Hallsville ISD Department of Special Education

Director:
Amy Collins

Update for November School Board meeting:

1.) TVAH and brick and mortar are required to report data in State Performance Plan Indicators every year for different areas of compliance**. SPPI 11(a)**-did we meet the timeline for initial referral requests; **SPPI 11 (b)**-did the ARD committee meet within 30 days of the completion of the initial evaluation**: SPPI 12**-were students who received ECI services evaluated and have an ARD prior to their 3rd birthday**; SPPI 13**-were required areas for transition addressed for every student at or above the age of 14.

SPPI Measurement	LEA Compliance Percentage	Federal Compliance Target[2]	Required Action (CAP)
SPPI 11A (Timely Initial Evaluations)	100%	100%	None
SPPI 11B (Timely Eligibility Determinations)	98.53%	100%	CAP
SPPI 12 (Timely Early Childhood Transition)	100%	100%	None
SPPI 13 (Secondary Transition)	100%	100%	None

Note. A compliance percentage below 100% on any measurement constitutes a noncompliance finding; NR = Not Reported.

If you read the fine line underneath the chart, is says that any percentage below 100% is considered "out of compliance." It never ceases to amaze me that perfection is the expectation and the only way to be in compliance by TEA standards. Between TVAH and brick and mortar, we submitted data on hundreds of students. There were just a few students from TVAH who were flagged for the ARD timeline on initial referrals. To top it off, the noncompliance actually happened in the students' **previou**s district PRIOR TO enrolling in TVAH.

TVAH has reached out to clarify with TEA that HISD is responsible for addressing another districts' noncompliance.
If TEA requires HISD to write a corrective action plan to address the 1.47% of noncompliance, we have to address and submit the following:

LEAs must engage in five corrective actions to evidence correction of noncompliance:
• **Evidence of Child-Specific Correction:** Make student specific correction(s) related to the identified area(s) of noncompliance.
• **Evidence of Policies, Procedures, and Practices**: Review and, if appropriate, revise policies, procedures, and practices for the area of noncompliance.
• **Evidence of Self-Monitoring:** Identify and conduct self-monitoring activities to track and proactively address areas of potential noncompliance.

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• **Evidence of Professional Development and Training**: Conduct professional development to ensure all staff have training in the relevant areas to prevent noncompliance.
• **Evidence of Systemic Correction:** Make system level changes to ensure noncompliance is addressed and prevented from occurring in the future.

This is a lot of work for noncompliance that we did not contribute to. More to come…..

2.) Beginning in January, we will have several opportunities for parents to meet with one of our talented consultants to address behavior and/or personal care skills that are a significant need at home. We have several that have signed up for a one-on-one session! We encourage parents to take advantage of this resource! We are starting with our parents of students with Autism, but will expand the audience if we have a good response.

3.) There were changes to procedures for the use of confinement, restraint, seclusion, and time-out. Handcuffs are now considered a mechanical restraint that requires documentation be sent to the parents (special education students only).

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