each student in the sample, which, at a minimum, includes:

- Referrals and written requests for referral.
- Individualized education programs (IEP).
- Documentation of all committee on special education (CSE) meetings, including CSE meeting notices.
- CSE meeting minutes, if available.
- Prior written notices (PWN).
- Evaluation reports.
- Evidence of the student's native language (e.g., home language survey, English language learning screening and assessment results, etc.).
- Reports of student progress when provided Response to Intervention (Rtl) services in reading and math.
- Documentation that referrals sent directly to the CSE, were forwarded to the building principal.

## Complete the Self-review

An Individual Student Record Review Form (Attachment C) must be completed for each student on Student Sample List. The top of the first page of each Individual Student Record Review Form must include a student identifier, and the name of the person completing the form.

For each regulatory requirement included in the Self-review, the Individual Student Record Review Form includes:

- citation number.
- regulatory language for the citation.
- information on what documents to look at for evidence of the district's compliance with the regulatory requirement and other helpful information.
- list of questions to assist the reviewer in determining compliance with the regulatory requirement; and
- a place to document the compliance determination.

For each regulatory requirement in the Individual Student Record Review Form:

1. Follow the instructions and document the requested information under "Evidence Collected to Determine Compliance" section.
2. Answer the questions and follow the directions under "Questions to Determine Compliance".
3. Record the compliance determination under "Determination of Compliance". (i.e., "Yes" when the citation is compliant, "No" when the citation is noncompliant, and "N/A" when the citation is not applicable)

When all Individual Student Record Review Forms have been completed, use the Record Review Summary Chart (Attachment D) to summarize the compliance determinations for the student sample.

## **Report of Self-review Findings to NYSED**

Unless otherwise directed, the only documentation to be submitted to NYSED is the information found on the Record Review Summary Chart. This report must be submitted electronically. The district should NOT submit any other documents reviewed or completed during the Self-review unless requested by NYSED.

### **Directions for Submission:**

1. Go to [PD Data System](http://pd.nysed.gov) (<http://pd.nysed.gov>).
2. Log on using the user id and password assigned to the PD data system contact person in your school district.
3. Select the school year in which the Self-review monitoring report is required.
4. Select the appropriate Self-review Checklist.
5. Follow the on-line directions to complete the form.
6. Using documentation from the Record Review Summary Chart, complete the electronic check list. To check "yes" that the district's policies, procedures, and practices are compliant for a citation, the Record Review Summary Chart must indicate a "yes" or "N/A" for each student for that citation. If any student on the Record Review Summary Chart has a "no" indicated for a citation, the district must respond "no" for the citation on the electronic checklist.
7. Read the statement of verification of accuracy of data and, if you agree, place a check in the box next to it.
8. Select "Click here to submit your data." Click on either the HTML Verification Report or the PDF Verification Report and print a copy.
9. Follow the directions on the verification report for any next steps that are noted on the verification report.

Pursuant to the New York State Archives and Records Administration Records Retention and Disposition Schedule ED-1, the school district must maintain documentation of its review for a period of seven years. This documentation is subject to review by NYSED and, therefore, should be maintained in an easily retrievable and organized manner.

### **Notification of Noncompliance from NYSED**

If the district reports any noncompliance based on its Self-review, NYSED will notify the district that it must correct all instances of noncompliance immediately, but not later than the prescribed due date contained in the NYSED notification to the district. Failure to correct the identified area(s) of noncompliance by the due date will result in enforcement action(s) from NYSED's Office of Special Education.

### **Correction of Noncompliance**

If noncompliance is identified, the district must complete the Plan to Correct Noncompliance (Attachment E) and implement the plan. The purpose of the Plan to Correct Noncompliance is to assist the district in resolving the identified noncompliance and revising any inappropriate policy, procedures, or practices by the due date for

correction. All instances of noncompliance must be corrected for each student immediately, but not later than 12 months after the date of the electronic submission. This plan is not submitted to NYSED but must be maintained with the other documents completed during the Self review. When the district can assure that it has corrected all noncompliance, it must electronically report correction of the noncompliance to NYSED via the PD Data System.

If assistance is needed in reporting in the PD Data System, the district must contact Special Education Data Collection and Reporting (SEDCAR) at [datasupport@nysed.gov](mailto:datasupport@nysed.gov). If the district is unable to report correction of noncompliance by 12 months from the date of the electronic submission, or if technical assistance is needed to achieve compliance, please contact your Special Education Quality Assurance (SEQA) Regional Office (<http://www.p12.nysed.gov/specialed/quality/regassoc.htm>).

**Master List of Students**

|    | <b>Student Name</b> | <b>Race/<br/>Ethnicity</b> | <b>Date of CSE<br/>meeting to<br/>Determine<br/>Eligibility</b> |
|----|---------------------|----------------------------|---|
| 1  |                     |                            |   |
| 2  |                     |                            |   |
| 3  |                     |                            |   |
| 4  |                     |                            |   |
| 5  |                     |                            |   |
| 6  |                     |                            |   |
| 7  |                     |                            |   |
| 8  |                     |                            |   |
| 9  |                     |                            |   |
| 10 |                     |                            |   |
| 11 |                     |                            |   |
| 12 |                     |                            |   |
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| 14 |                     |                            |   |
| 15 |                     |                            |   |
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| 26 |                     |                            |   |
| 27 |                     |                            |   |
| 28 |                     |                            |   |
| 29 |                     |                            |   |
| 30 |                     |                            |   |

### Student Sample List

|    | Student Name | Race/<br>Ethnicity | Date of CSE<br>meeting to<br>Determine<br>Eligibility |
|----|--------------|--------------------|---|
| 1  |              |                    |   |
| 2  |              |                    |   |
| 3  |              |                    |   |
| 4  |              |                    |   |
| 5  |              |                    |   |
| 6  |              |                    |   |
| 7  |              |                    |   |
| 8  |              |                    |   |
| 9  |              |                    |   |
| 10 |              |                    |   |
| 11 |              |                    |   |
| 12 |              |                    |   |
| 13 |              |                    |   |
| 14 |              |                    |   |
| 15 |              |                    |   |
| 16 |              |                    |   |
| 17 |              |                    |   |
| 18 |              |                    |   |
| 19 |              |                    |   |
| 20 |              |                    |   |
| 21 |              |                    |   |
| 22 |              |                    |   |
| 23 |              |                    |   |
| 24 |              |                    |   |
| 25 |              |                    |   |
| 26 |              |                    |   |
| 27 |              |                    |   |
| 28 |              |                    |   |
| 29 |              |                    |   |
| 30 |              |                    |   |

## Disproportionate Identification/Classification of Racial and Ethnic Groups for Special Education and Related Services Self-Review

### Compliance Worksheets

Student Identifier: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date of Record: \_\_\_\_\_

| Area 1: Referral of Students to the CSE  |           |   |  |
|--|-----------|---|--|
| Citation<br>(8 NYCRR)  | Item<br># | Regulatory Language   | Determination<br>of Compliance   |
| §200.4(a)(2)(iii)(a)   | 1         | A written request for referral submitted by persons other than the student or a judicial officer shall: <ul style="list-style-type: none"> <li>• state the reasons for the referral and include any test results, records, or reports upon which the referral is based that may be in the possession of the person submitting the referral</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |
| Evidence Collected to Determine Compliance   |           |   |  |
| Person who made the referral for initial evaluation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Designee of the school district in which the student resides</li> <li><input type="checkbox"/> Commissioner or designee of a public agency with responsibility for the education of the student</li> <li><input type="checkbox"/> Designee of an educational program affiliated with a childcare institution with committee on special education responsibility</li> </ul> Person submitting the written request for referral: <ul style="list-style-type: none"> <li><input type="checkbox"/> Professional staff member of the school district</li> <li><input type="checkbox"/> Licensed physician</li> <li><input type="checkbox"/> Professional staff member of a public agency for the welfare, health, or education of children</li> </ul> Date of the written request for referral: _____<br>Reasons for the referral: _____<br>Test results, records, or reports upon which the referral is based: _____<br>Other: _____ |           |   |  |
| Questions to Determine Compliance  |           |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Was the evaluation of the student the result of a written request for referral made by a professional staff member of the school district, licensed physician, or professional staff member of a public agency for the welfare, health, or education of children? If no, the Determination of Compliance is "N/A." If yes, continue to the next question.   |           |   |  |

Yes  No Did the written request for referral include the reasons for the referral and test results, records, or reports upon which the referral was based? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 1: Referral of Students to the CSE**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language   | Determination<br>of Compliance   |
|-----------------------|-----------|---|--|
| §200.4(a)(2)(iii)(b)  | 2         | A written request for referral submitted by persons other than the student or a judicial officer shall: <ul style="list-style-type: none"> <li>describe in writing, intervention services, programs or instructional methodologies used to remediate the student's performance prior to referral, including any supplementary aids or support services provided for this purpose, or state the reasons why no such attempts were made; and</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Date of the written request for referral:

Intervention services, programs, or instructional methodologies used to remediate the student's performance prior to referral:

Supplementary aids or support services provided to remediate the student's performance prior to referral:

If any of the above is not included in the written request for referral, reasons why no such attempts were made:

Other:

**Questions to Determine Compliance**

- Yes  No Was the evaluation of the student the result of a written request for referral made by a professional staff member of the school district, licensed physician, or professional staff member of a public agency for the welfare, health, or education of children? If no, the Determination of Compliance is "N/A." If yes, continue to the next question.
- Yes  No Did the written request for referral include the intervention services, programs, or instructional methodologies used to remediate the student's performance prior to referral or the reasons why such attempts were not made? If no, the Determination of Compliance is "No." If yes, continue to the next question.
- Yes  No Did the written request for referral include the supplementary aids or support services provided to remediate the student's performance prior to referral or the reasons why such attempts were not made? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 1: Referral of Students to the CSE**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language  | Determination<br>of Compliance   |
|-----------------------|-----------|--|--|
| §200.4(a)(5)          | 3         | If a referral is received by the committee chairperson, a copy shall be forwarded to the building administrator within five school days of its receipt by the committee chairperson. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Person who made the referral for initial evaluation:

- Parent
- Designee of the school district in which the student resides
- Commissioner or designee of a public agency with responsibility for the education of the student
- Designee of an educational program affiliated with a childcare institution with committee on special education responsibility

Date the school district received the referral:

Person who received the referral (e.g., CSE Chairperson, Building Principal, etc.):

If the referral was received by the CSE, date the referral was forwarded to the building administrator:

Other:

**Questions to Determine Compliance**

- Yes  No Was the referral received by the CSE? If no, the Determination of Compliance is "N/A." If yes, continue to the next question.
- Yes  No Did the CSE forward the referral to the building administrator within five days of receipt of the referral? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

| Area 2: Individual Evaluations of Students with Disabilities  |           |   |  |
|---|-----------|---|--|
| Citation<br>(8 NYCRR)   | Item<br># | Regulatory Language   | Determination<br>of Compliance   |
| §200.4(b)(6)(i)(a)  | 4         | <p>School districts shall ensure that assessments and other evaluation materials used to assess a student under this section:</p> <ul style="list-style-type: none"> <li>are provided and administered in the student's native language or other mode of communication and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally and functionally, unless it is clearly not feasible to so provide or administer.</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |
| Evidence Collected to Determine Compliance  |           |   |  |
| <p>Language/mode of communication of the student:</p> <p>Evidence of the student's native language (e.g., home language survey, communications with the parent, etc.):</p> <p>Evidence the student was evaluated for limited English proficiency:</p> <p>Evidence a determination was made regarding limited English proficiency:</p> <p>Language/mode of communication used to assess the student:</p> <p>If not evaluated in the student's native language, reason(s) why the student was not evaluated in his/her native language:</p> <p>Other:</p> |           |   |  |
| Questions to Determine Compliance   |           |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Did the record include evidence of the student's native language/mode of communication (e.g., a home language survey, recommendation for ENL services, etc.)? If no, the Determination of compliance is "No." If yes, continue to the next question.   |           |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Was the evaluation administered in the student's native language/mode of communication or did the record include appropriate reasons why it was not feasible to do so (e.g., rare language/no bilingual evaluators or interpreters for the language, etc.)? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."  |           |   |  |

**Area 2: Individual Evaluations of Students with Disabilities**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language   | Determination<br>of Compliance   |
|-----------------------|-----------|---|--|
| §200.4(b)(6)(vii)     | 5         | School districts shall ensure that: <ul style="list-style-type: none"> <li>• the student is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, vocational skills, communicative status, and motor abilities;</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Reasons for the referral (look at referral, written request for referral, PWN):

The student was evaluated in the following areas (look at PWN, evaluation reports, IEP):

- Health, vision, hearing (medical evaluation)
- Social and emotional (social history, psychological evaluation, classroom observation, FBA, etc.)
- General intelligence (psychological evaluation)
- Academic performance (educational evaluation, classroom observation)
- Communicative status (speech/language evaluation)
- Motor abilities (PT and OT evaluations)

Other:

**Questions to Determine Compliance**

Yes  No Was the student evaluated in all areas consistent with the reason for the referral? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 3: Eligibility Determinations**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language   | Determination<br>of Compliance   |
|-----------------------|-----------|---|--|
| §200.4(c)(1)          | 6         | In interpreting evaluation data for the purpose of determining if a student is a student with a disability, as defined in sections 200.1(mm) or (zz) of this Part, and determining the educational needs of the student, the committee on special education and other qualified individuals must draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the student's physical condition, social or cultural background, and adaptive behavior; and ensure that information obtained from all these sources is documented and carefully considered. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Date the CSE determined eligibility:

Evaluation procedures, assessments, records, or reports the CSE used to determine the student's eligibility included (look at PWN, IEP, meeting minutes, etc.):

- Aptitude and achievement tests (psychological and educational evaluations)
- Parent input
- Teacher recommendations
- Student's physical condition (medical examination, physical and occupational evaluations)
- Student's social and/or cultural background (social history, home language survey, ENL services)
- Student's adaptive behavior (psychological evaluation, Adaptive Behavior Assessment, vocational assessments)

A description of other factors the CSE considered relevant to the CSE's recommendation (look at PWN, IEP, meeting minutes, etc.):

Explanation of why the CSE determined the student eligible (look at PWN, IEP, meeting minutes, etc.):

Other:

**Questions to Determine Compliance**

Yes  No Did the record contain evidence that the CSE used aptitude and achievement tests, parent input, teacher recommendations, student's physical condition, social or cultural background, and adaptive behavior to determine the student's eligibility? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 3: Eligibility Determinations**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language  | Determination<br>of Compliance   |
|-----------------------|-----------|--|--|
| §200.1(zz)            | 7         | <i>Student with a disability</i> means a student with a disability as defined in section 4401(1) of the Education Law who, because of mental, physical or emotional reasons, has been identified as having a disability and who requires special services and programs approved by the department. The terms used in this definition are defined as follows: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Evaluation procedures, assessments, records, or reports the CSE used to determine the student's eligibility, classification and educational needs (look at PWN, IEP, meeting minutes, etc.):

A description of other factors the CSE considered relevant to the eligibility, classification, and educational needs (look at PWN, IEP, meeting minutes, etc.):

Explanation of why the CSE determined the student eligible (including why the student met the criteria for a specific classification (look at PWN, IEP, meeting minutes, written report for student suspected of having a learning disability, etc.):

Other:

**Questions to Determine Compliance**

Yes  No The classification of the student is consistent with the regulatory description of the classification and the reasons why the CSE determined the student eligible. If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 3: Eligibility Determinations**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language  | Determination<br>of Compliance   |
|-----------------------|-----------|--|--|
| §200.4(c)(2)(i)       | 8         | A student shall not be determined eligible for special education if the determinant factor is: <ul style="list-style-type: none"> <li>• lack of appropriate instruction in reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills) and reading comprehension strategies;</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Date eligibility was determined:

Evaluations/assessments used as a basis for determining the student eligible:

Reason student was referred for special education (look at referral or request for referral):

Explanation of why the CSE determined the student eligible (look at PWN, IEP, meeting minutes, etc.):

Documentation for a student suspected of having a learning disability [8NYCRR §200.4(j)(5)]:

Documentation of any prereferral strategies/interventions in reading provided to the student (look at request for referral, AIS/Rtl progress monitoring, parent notifications, teacher reports, etc.):

Other:

**Questions to Determine Compliance**

Yes  No Does the documentation support that the CSE determined the student eligible based on the results of a variety of assessment tools and strategies and not due to lack of appropriate instruction in reading? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 3: Eligibility Determinations**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language  | Determination<br>of Compliance   |
|-----------------------|-----------|--|--|
| §200.4(c)(2)(ii)      | 9         | A student shall not be determined eligible for special education if the determinant factor is: <ul style="list-style-type: none"> <li>• lack of appropriate instruction in math</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Date eligibility was determined:

Evaluations/assessments used as a basis for determining the student eligible:

Explanation of why the CSE determined the student is eligible (look at PWN, IEP, meeting minutes, etc.):

Documentation for a student suspected of having a learning disability [8NYCRR §200.4(j)(5)]:

Documentation of any prereferral strategies/interventions in math provided to the student (look at request for referral, AIS/RtI progress monitoring, parent notifications, teacher reports, etc.):

Other:

**Questions to Determine Compliance**

Yes  No Does the documentation support that the CSE determined the student eligible based on the results of a variety of assessment tools and strategies and not due to lack of appropriate instruction in math? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

**Area 3: Eligibility Determinations**

| Citation<br>(8 NYCRR) | Item<br># | Regulatory Language  | Determination<br>of Compliance   |
|-----------------------|-----------|--|--|
| §200.4(c)(2)(iii)     | 10        | A student shall not be determined eligible for special education if the determinant factor is: <ul style="list-style-type: none"> <li>• limited English proficiency</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |

**Evidence Collected to Determine Compliance**

Date eligibility was determined:

Evidence that the student is an ELL (Part 154 determination):

Reason student was referred for special education (look at referral or request for referral):

Evidence that the CSE included persons with expertise in second language acquisition who understand how to differentiate between limited English proficiency and a disability and is knowledgeable about the student's English and home language development (e.g., an individual certified to provide bilingual services or instruction or teach English to speakers of other languages) (see §154-2.3(a)(9)(i)):

Evidence that the CSE considered the English language proficiency of the student in determining the appropriate assessments and other evaluation materials to be used and used multiple measures to determine eligibility for special education, including qualitative information gathered during the evaluation process:

Explanation of why the CSE determined the student eligible (look at PWN, IEP, meeting minutes, etc.):

A description of other factors the CSE considered relevant to the CSE's recommendation (e.g., evidence that the student experienced difficulties in his/her native language and in English, data from tiered systems of support) (look at PWN, IEP, meeting minutes, etc.):

Other:

**Questions to Determine Compliance**

Yes  No Was the student determined to be an ELL under Part 154? If no, Determination of Compliance is "N/A." If yes, continue to the next question.

Yes  No Does the documentation support that the CSE determined the student eligible based on a variety of assessment tools and strategies that measured and evaluated the student's abilities and not the student's English language skills? If yes, the Determination of Compliance is "Yes." If no, the Determination of Compliance is "No."

### Record Review Summary Chart

The district uses this chart to record the student-specific compliance/noncompliance determinations made during the SPP Indicator 9 and 10a Self-review. Any "No" recorded in a column will result in a corrective action related to that regulatory citation.

| Student Name | Area 1              |                     |             | Area 2            |                  | Area 3      |           |                |                 |                  |
|--------------|---------------------|---------------------|-------------|-------------------|------------------|-------------|-----------|----------------|-----------------|------------------|
|              | 200.4(a)(2)(iii)(a) | 200.4(a)(2)(iii)(b) | 200.4(a)(5) | 200.4(b)(6)(i)(a) | 200.4(b)(6)(vii) | 200.4(c)(1) | 200.1(zz) | 200.4(c)(2)(i) | 200.4(c)(2)(ii) | 200.4(c)(2)(iii) |
| 1            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 2            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 3            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 4            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 5            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 6            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 7            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 8            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 9            |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 10           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 11           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 12           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 13           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 14           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 15           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 16           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 17           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 18           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 19           |                     |                     |             |                   |                  |             |           |                |                 |                  |
| 20           |                     |                     |             |                   |                  |             |           |                |                 |                  |

### Plan to Correct Noncompliance

| Noncompliant Citation | Action(s) to Correct Noncompliance. Must also include Revision(s) to Policies, Procedures, and Practices |   |   |
|-----------------------|--|---|---|
|                       | <b>Action:</b>   | <b>Action:</b>  | <b>Action:</b>  |
|                       | <b>Date Action Completed:</b>  | <b>Date Action Completed:</b>                                       | <b>Date Action Completed:</b>                                       |
|                       | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title]                                      | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title] | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title] |
|                       | <b>Evidence of Action Completed:</b>   | <b>Evidence of Action Completed:</b>                                | <b>Evidence of Action Completed:</b>                                |
| Noncompliant Citation | Action(s) to Correct Noncompliance. Must also include Revision(s) to Policies, Procedures, and Practices |   |   |
|                       | <b>Action:</b>   | <b>Action:</b>  | <b>Action:</b>  |
|                       | <b>Date Action Completed:</b>  | <b>Date Action Completed:</b>                                       | <b>Date Action Completed:</b>                                       |
|                       | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title]                                      | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title] | <b>Name and Title of Individual Responsible:</b><br>[Name], [Title] |
|                       | <b>Evidence of Action Completed:</b>   | <b>Evidence of Action Completed:</b>                                | <b>Evidence of Action Completed:</b>                                |

(Copy chart as needed)