

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

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

**For reporting on  
FFY 2024**

**Nebraska**



**PART B DUE February 2, 2026**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Nebraska Department of Education (NDE), Office of Special Education has several systems in place to ensure that the Individuals with Disabilities Education Act (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).

The NDE, Office of Special Education partners with school districts to provide programs and services for children, ages birth–21 to provide early intervention services (birth–3) and special education (3–21). The NDE, Office of Special Education, assures that these programs and services meet state and federal requirements. This involves both compliance and technical assistance functions. Compliance functions include monitoring least restrictive environment requirements, administering a due process system, providing mediation services, conducting complaint investigations, approving district policies and procedures, conducting focused and comprehensive reviews of special education legal requirements, issuing annual local determinations, and approving nonpublic special education facilities. Technical assistance functions involve providing information and guidance on promising practices in educating students with disabilities, including the operation of numerous statewide training and technical assistance initiatives as well as administering a comprehensive system of personnel development for Nebraska's school systems. For a comprehensive outline of the Nebraska General Supervision System, please see the Office of Special Education, General Supervision Plan, <https://www.education.ne.gov/sped/public-reporting/>.

#### Additional information related to data collection and reporting

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

245

#### 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.**

Nebraska implements an integrated accountability system, one component of which is focused monitoring. Nebraska's Integrated Accountability System IDEA monitoring system is an integrated continuous process involving data collection, data verification, district corrective action, reporting, and incentives and sanctions. The system includes the following general supervision components: performance reports; fiscal management; integrated on-site and off-site monitoring activities; effective policies and procedures; data on processes and results; improvement, correction, incentives and sanctions; dispute resolution; targeted technical assistance; and professional development.

NDE uses both outcome and compliance data to make this district annual determination. NDE is also required to assess each school district for risk under the Uniform Grant Guidance, determining the school district's risk of noncompliance with federal statutes and regulations and whether the school district may not achieve intended outcomes with federal special education dollars. Historically, NDE has fulfilled this requirement through a process called NECounts. NDE moved to a combined NECounts and district annual level of determination through data analysis, technical assistance, and integrated monitoring of NECounts.

From the annual NECounts analysis, NDE selects the 20% of districts with the highest risk for focused monitoring. On the fifth year of this cycle, NDE selects the districts that have not received focused monitoring in the previous four years, ensuring each district receives focused monitoring within the five-year cycle. 92 Nebraska Administrative Code § 51-004.14 requires that NDE monitor each special education program at least once every five years for compliance with state and federal special education requirements.

The NDE focused monitoring process is differentiated, which allows for individualization at the district level. NDE's Focused Monitoring framework has three components: A district data collection, a review of requested district records, including individual student records, and a Monitoring Summary Meeting with the district.

For Indicators 4, 9, 10, and Significant Disproportionality monitoring, Nebraska is required to annually identify the percentage of districts with significant discrepancy (more than 10 out-of-school suspensions for students with disabilities and by race/ethnicity). Also, it is required to identify districts with disproportionate representation of racial/ethnic groups due to inappropriate identification. NDE, Office of Special Education implements these requirements through annual data analysis and monitoring of identified districts. NDE promotes equity by identifying and preventing significant disproportionality. NDE implements these requirements through annual data analysis and monitoring of identified districts. Nebraska also annually identifies the percentage of districts with significant discrepancy and districts with disproportionate representation. NDE implements these requirements through annual data analysis and monitoring of identified districts.

For Indicator 11, NDE annually requires each district to compile initial evaluation data through an online, secure portal that includes: Total number of evaluations completed between July 1 and June 30 of the relevant year for all children ages 3 to 21; the number of students eligible for special education

within the 45-school day or 60-calendar day timeframe, whichever came first; the number of students not found eligible for special education within the established timeframe; the number of students whose initial evaluation did not meet the timeline; and student-level initial evaluation data aligning with the aggregated district-level data that includes student identifiers, consent for initial evaluation received by district date, eligibility determination date, and specific reasons for delay(s). Based on this information, NDE monitors all districts and makes compliance determinations.

For Indicator 12, Nebraska utilizes a database (ADVISER) to initially collect the data for the reporting year which permits NDE to easily determine which children are transitioning from Part C to Part B. Additionally, upon receipt of the data, NDE utilizes a data verification process to pull records from Part C and Part B to monitor and verify that each child transitioned within the applicable timeline. Should NDE not be able to verify this data or districts have reported anomalies in their data through the ILCD submission process, NDE collects Part C IFSPs and Part B IEPs, and related documentation, to monitor and determine whether the district conducted the student's transition within required timelines and to make certain the district appropriately identified and reported all federal exceptions.

For Indicator 13, NDE utilizes a self-assessment for the collection of data for reporting within the APR. The NDE Data Team selects a certain number of IEPs from each district, based on the number of transition-aged students in the district. Districts review NDE selected student IEP files, for youth with IEPs aged 14 and above and complete and submit a self-assessment of the district's review of each selected IEP. NDE's self-assessment consists of questions based on the NTACT-C, Indicator 13 Checklist Form. NDE uses the completed self-assessment to monitor and determine if each student's IEP contains the required components for secondary transition. The monitoring reviewers use the same Indicator 13 Checklist Form, to check for compliance of selected districts reporting 100% compliance and selected districts that indicated noncompliance within their transition IEPs.

NDE ensures timely correction of identified individual noncompliance and collects an additional updated data set (i.e., secondary transition documentation for a specific number of students following the district's corrective action implementation) from each district with noncompliance to ensure the district has corrected the identified noncompliance at the system level. Based on this subsequent review of the updated data, NDE verifies that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district correcting noncompliance and within one year of NDE issuing the finding of noncompliance.

The NDE's fiscal monitoring has established policies and procedures for calculating and allocating flow-through funds, as well as reporting and verifying the use of IDEA Part B flow-through funds. NDE follows required procurement procedures when using state set-aside funds. The NDE Fiscal team works closely with the NDE Monitoring team, the NDE Data, Research, and Evaluation team, and NDE Budgets and Grants Management and Fiscal teams to assist with monitoring the district budgets for allowable costs; monitoring districts for maintenance of effort and requiring the districts to use 15% of their IDEA VI-B and Preschool budgets if the district has been determined to be significantly disproportionate in any of the areas listed in the regulations implementing IDEA; reviewing time and effort documentation; monitoring contracts that have been developed as part of Part B state set-aside activities. NDE Budgets and Grants Management Office facilitates grant allocations, funding administration, and fiscal compliance. This office coordinates fiscal tracking, grant awards, and federal funds distribution. This office also supports these activities, which provides single audit functions, distributes cash payments, applies federal funding holds, and compiles fiscal reports when grant award holders finish a project period. NDE's Fiscal team and NDE's Budgets and Grants Management Office work collaboratively to leverage compliant practices for districts to become compliant with EDGAR and IDEA fiscal requirements.

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

For all levels of monitoring, indicator leads follow protocols outlining specific file numbers and priority areas determined through indicator review data analysis.

The NDE OSE requires all districts identified with a significant discrepancy and/or disproportionate representation to complete a policy, practice, procedure (PPP) self-assessment and review three specified student records. The specific student files are selected based on the area in which the district was found to have significant discrepancy and/or disproportionate representation. NDE disproportionality lead and team members review NDE OSE scoring/review forms; PPP forms; and student record review forms, and all associated evidence to identify areas for review to determine a district's compliance with IDEA requirements.

Nebraska collects reporting year data via a database on all students that meet the requirements of each collection. Specifically, for Indicator 11, any district reporting evaluations taking longer than 60 calendar days for reasons not allowable by IDEA receives a letter of finding. For those districts, NDE OSE requires districts to develop and implement a Corrective Action Plan (CAP) within a specified timeframe. The CAP must include correction of each child-specific instance of noncompliance, identify root causes, plan to modify contributing policies, procedures, and practices, and include a staff training plan. NDE then reviews a set of student-level updated data subsequently collected (all initial evaluations completed between a set timeframe) from each district that demonstrated noncompliance. Based on that review, NDE verifies that all districts identified with noncompliance are achieving 100% compliance and are correctly implementing the requirement specific to the finding of noncompliance.

Specifically for Indicator 12, files are selected for all districts reporting 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. If the district has 1-5 three-year-olds, 1 child record is chosen for monitoring. If the district has 6-39 three-year-olds, at least 30% of the records are selected. If the district has 40-59 three-year-olds, at least 20% of the child records are selected. If the district has 60-124 three-year-olds, at least 15% of the records are selected. Finally, if the district has 125 or more three-year-olds, at least 10% of the child records are selected for monitoring. Districts are notified of the files selected for review, and the required documentation is submitted to NDE, OSE.

Districts complete annual self-assessments for Indicator 13. File selection is based on the number of transition-aged students: 1 file for 0-10 students, 3 files for 11-55 students, 6 files for 56-199 students, and 9 files for more than 200 students. End-of-year data determines the number of eligible transition-aged students. NDE annually establishes prioritized eligibility categories to use in selecting these student files based on data analysis. For districts reporting 100% compliance within the self-assessment, NDE randomly selects files to verify 100% compliance. NDE selects 10% of districts and reviews for verification of data. Reviewers will use the same self-assessment and assess 1 student file from the district. To verify correction of noncompliance, the same file selection methodology is used.

The NDE OSE Monitoring Leads, in collaboration with the Data Team, determine the number of student files for review during focused monitoring. The number of files is based on student enrollment in the district. Focused reviews target areas identified as medium or high risk based on NECounts and

District Annual Determinations methodologies. NDE OSE selects 3, 6, or 9 files based on the number of students with IEPs in each district, using October 1 Child Count data: 3 files for 0-55 students, 6 files for 56-199 students, and 9 files for more than 200 students. When selecting files for review during focused monitoring, NDE annually establishes prioritized eligibility categories to use in selecting these student files based on data analysis. To verify correction of noncompliance, the same file selection methodology is used.

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

NDE, OSE partners with the Office of Data Management and Application Development (DMAD), the Office of Budgets and Grants Management, and the Fiscal Office to collect data needed for monitoring and the SPP/APR to ensure timely and accurate data reporting at the SEA level to the United States Department of Education's Office of Special Education Programs (OSEP) as well as to districts in the development of Performance Reports and Determinations. NDE's data warehouse (ADVISED) permits all Nebraska districts across the state to push information from the district's Student Information Systems into ADVISED daily. ADVISED data is utilized for NDE OSE to report the required data utilized in Indicators 1, 2, 3, 5, and 6.

For Indicator 7, NDE OSE utilizes a scientifically based authentic, observational assessment system designed for children from birth through third grade known as Teaching Strategies (TS) GOLD. For Indicator 8, a parent survey is developed using Qualtrics. Qualtrics survey responses are exported and then saved in Teams for SEA records and analysis. For Indicators 4, 9, 10, 11, 13, and 17, in addition to ADVISED data, districts enter information specific to each indicator into a state database in NDE's secure data portal known as Improving Learning for Children with Disabilities (ILCD). NDE exports all data that districts enter in ILCD, put it into Excel files, and save it in Teams for SEA records, monitoring, and SPP/APR preparation. For Indicator 12, in addition to the ADVISED data collected, district documentation submitted for monitoring based on the file review selection ratio is used for SPP/APR preparation. For Indicator 14, in addition to ADVISED data collected for students as well as contracts with the Bureau of Sociological Research (BOSR) at the University of Nebraska- Lincoln to contact former students and conduct surveys via mail, web-link, text message, and phone. For Indicator 15 and 16, the NDE OSE has a data tracking tool that it exports and saves in Teams for SEA records and data tracking. For data utilized during focused monitoring, NDE OSE relies on ADVISED data reports, self-created file review forms, and district specific uploaded student records and required forms into ILCD. For data utilized during fiscal monitoring, the NDE Budgets and Grants Management team requires districts to build budgets in the Grants Management System (GMS). Records are reviewed and monitored utilizing district required audit reports and the state's Special Education Financial Review System (SPEDFRS) so that reports are issued to the NDE OSE team. For data utilized during the identification of significant disproportionality, NDE OSE relies on ADVISED data reports, self-created policy and procedure review forms, specific uploaded student records into ILCD, and data tracking tools that are exported and saved in Teams for SEA records and data tracking.

To ensure the data systems NDE OSE and districts use for official reporting purposes are valid, error free, and accurate, the state has multi-level validations in place. These include school- and system-level validations, state-level collection processes, and state-level validation processes. NDE OSE implemented a district approval process for ensuring timely, complete, and accurate data submissions for reporting purposes. NDE OSE provides districts with data analysis and planning tools (e.g., District Performance Profile, NECounts Risk Profiles) to examine regional and local data. NDE's goal is to assist districts to identify barriers to improve performance on all indicators and to support sustained improvement.

NDE reviews data and records required for the SPP/APR for the periods specified in the Part B SPP/APR Measurement Table. NDE reviews data and records required for monitoring from the previous school year.

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

The NDE Office of Special Education issues findings by district.

**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).**

Nebraska does not have a pre-finding correction process.

**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.**

Nebraska employs a system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas needing improvement, consistent with IDEA Part B enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

This system is structured to progressively escalate responses based on the severity and persistence of noncompliance. Initially, when noncompliance is identified, NDE engages in targeted support to help districts understand and correct the issues. NDE requires districts to develop and implement a Corrective Action Plan (CAP) outlining specific steps to address the root causes of noncompliance, correct individual noncompliance, modify contributing policies, procedures and practices, and provide necessary staff training.

If a district fails to correct the noncompliance within the specified timeframe, the NDE may impose additional sanctions. These may include increased monitoring, mandatory participation in further training, or the submission of more frequent and detailed reports to demonstrate progress toward compliance.

For persistent or severe noncompliance, Nebraska's system allows for more stringent enforcement actions. These can include the withholding of funds, redirecting funds to specific corrective actions, or imposing conditions on the use of federal funds. The NDE may also require districts to obtain external technical assistance or engage in corrective measures supervised by the state.

Throughout the process, the NDE ensures that all actions are aligned with IDEA Part B requirements, the Uniform Guidance, and State rules. This graduated approach is designed to provide districts with the support needed to achieve compliance while maintaining accountability and ensuring the appropriate use of federal funds.

Pursuant to 92 Nebraska Administrative Code § 51-004.14 "[a]ll special education programs shall comply with the requirements of state and federal law and regulation concerning the education of children with disabilities and shall be monitored at least once every five years for compliance with state and federal special education law and regulation."

92 Neb. Admin. Code § 51-004.14A indicates that “[f]ailure to comply with the provisions of state and federal statute and administrative rules concerning education of children with disabilities shall result in notification of school districts or approved cooperatives of the specific program deficiencies by the Office of Special Education.”

92 Neb. Admin. Code § 51-004.14B requires NDE to provide school districts or approved cooperatives with “45 days to respond to the initial notification with a report of the resolution of the deficiencies or a plan for resolution.”

92 Neb. Admin. Code § 51-004.14C states that if “[s]chool districts or approved cooperatives [fail] to respond as set forth in 92 NAC 51-004.14B” NDE must provide “an additional 30 days following contact from the Administrator of the Office of Special Education or the designee of the Administrator to submit a plan for resolution of the deficiencies.”

92 Neb. Admin. Code § 51-004.14D requires that “[d]eficiencies must be corrected as soon as possible, and in no case later than one year after the school district or approved cooperative has been notified of the noncompliance. Deficiencies not corrected according to the timelines set forth in 92 NAC 51-004.14 shall be subject to the procedures outlined in 92 NAC 51-004.09.”

92 Neb. Admin. Code § 51-004.14E states “Any school district or approved cooperative not meeting the requirements of [Rule 51] shall be in violation of the law. No state or federal funds shall be paid to any school district or approved cooperative as long as such violation exists, but no deduction shall be made from any funds required by the Constitution of the State of Nebraska to be paid to such district or approved cooperative.”

92 Neb. Admin. Code § 51-004.14F indicates “[t]he Nebraska Department of Education will monitor school districts and approved cooperatives on the implementation of IDEA as amended in 2004 as required by 34 CFR 300.600 including the enforcement provision contained in 34 CFR 300.604(a)(1) and (a)(3), (b)(2)(i) and (b)(2)(v) and (c)(2) and annually report on the districts’ and cooperatives’ performance.”

**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 is required to make an annual determination on the performance of each school district under IDEA Part B, consistent with IDEA section 616, subsections (a) and (e). NDE uses both outcome and compliance data to make this district annual determination. NDE is also required to assess each school district for risk under the Uniform Grant Guidance, determining the school district’s risk of noncompliance with federal statutes and regulations and whether the school district may not achieve intended outcomes with federal special education dollars. Historically, NDE has fulfilled this requirement through a process called NECounts. Beginning with the 2023 NECounts process, NDE moved to a combined NECounts and district annual determination that includes data analysis, technical assistance, and integrated monitoring.

For each data category, NDE first assigns a score based on risk of not achieving objectives. Many of the data categories are a district’s performance on an indicator from the State Performance Plan and Annual Performance Report as compared to the state target for that indicator.

0 is No Risk, 1 is Low Risk, 2 is Medium Risk, 3 is High Risk, and N/A means that district was not measured in that category in the relevant data year. Districts are determined to fall into the level of determination of Meet Requirements if they have a risk score range of 0-40%, Needs Assistance if they have a risk score range of 40.01% to 60% , Needs Intervention if they have a risk score range of 60.01 or higher%, and Needs Substantial Intervention if they have been in Needs Intervention for multiple years or at NDE discretion .

Data Categories that are included in the District Level of Determination:

Indicator 1, 2, 3, 4B, 5A, 5B, 6, 7, 9, 10, 11, 12, 13 and:

Chronic Absenteeism for Students with IEPs, students with IEPs who were absent, meaning not physically on school grounds and not participating in instruction or instruction-related activities at an approved off-ground location. for at least half of the school day. NDE calculates a percentage by dividing the number of chronically absent students with IEPs by the number of students with an IEP in the district.

Correction of Noncompliance, whether a district corrected identified noncompliance with compliance indicators (Indicators 4B, 9, 10, 11, 12, and 13) pursuant to OSEP QA 23-01.

Fiscal Desk Review: Special Education Findings and Grants Management, NDE’s fiscal review for all subrecipients that meet certain criteria. Fiscal Desk Review reports and Management Decision Letters distinguish special education findings.

Maintenance of Effort, whether or not the district met in the years 2020–21, 2021–22, and 2022-23.

State Complaint Filings and Findings, whether the district had special education state complaints filed against it and did a complaint investigation make findings of violations of special education law for an individual child (or children) or systemic findings.

Targeted Improvement Plan (TIP): the district’s risk level was determined by a review of all required components as indicated within the SSIP.

Timely, Accurate, and Complete IDEA Data: Timely: Submitted by deadline, Accurate: Does not need correction, and Complete: Is not missing any required parts.

The OSE makes Levels of Determination available annually for district review and validation for a two-week period prior to the notification. An in depth description of annual determination can be located on the NDE OSE website at the following link: <https://www.education.ne.gov/sped/necounts-determinations/>.

Districts are notified annually regarding their annual level of determination. Based on interested parties feedback, The NDE OSE does not make Levels of Determinations publicly available.

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

General Supervision Plan: <https://www.education.ne.gov/sped/public-reporting/>

**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.**

Nebraska's statewide system of technical assistance is based on regional support networks with multiple collaborating partners engaged in this process.

Through regional and statewide assignments, the NDE OSE staff provide ongoing technical assistance to support school districts in addressing their unique needs and challenges. The NDE, OSE created the ILCD process based upon the SPP, Part B indicators, and the Results Driven Accountability (RDA) initiatives in place within the state. The ILCD process is designed to enhance program improvement that will result in improved outcomes for children with disabilities. With stakeholder input, NDE organized the SPP indicators into three Impact Areas:

Improving developmental outcomes and academic achievement (school readiness) for children with disabilities;

Improving communication and relationships among families, schools, communities, and agencies; and

Improving transitions for children with disabilities from early intervention to adult living.

See the Office of Special Education Part B General Supervision Plan linked above for full description of the mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced-based technical assistance and support to districts.

**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.**

Nebraska's statewide system of professional development (PD) is based on regional support networks with multiple collaborating partners engaged in this process. NDE provides an array of PD opportunities through intra-agency cross-team efforts to ensure that education providers have the skills to effectively provide services that improve results for children with disabilities. The NDE works in partnership with districts, ESUs, and IHEs to provide a coherent, comprehensive, and aligned network of PD. NDE has also developed PD through the Nebraska MTSS (NeMTSS) network. NeMTSS' statewide professional learning (PL) community is charged with building capacity and providing PL opportunities monthly, expanding infrastructure, connecting to key personnel and communicators, and including diversity of expertise encompassing the whole child, districts will have the support needed to ensure each student can become a proficient reader. This system will create an aligned framework and outcomes while focused on providing a reputable source for resources grounded in evidence and research. The NeMTSS continued integration of PBIS, Pyramid, and RtI provides statewide system level training as well as regional supports in each expertise area to identify infrastructure gaps and barriers with stakeholder groups, including families and community leaders. This comprehensive approach provides a broader view for improving achievement outcomes within a continuous improvement framework. TA for the ILCD process is also delivered through several regional TA programs and implementation support teams located in 1 of 5 Educational Service Units (ESUs) serving as project coordination for the regional supports across the state. Regional Planning Region Teams (PRTs), functioning as Local Interagency Coordinating Councils, receive annual NDE grants to support Early Intervention/Early Childhood Special Education (EI/ECSE) practitioners for children & families birth to age five. Statewide training on Least Restrictive Environment (LRE), authentic compliance with Nebraska Administrative Codes (Rule 51), developmentally appropriate implementation of services and supports as well as training provided by Teaching Strategies GOLD orchestrate mechanisms available to improve child outcomes. Targeted technical assistance and continuing professional learning topics are curated from focused monitoring, district requests, and other themes that arise through statewide engagements. The NDE also created multiple Part B discretionary TA systems projects to support identified areas of targeted support needed.

In building capacity for the scale-up of the MTSS framework, Nebraska has required each district to review their student data and establish a Targeted Improvement Plan (TIP). Each TIP is required to have (a) a focus for improvement, (b) a measurable goal with annual targets, (c) a student-centered, evidence-based strategy to affect the outcomes for students with disabilities, (d) an implementation plan, and (e) criteria to measure fidelity of the student-centered, evidence-based strategy selected. The TIP must be aligned to the overall education improvement activities the district is implementing. To effectively benefit from the strategies and practices the district selects in its TIP, OSE provides extensive PD in creating the TIP, setting the goals, planning to improve, and implementation. In addition, OSE provides PD on high leverage practices and evidence-based strategies.

NDE OSE also provides TA for districts to support efforts in improving student access to high-quality instruction in the least restrictive environment.

Transitions from early intervention to school (Part C to Part B) and from school to career/college readiness are another of NDE's priority areas of support. NDE through its NeMTSS project, provides the Pyramid Model and other social, emotional, behavioral, and literacy focused trainings and coaching. Nebraska has developed a multi-agency, state-wide systemic infrastructure for implementation of the Pyramid Model across various early care and education programs, such as childcare, private and public preschool, and Head Start. NeMTSS Early Childhood Regional Facilitators assist district early childhood leaders in understanding special education roles and responsibilities, kindergarten readiness, and other early childhood focused components through a wide array of professional learning opportunities.

NDE also provides the Secondary Transition Systems Support Project aimed at providing regional Secondary Transition Facilitators aimed at supporting districts in their understanding of IDEA Transition requirements and providing collaborative learning opportunities amongst districts and their regional community partners.

Disability specific regional networks of TA include cadres within the ESU structure that support a full-range of TA and PD in evidence-based practices related to various disabilities.

Nebraska provides statewide Educational Programs and Support Services for Children who are Deaf or Hard of Hearing through regional programs that work cooperatively to maximize state and local resources for the enhancement of the education of children who are deaf or hard of hearing (B-21) and

who are receiving early intervention (IFSP) or special education (IEP) services. The Regional Programs will work cooperatively to maximize state and local resources for the enhancement of the education of children who are deaf or hard of hearing (B-21) and who are receiving IFSP or IEP services.

The Nebraska Center for the Education of Children who are Blind or Visually Impaired (NCECBVI) serves children from infancy to age 21. NCECBVI's program offers the expertise and specialized skills of the center's staff to blind, visually impaired, and multi-handicapped students in residential, day, and outreach settings. Services are provided to local school districts, students, families, teachers, and other support staff upon request. In addition to the residential services provided by NCECBVI, the center provides consultation, advisory, and TA services for students, families, educators, local education agencies, and educational service units on a statewide basis. The Center assists local education agencies in assessing a child's needs and makes appropriate educational recommendations, facilitates student-family networking, provides classroom, community and/or home observations. In addition, the center works cooperatively with parents, local school district personnel and others to implement appropriate educational programs and services.

Autism Spectrum Disorder (ASD) Network Regions were established to provide support for Nebraska schools and families. In addition to Regional Coordinators, there are Behavior Analysts that serve the state, and a State Coordinator, to coordinate the services of the ASD Network.

The Nebraska Assistive Technology Partnership (ATP) exists to ensure individual student success by creating systemic capacity that results in quality Assistive Technology (AT) services for every student who needs AT. Many of Nebraska's districts have small student populations and are located in rural, geographically isolated locations. In response, NDE provides support to multiple districts to form consortiums and maximize the impact of their professional development efforts. The focus of grant funding is within the areas emphasized in the NDE Impact Areas, as previously described. NDE directs grants to preparing qualified educators, administrators, and related service providers, offering induction/mentoring support, and continuous development over individual careers. As grant managers, NDE staff is involved in approving grant applications, monitoring completion of grant activities, approving reimbursement claims, and offering technical assistance to enhance project outcomes.

#### **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.**

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

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

YES

#### **Number of Parent Members:**

16

#### **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.**

NDE engaged parents in setting targets, analyzing data, developing improvement strategies, and evaluating progress for the SPP/APR by ensuring parent representatives were invited to all stakeholder meetings. NDE staff made specific connections with the state parent training and information center on this topic. At stakeholder meetings, NDE staff presented indicator information and led indicator discussions in a way that made the information on the SPP/APR clear and accessible to parents, especially parents who may not have much experience with the SPP/APR. NDE also worked to engage parents by communicating through existing networks with superintendents, principals, and special education directors, asking those administrators to send specific communication to the parents in their schools and districts to ensure that all parents were hearing about the opportunity to provide input on the SPP/APR from their local administrators.

**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.**

NDE prepared its materials for each stakeholder meeting with a focus on helping diverse groups of parents understand the SPP/APR so those parents could give feedback on implementation activities designed to improve outcomes for children with disabilities. NDE did this by providing information on each indicator, including describing what it measured, how Nebraska has historically performed, areas of success within each indicator, and areas of growth. Carefully laying a foundation of information then allowed NDE staff to lead conversations of stakeholders, including diverse groups of parents, focused on improving state-level activities to better support districts in improving outcomes for children with disabilities. NDE also reached out to specific districts with larger diversity in families served and asked those districts to distribute information on its behalf.

**Soliciting Public Input:**

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

NDE conducted numerous in-person and virtual meetings focused on soliciting public input for reviewing the established targets and proposed target revisions to certain indicators, analyzing data, developing improvement strategies, and evaluating progress. In addition to meetings, NDE provided information on its website for stakeholder review. NDE made regular announcements and updates regarding the availability of information for stakeholders and the mechanisms for stakeholder input through its monthly special education directors' webinar and weekly email update. NDE also sent specific communication to superintendents, principals, and special education directors requesting their input and asking them to distribute specific communication to parents in their districts and schools, inviting their feedback.

**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.**

NDE has provided information on its website for stakeholders to see the results of target setting, data analysis, development of the improvement strategies, and evaluation. NDE has specifically communicated with the state advisory panel, RDA Stakeholder Group, parent training and information center, superintendents, principals, and special education directors about the availability of these results and asked these groups to distribute this information to parents in their districts and schools.

**Reporting to the Public**

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

School district performance on each of the APR indicators is reported each spring on the Nebraska Education Profile on the Nebraska Department of Education website. The report can be found at <http://nep.education.ne.gov>. The Nebraska Education Profile provides information and data about Nebraska public schools and student performance, including district performance on the APR indicators. To navigate to a district's APR indicators, select a district under DISTRICT AND SCHOOL DATA and click View District Snapshot. Click View Data in the Students with Disabilities box. Then click District Performance Part B in the left menu.

A copy of the state's SPP/APR is located on the Nebraska Department of Education, Special Education office website at <https://www.education.ne.gov/sped/public-reporting/>.

Nebraska also posts a link to the OSEP site <https://sites.ed.gov/idea/spp-apr-letters>, for districts and the public to view state data and OSEP's response to the SPP/APR.

**Intro - Prior FFY Required Actions**

None

**Intro - OSEP Response****Intro - Required Actions**

## Indicator 1: Graduation

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

#### Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED<sup>2</sup>Facts file specification FS009.

#### Measurement

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

#### Instructions

*Sampling is not allowed.*

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

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

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

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

## 1 - Indicator Data

### Historical Data<sup>1</sup>

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 77.85%        |

| FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 90.00% | 77.85% | 77.85% | 77.85% | 78.35% |
| Data      | 83.25% | 77.85% | 76.67% | 73.26% | 75.44% |

### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target >= | 78.85% | 79.35% |

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data

<sup>1</sup> Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

to assist in making changes to the SSIP in relation to the SiMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Prepopulated Data

| Source                                                                                                          | Date       | Description                                                                                                                  | Data  |
|-----------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)     | 2,288 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |       |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)                           | 110   |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)                              | 17    |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)                                  | 442   |

#### FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 2,288                                                                                                                    | 2,857                                                                   | 75.44%        | 78.85%          | 80.08%        | Met 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.**

Nebraska's definition of a graduate with a regular high school diploma, which applies for all youth, including youth with IEPs, is a student who has completed an approved program of study and met district/system requirements for a high school diploma. The diploma requirements are fully aligned with Nebraska's academic content standards.

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

NO

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

#### 1 - Prior FFY Required Actions

None

#### 1 - OSEP Response

## 1 - Required Actions

## Indicator 2: Drop Out

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

#### Data Source

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

#### Measurement

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

#### Instructions

*Sampling is not allowed.*

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

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

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

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

## 2 - Indicator Data

### Historical Data<sup>2</sup>

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 12.81%        |

| FFY       | 2019  | 2020   | 2021   | 2022   | 2023   |
|-----------|-------|--------|--------|--------|--------|
| Target <= | 1.89% | 12.81% | 12.81% | 12.81% | 12.31% |
| Data      | 1.48% | 12.81% | 14.51% | 17.86% | 15.97% |

### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target <= | 11.81% | 11.31% |

### Targets: Description of Stakeholder Input

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The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

<sup>2</sup> Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Prepopulated Data

| Source                                                                                                          | Date       | Description                                                                                                                  | Data  |
|-----------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|-------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)     | 2,288 |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |       |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)                           | 110   |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)                              | 17    |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)                                  | 442   |

#### FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 442                                                                                     | 2,857                                                                   | 15.97%        | 11.81%          | 15.47%        | Did not meet target | No Slippage |

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

The numerator consists of the number of youths with IEPs ages 14–21 who exited special education due to dropping out. The denominator consists of the total number of youth ages 14–21 who were served in special education during the school year therefore having the potential to drop out of school. In Nebraska, a dropout occurs in any of the following instances:

A student who withdrew for personal or academic reasons and does not have a signed Withdrawal from Mandatory Attendance form pursuant to Nebraska Revised Statute 79-202 on file with the district.

A student removed from the education system for other than health reasons, and whose return is not anticipated.

A student enrolled in adult education or some type of program whose education services do not lead to a diploma or other credential recognized by the state.

A student who has not graduated or completed an approved program and is not enrolled and whose status is unknown; this includes a student withdrawn from the rolls for excessive absence.

A student who moved out of the district, out of state, or out of the United States and is not known to be in school (includes any student whose education status cannot be confirmed either through a parent or other responsible adult or through some formal notification of transfer).

A student in an institution that is not primarily educational (Army, or vocational program) and not considered a special school district/system.

A student who is disenrolled by a parent and does not enroll in another district/system.

A student who was suspended or expelled and the disciplinary period has expired, and student has not returned.

**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 EDEFACTS file specifications FS185 and 188.

#### Measurement

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

#### Instructions

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

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

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

## 3A - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2020          | 95.31%        |
| Reading | B     | Grade 8    | 2020          | 90.61%        |
| Reading | C     | Grade HS   | 2020          | 85.61%        |
| Math    | A     | Grade 4    | 2020          | 95.04%        |
| Math    | B     | Grade 8    | 2020          | 90.30%        |
| Math    | C     | Grade HS   | 2020          | 85.11%        |

### Targets

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

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

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NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### FFY 2024 Data Disaggregation from EDFacts

##### Data Source:

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

##### Date:

01/07/2026

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

| Group                                                                     | Grade 4 | Grade 8 | Grade HS |
|---------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs (2)                                                 | 4,549   | 3,538   | 2,965    |
| b. Children with IEPs in regular assessment with no accommodations (3)    | 1,429   | 1,056   | 986      |
| c. Children with IEPs in regular assessment with accommodations (3)       | 2,862   | 2,217   | 1,486    |
| d. Children with IEPs in alternate assessment against alternate standards | 230     | 221     | 224      |

##### Data Source:

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

##### Date:

01/07/2026

##### Math Assessment Participation Data by Grade

| Group                                                                     | Grade 4 | Grade 8 | Grade HS |
|---------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs (2)                                                 | 4,548   | 3,535   | 2,965    |
| b. Children with IEPs in regular assessment with no accommodations (3)    | 1,300   | 727     | 982      |
| c. Children with IEPs in regular assessment with accommodations (3)       | 2,986   | 2,540   | 1,484    |
| d. Children with IEPs in alternate assessment against alternate standards | 228     | 220     | 223      |

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

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

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

#### FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------|------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 4,521                                      | 4,549                        | 99.22%        | 95.00%          | 99.38%        | Met target          | No Slippage |
| B     | Grade 8    | 3,494                                      | 3,538                        | 98.36%        | 95.00%          | 98.76%        | Met target          | No Slippage |
| C     | Grade HS   | 2,696                                      | 2,965                        | 92.52%        | 95.00%          | 90.93%        | Did not meet target | Slippage    |

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

After seeing participation growth as reported in the FFY 2023 SPP/APR, the percentage for FFY 2024 shows a 1.59% decrease. The Nebraska Department of Education (NDE) continues to observe a consistent number of parent refusals, resulting in some students not participating in the general reading assessment. NDE and districts continue to provide information to parents regarding the purpose and importance of the assessment. Conversations with stakeholders support the analysis of parents opting out of the exam. Specifically, in Nebraska, the college entrance exam that is utilized in High School for state and federal accountability is such that students and parents alike may not view the assessment as relevant if the student does not plan on attending postsecondary institutions. Related to 3C participation on the High School Alternative Assessment, student numbers have shifted as Nebraska has provided specific guidance on identifying those students who meet the NDE eligibility requirements for participation on alternate assessment. Numbers in 3C were decreased as students were more appropriately placed on the general assessment.

#### FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------|------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 4,514                                      | 4,548                        | 99.24%        | 95.00%          | 99.25%        | Met target          | No Slippage |
| B     | Grade 8    | 3,487                                      | 3,535                        | 98.13%        | 95.00%          | 98.64%        | Met target          | No Slippage |
| C     | Grade HS   | 2,689                                      | 2,965                        | 92.30%        | 95.00%          | 90.69%        | Did not meet target | Slippage    |

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

After seeing participation growth as reported in the FFY 2023 SPP/APR, the percentage for FFY 2024 shows a 1.61% decrease. This is the same area of slippage that occurred for the ELA assessment. Related to 3C participation on the High School Alternative Assessment, student numbers have shifted as Nebraska has provided specific guidance on identifying those students who meet the NDE eligibility requirements for participation on the alternate assessment. Numbers in 3C were decreased as students were more appropriately placed on the general assessment.

#### 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.

NEP log in link: <https://nep.education.ne.gov/#/>

Scroll down until you see State Data – select State Data this will give you a snapshot of state data, select Full Profile to see specific assessment data.

Statewide Assessment Participation Data for children with disabilities participating in the regular assessment and alternate assessment:

NSCAS - <https://nep.education.ne.gov/#/profiles/state/full-profile/about?dataYears=20232024>

Click on Student Performance on Assessments in the left menu, click on NSCAS, then click on Participation, then click NSCAS Details, click English Language Arts or Mathematics from the Subject dropdown, select grade level, then select student group from the chart for Special Education Students or Special Education Students – Alternate Assessment

ACT - <https://nep.education.ne.gov/#/profiles/state/full-profile/nscas/act/participation?dataYears=20232024>

To access ACT information you will select ACT on left menu, then select Participation, then ACT Detail, click English Language Arts or Mathematics from Subject dropdown, then select student group from the chart for special education students.

Statewide Participation Data for children with disabilities who were provided accommodations in order to participate in the regular assessment):

<https://nep.education.ne.gov/#/profiles/state/full-profile/student-performance/other-assessments/students-with-accommodations?dataYears=20232024>

Click on Student Performance on Assessments in the left menu, scroll down and click on Other Assessment Information, click on Students with Accommodations, then locate click English Language Arts or Mathematics from the Subject dropdown, then select the appropriate grade level, review chart for 4, 8 and 11 (alternate assessment is only 11 grade). ACT information on second chart.

District Assessment Participation Data for children with disabilities participating in the regular assessment and alternate assessment):

<https://nep.education.ne.gov/#/>

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district from the dropdown menu scroll down and click on the View District Snapshot to see district data.

After clicking on View District Snapshot it will take you the district page. Once there you can view the District Snapshot or select Full Profile. When you select Full Profile on the menu on the left side and select Student Performance on Assessment then select NSCAS and scroll down to Participation to view district data.

Across the top select English Language Arts or Mathematics from the Subject dropdown, then select a grade level, and then change the dropdown menu to select either Special Education Students or Special Education Students – Alternate Assessment.

To access ACT information you will select ACT on left menu, then select Participation, then ACT Detail, click English Language Arts or Mathematics from the Subject dropdown, then select student group from the chart for special education students.

District Assessment Participation Data for children with disabilities who were provided accommodations to participate in the regular assessment:

<https://nep.education.ne.gov/#/>

Scroll down until you see the District and School Data section. Select a district from the dropdown. Click on View District Snapshot. Then select Full Profile to see assessment data options.

Click on Student Performance on Assessments in the left menu, scroll down and click on Other Assessment Information, click on Students with Accommodations, then locate English Language Arts or Mathematics from the Subject dropdown, select appropriate grade level, review chart for 4, 8 and 11 (alternate assessment is only 11 grade). ACT information on second chart.

School Assessment Participation Data for children with disabilities participating in the regular assessment and alternate assessment:

<https://nep.education.ne.gov/#/>

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district then select a specific school building from the dropdown menu, scroll down and click on the View District Snapshot to see building level data.

After clicking on View District Snapshot it will take you to the selected school building page. Once there you can view the selected School Building Snapshot or select Full Profile. When you select Full Profile on the menu on the left side and select Student Performance on Assessment then select NSCAS and scroll down to Participation to view building level data.

Across the top select English Language Arts or Mathematics from Subject dropdown, then select a grade level, and then select from the Category dropdown menu to either Special Education Students or Special Education Students – Alternate Assessment.

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

### **3A - Prior FFY Required Actions**

None

### **3A - OSEP Response**

### **3A - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 3B - Indicator Data

#### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2020          | 23.52%        |
| Reading | B     | Grade 8    | 2020          | 16.02%        |
| Reading | C     | Grade HS   | 2020          | 10.13%        |
| Math    | A     | Grade 4    | 2020          | 19.83%        |
| Math    | B     | Grade 8    | 2020          | 12.85%        |
| Math    | C     | Grade HS   | 2020          | 9.03%         |

#### Targets

| Subject | Group | Group Name | 2024   | 2025   |
|---------|-------|------------|--------|--------|
| Reading | A >=  | Grade 4    | 27.02% | 28.02% |
| Reading | B >=  | Grade 8    | 19.52% | 20.52% |
| Reading | C >=  | Grade HS   | 13.63% | 14.63% |
| Math    | A >=  | Grade 4    | 23.33% | 24.33% |
| Math    | B >=  | Grade 8    | 16.35% | 17.35% |
| Math    | C >=  | Grade HS   | 12.53% | 13.53% |

#### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted

NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### FFY 2024 Data Disaggregation from EDFacts

##### Data Source:

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

##### Date:

01/07/2026

##### Reading Assessment Proficiency Data by Grade (1)

| Group                                                                                                                | Grade 4 | Grade 8 | Grade HS |
|----------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment     | 4,291   | 3,273   | 2,472    |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 814     | 464     | 92       |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 423     | 356     | 130      |

##### Data Source:

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

##### Date:

01/07/2026

##### Math Assessment Proficiency Data by Grade (1)

| Group                                                                                                                | Grade 4 | Grade 8 | Grade HS |
|----------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment     | 4,286   | 3,267   | 2,466    |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 786     | 279     | 97       |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 626     | 397     | 109      |

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

#### FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 1,237                                                                                                          | 4,291                                                                                                                            | 27.95%        | 27.02%          | 28.83%        | Met target          | No Slippage |
| B     | Grade 8    | 820                                                                                                            | 3,273                                                                                                                            | 24.10%        | 19.52%          | 25.05%        | Met target          | No Slippage |
| C     | Grade HS   | 222                                                                                                            | 2,472                                                                                                                            | 10.53%        | 13.63%          | 8.98%         | Did not meet target | Slippage    |

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

Nebraska did not meet the target point for FFY 2024. Additionally, the percentage of students with IEP's that met proficiency for FFY 2024 shows a 1.55% decrease. Further data review indicates that as compared with 4th and 8th graders, the ratio percentage of high school students who met ELA proficiency with and without accommodations is significantly lower. Compounded with a low high school participation rate (3A), concerted efforts will be made to understand barriers to participation and if accommodations are being utilized consistently to ensure success. Continued professional learning provided by the SEA on inclusive practices through the “Journey to Improvement” project will be maintained and support students with disabilities participating in content area courses with grade level peers to impact achievement outcomes.

#### FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 1,412                                                                                                          | 4,286                                                                                                                            | 33.46%        | 23.33%          | 32.94%        | Met target          | No Slippage |
| B     | Grade 8    | 676                                                                                                            | 3,267                                                                                                                            | 20.83%        | 16.35%          | 20.69%        | Met target          | No Slippage |
| C     | Grade HS   | 206                                                                                                            | 2,466                                                                                                                            | 8.38%         | 12.53%          | 8.35%         | 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.

NSCAS - <https://nep.education.ne.gov/#/profiles/state/full-profile/about?dataYears=20242025>

Snapshot: <https://nep.education.ne.gov/#/profiles/state/snapshot?dataYears=202242025>

Full Profile: <https://nep.education.ne.gov/#/profiles/state/full-profile/about?dataYears=20242025>

Click on Student Performance on Assessments in the left menu, click on NSCAS, then click on Percent Proficient, then click NSCAS Details, click English Language Arts or Mathematics from the Subject dropdown, select grade level, then select student group from the chart for Special Education Students or Special Education Students – Alternate Assessment

## ACT -

To access ACT information you will select ACT on left menu, then select Percent Proficient, then ACT Detail, click English Language Arts or Mathematics from the Subject dropdown, then select student group from the chart for special education students.

District Assessment Performance Data for children with disabilities participating in the regular assessment and alternate assessment):

<https://nep.education.ne.gov/#/>

Statewide Assessment Performance Data for children with disabilities participating in the regular assessment and alternate assessment):

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district from the dropdown menu scroll down and click on the View District Snapshot to see district data.

<https://nep.education.ne.gov/#/profiles/state/full-profile/nscas/act/participation?dataYears=20242025>

After clicking on View District Snapshot it will take you the district page. Once there you can view the District Snapshot or select Full Profile. When you select Full Profile located in the menu on the left side select Student Performance on Assessment then select NSCAS and scroll down to Percent Proficient to view district level data.

Across the top select English Language Arts or Mathematics from the Subject dropdown, then select a grade level, and then change the Category dropdown menu to select either Special Education Students or Special Education Students – Alternate Assessment.

To access ACT information you will select ACT on left menu, then select Percent Proficient, then ACT Detail, click English Language Arts or Mathematics from the Subject dropdown, then select student group from the chart for special education students.

School Building Level Assessment Performance Data for children with disabilities participating in the regular assessment and alternate assessment:

<https://nep.education.ne.gov/#/>

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district then select a specific school building from the dropdown menu, scroll down and click on the View District Snapshot to see building level data.

After clicking on View District Snapshot it will take you to the selected school building page. Once there you can view the selected School Building Snapshot or select Full Profile. When you select Full Profile on the menu on the left side and select Student Performance on Assessment then select NSCAS and scroll down to Percent Proficient to view building level data.

Across the top select English Language Arts or Mathematics from the Subject dropdown, then select a grade level, and then change the Category dropdown menu to select either Special Education Students or Special Education Students – Alternate Assessment.

To access ACT information you will select ACT on left menu, then select Percent Proficient, then ACT Detail, click English Language Arts or Mathematics from the Subject dropdown, then select student group from the chart for special education students. ACT data is only available for 11th grade.

School Building Performance Data for children with disabilities who were provided accommodations to participate in the regular assessment:

Click on Student Performance on Assessments in the left menu, scroll down and click on Other Assessment Information, click on Students with Accommodations, then select English Language Arts or Mathematics from the Subject dropdown, then select appropriate grade level, review chart for 4, 8 and 11 (alternate assessment).

To view the ACT results, simply navigate to the second chart located on the same page in the Nebraska Education Profile (NEP).

**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 Against Alternate Academic Achievement Standards

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

### Data Source

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

### Measurement

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

### Instructions

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

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

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

## 3C - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2020          | 44.44%        |
| Reading | B     | Grade 8    | 2020          | 32.59%        |
| Reading | C     | Grade HS   | 2020          | 42.66%        |
| Math    | A     | Grade 4    | 2020          | 42.52%        |
| Math    | B     | Grade 8    | 2020          | 43.05%        |
| Math    | C     | Grade HS   | 2020          | 35.02%        |

### Targets

| Subject | Group | Group Name | 2024   | 2025   |
|---------|-------|------------|--------|--------|
| Reading | A >=  | Grade 4    | 47.94% | 48.94% |
| Reading | B >=  | Grade 8    | 36.09% | 37.09% |
| Reading | C >=  | Grade HS   | 46.16% | 47.16% |
| Math    | A >=  | Grade 4    | 46.02% | 47.02% |
| Math    | B >=  | Grade 8    | 46.55% | 47.55% |
| Math    | C >=  | Grade HS   | 38.52% | 39.52% |

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the

development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### **FFY 2024 Data Disaggregation from EDFacts**

##### **Data Source:**

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

##### **Date:**

01/07/2026

##### **Reading Assessment Proficiency Data by Grade**

| <b>Group</b>                                                                                                       | <b>Grade 4</b> | <b>Grade 8</b> | <b>Grade HS</b> |
|--------------------------------------------------------------------------------------------------------------------|----------------|----------------|-----------------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 230            | 221            | 224             |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient            | 138            | 109            | 83              |

##### **Data Source:**

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

##### **Date:**

01/07/2026

##### **Math Assessment Proficiency Data by Grade**

| <b>Group</b>                                                                                                       | <b>Grade 4</b> | <b>Grade 8</b> | <b>Grade HS</b> |
|--------------------------------------------------------------------------------------------------------------------|----------------|----------------|-----------------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 228            | 220            | 223             |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient            | 111            | 97             | 78              |

#### **FFY 2024 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 138                                                                                                          | 230                                                                                                                                | 65.76%        | 47.94%          | 60.00%        | Met target          | No Slippage |
| B     | Grade 8    | 109                                                                                                          | 221                                                                                                                                | 51.52%        | 36.09%          | 49.32%        | Met target          | No Slippage |
| C     | Grade HS   | 83                                                                                                           | 224                                                                                                                                | 41.35%        | 46.16%          | 37.05%        | Did not meet target | Slippage    |

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

The decrease in the percentage of high school third-year cohort students scoring at or above proficient on the NSCAS Alternate Summative Assessment for ELA (NSCAS-AA-ELA) is influenced by multiple factors. The Nebraska Department of Education (NDE) continues to observe a consistent number of parent refusals, resulting in some eligible students not participating in the assessment. NDE and districts continue to provide information to parents regarding the purpose and importance of the alternate assessment. Because Nebraska has a relatively small population of students who participate in the alternate assessment, even minor changes in participation, including parent refusals, can result in measurable fluctuations in statewide proficiency percentages. In addition, NDE continues to work with districts to ensure appropriate identification of students with the most significant cognitive disabilities, consistent with federal requirements and in support of meeting the 1% alternate assessment participation threshold required under ESSA. As districts implement annual training and conduct required annual reviews of student eligibility, some students who previously participated in the alternate assessment, particularly those who no longer meet eligibility criteria or who demonstrated advanced performance—may transition to the general assessment. Districts are also instructed to include parents in assessment decision-making, particularly at the high school level where Nebraska administers the ACT as the general assessment. These shifts in the tested population can also impact overall proficiency results. Finally, assessment results continue to reflect the impact of pandemic-related learning loss, a trend observed across student populations. Performance level ranges for the NSCAS-AA-ELA were established based on pre-pandemic expectations, which may further contribute to observed changes in proficiency rates.

**FFY 2024 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 111                                                                                                          | 228                                                                                                                                | 50.97%        | 46.02%          | 48.68%        | Met target          | No Slippage |
| B     | Grade 8    | 97                                                                                                           | 220                                                                                                                                | 49.43%        | 46.55%          | 44.09%        | Did not meet target | Slippage    |
| C     | Grade HS   | 78                                                                                                           | 223                                                                                                                                | 41.18%        | 38.52%          | 34.98%        | Did not meet target | Slippage    |

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

The decrease in the percentage of Grade 8 students scoring at or above proficient on the NSCAS Alternate Summative Assessment for Math (NSCAS-AA-Math) is influenced by several factors. The Nebraska Department of Education (NDE) continues to observe a consistent number of parent refusals, resulting in some eligible students not participating in the assessment. NDE and districts continue to provide information to parents regarding the purpose and importance of the alternate assessment. Because Nebraska has a relatively small population of students who participate in the alternate assessment, even minor changes in participation, including parent refusals, can result in measurable fluctuations in statewide proficiency percentages. In addition, NDE continues to work with districts to ensure the appropriate identification of students with the most significant cognitive disabilities, consistent with federal requirements and in support of meeting the 1% alternate assessment participation threshold required under ESSA. As districts implement annual training and conduct required annual reviews of student eligibility, some students who previously participated in the alternate assessment, particularly those who no longer meet eligibility criteria or who demonstrated advanced performance—may transition to the general assessment. Districts are also instructed to include parents in assessment decision-making. These shifts in the tested population can also impact overall proficiency results. Finally, assessment results continue to reflect the impact of pandemic-related learning loss, a trend observed across student populations. Performance level ranges for the NSCAS-AA-Math were established based on pre-pandemic expectations, which may further contribute to observed changes in proficiency rates.

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

The decrease in the percentage of high school third-year cohort students scoring at or above proficient on the NSCAS Alternate Summative Assessment for Math (NSCAS-AA-Math) is influenced by multiple factors. The Nebraska Department of Education (NDE) continues to observe a consistent number of parent refusals, resulting in some eligible students not participating in the assessment. NDE and districts continue to provide information to parents regarding the purpose and importance of the alternate assessment. Because Nebraska has a relatively small population of students who participate in the alternate assessment, even minor changes in participation, including parent refusals, can result in measurable fluctuations in statewide proficiency percentages. In addition, NDE continues to work with districts to ensure appropriate identification of students with the most significant cognitive disabilities, consistent with federal requirements and in support of meeting the 1% alternate assessment participation threshold required under ESSA. As

districts implement annual training and conduct required annual reviews of student eligibility, some students who previously participated in the alternate assessment, particularly those who no longer meet eligibility criteria or who demonstrated advanced performance—may transition to the general assessment. Districts are also instructed to include parents in assessment decision-making, particularly at the high school level where Nebraska administers the ACT as the general assessment. These shifts in the tested population can also impact overall proficiency results. Finally, assessment results continue to reflect the impact of pandemic-related learning loss, a trend observed across student populations. Performance level ranges for the NSCAS-AA-Math were established based on pre-pandemic expectations, which may further contribute to observed changes in proficiency rates.

### **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.**

Statewide Assessment Performance Data for children with disabilities participating in the alternate assessment:

NSCAS - <https://nep.education.ne.gov/#/profiles/state/full-profile/about?dataYears=20242025>

Snapshot: <https://nep.education.ne.gov/#/profiles/state/snapshot?dataYears=202242025>

Full Profile: <https://nep.education.ne.gov/#/profiles/state/full-profile/about?dataYears=20242025>

Click on Student Performance on Assessments in the left menu, click on NSCAS, then click on Percent Proficient, then click NSCAS Details, click English Language Arts or Mathematics from the Subject dropdown, select grade level, then select student group from the chart for Special Education Students or Special Education Students – Alternate Assessment

District Assessment Performance Data for children with disabilities participating in the alternate assessment:

<https://nep.education.ne.gov/#/>

Statewide Assessment Performance Data for children with disabilities participating in the alternate assessment:

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district from the dropdown menu scroll down and click on the View District Snapshot to see district data.

After clicking on View District Snapshot it will take you the district page. Once there you can view the District Snapshot or select Full Profile. When you select Full Profile located in the menu on the left side select Student Performance on Assessment then select NSCAS and scroll down to Percent Proficient to view district level data.

Across the top select English Language Arts or Mathematics from the Subject dropdown, then select a grade level, and then change the Category dropdown menu to select Special Education Students – Alternate Assessment.

School Building Level Assessment Performance Data for children with disabilities participating in the alternate assessment:

<https://nep.education.ne.gov/#/>

On the home page of NEP scroll down to DISTRICT AND SCHOOL DATA section and select a district from the dropdown menu. After selecting a district, then select a specific school building from the dropdown menu, scroll down and click on the View District Snapshot to see building level data.

After clicking on View District Snapshot it will take you to the selected school building page. Once there you can view the selected School Building Snapshot or select Full Profile. When you select Full Profile on the menu on the left side and select Student Performance on Assessment then select NSCAS and scroll down to Percent Proficient to view building level data.

Across the top select English Language Arts or Mathematics from the Subject dropdown, then select a grade level, and then change the Category dropdown menu to select Special Education Students – Alternate Assessment.

School Building Level Assessment Performance Data for children with disabilities participating in the alternate assessment:

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

**3C - Prior FFY Required Actions**

None

**3C - OSEP Response**

**3C - Required Actions**

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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

### Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using 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 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

### Instructions

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

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

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

## 3D - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2020          | 30.18         |
| Reading | B     | Grade 8    | 2020          | 34.57         |
| Reading | C     | Grade HS   | 2020          | 37.82         |
| Math    | A     | Grade 4    | 2020          | 25.83         |
| Math    | B     | Grade 8    | 2020          | 32.43         |
| Math    | C     | Grade HS   | 2020          | 36.63         |

### Targets

| Subject | Group | Group Name | 2024  | 2025  |
|---------|-------|------------|-------|-------|
| Reading | A <=  | Grade 4    | 26.68 | 25.68 |
| Reading | B <=  | Grade 8    | 31.07 | 30.07 |
| Reading | C <=  | Grade HS   | 34.32 | 33.32 |
| Math    | A <=  | Grade 4    | 22.33 | 21.33 |
| Math    | B <=  | Grade 8    | 28.93 | 27.93 |
| Math    | C <=  | Grade HS   | 33.13 | 32.13 |

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### FFY 2024 Data Disaggregation from EDFacts

##### Data Source:

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

##### Date:

01/07/2026

##### Reading Assessment Proficiency Data by Grade (1)

| Group                                                                                                                | Grade 4 | Grade 8 | Grade HS |
|----------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment                 | 23,501  | 23,381  | 23,408   |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment           | 4,291   | 3,273   | 2,472    |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level       | 12,871  | 14,219  | 9,882    |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level          | 1,155   | 652     | 466      |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 814     | 464     | 92       |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 423     | 356     | 130      |

##### Data Source:

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

##### Date:

01/07/2026

##### Math Assessment Proficiency Data by Grade (1)

| Group                                                                                                      | Grade 4 | Grade 8 | Grade HS |
|------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment       | 23,475  | 23,346  | 23,394   |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 4,286   | 3,267   | 2,466    |

|                                                                                                                      |        |        |       |
|----------------------------------------------------------------------------------------------------------------------|--------|--------|-------|
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level       | 12,903 | 12,881 | 9,610 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level          | 1,397  | 632    | 384   |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 786    | 279    | 97    |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 626    | 397    | 109   |

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

#### FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 28.83%                                                                                                                    | 59.68%                                                                                                              | 31.09         | 26.68           | 30.85         | Did not meet target | No Slippage |
| B     | Grade 8    | 25.05%                                                                                                                    | 63.60%                                                                                                              | 39.16         | 31.07           | 38.55         | Did not meet target | No Slippage |
| C     | Grade HS   | 8.98%                                                                                                                     | 44.21%                                                                                                              | 36.39         | 34.32           | 35.23         | Did not meet target | No Slippage |

#### FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 32.94%                                                                                                                    | 60.92%                                                                                                              | 26.73         | 22.33           | 27.97         | Did not meet target | Slippage    |
| B     | Grade 8    | 20.69%                                                                                                                    | 57.88%                                                                                                              | 36.17         | 28.93           | 37.19         | Did not meet target | Slippage    |
| C     | Grade HS   | 8.35%                                                                                                                     | 42.72%                                                                                                              | 35.10         | 33.13           | 34.37         | Did not meet target | No Slippage |

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

The gap grew 1.24% for 4th graders with disabilities in the state of Nebraska. Closing achievement scores remains a central focus. Through professional convenings, the Office of Special Education continues to message the importance of access to consistent, high-quality instruction within the general education classroom. The SEA, through additional data analysis of proficiency trend data from the past four years that is disaggregated by disability categories shows that individual disability areas such as Speech Language and Emotional Disturbance have made steady growth that outpaces the growth for students without disabilities. For the last 4 years, Nebraska has seen an average of 1.5% growth for students verified as having a Specific Learning Disability. Data analysis continues to center on existing discrepancies between environment settings and performance on the summative assessment.

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

The gap grew 1.02% for 8th graders with disabilities in the state of Nebraska. Closing achievement scores remains a central focus. Through professional convenings, the Office of Special Education continues to message the importance of access to consistent, high-quality instruction within the general education classroom. While the State improved performance on math proficiency for the respective grade level for students with disabilities, the gap with proficiency rate for all students grew. Thus, proficiency for all students with disabilities grew at a slower rate than for all students. Data analysis continues to center on existing discrepancies between environment settings and performance on the summative assessment.

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

Include State's definition of "significant discrepancy."

#### Instructions

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

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

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

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

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

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

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

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

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

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

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

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

4A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024          | 0.56%         |

| FFY       | 2019  | 2020  | 2021  | 2022  | 2023  |
|-----------|-------|-------|-------|-------|-------|
| Target <= | 0.00% | 0.00% | 0.00% | 0.00% | 2.96% |
| Data      | 0.00% | 0.00% | 0.00% | 0.00% | 2.96% |

Targets

| FFY       | 2024  | 2025  |
|-----------|-------|-------|
| Target <= | 0.00% | 0.00% |

Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SiMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

During the 2024-2025 school year, NDE involved stakeholders in discussions around Indicator 4 data, methodology, and targets for 4a as part of continued evaluations around the reasonableness of design of the methodology. In March 2025, the State facilitated a public webinar reviewing data and methodology, specifically addressing state comparison methods (i.e., percentage bar versus rates). During the webinar, NDE shared statewide discipline trends with updated longitudinal data and posed the question of whether the 3% state bar was sufficiently responsive to changes in data. Parents, advocates, and LEA personnel were provided data analyses and multiple methodology options—each with examples—and were invited to submit written feedback through a structured survey. A total of 77 stakeholders responded (3 parents/guardians, 4 advocates, 43 special education directors, and 27 superintendents). Survey results showed strong support for updating the methodology: 96% of respondents agreed with shifting to a threshold based on a multiplier of the statewide discipline rate, and 78% preferred setting the threshold at three times the state rate to provide greater sensitivity to differences between State and LEA rates. Stakeholder comments were reviewed and analyzed, and the input informed the State's final decision to revise the methodology and targets. Stakeholders were subsequently informed of the changes during a Special Education Advisory Council meeting and through follow-up webinars with LEA representatives.

FFY 2024 SPP/APR Data

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

YES

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

Nebraska does not have a minimum cell size. There is a minimum n-size of 40 which represents the number of children with disabilities enrolled in the LEA.

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.

After a longitudinal data analysis, stakeholders and NDE determined the minimum n size. The rationale of the minimum n-size was to stabilize results given the state changes to not including a minimum cell size (as the majority of districts had suspensions and expulsions greater than 10 days). This allowed for more districts within these calculations in order to represent the state and provide reasonable definitions since this is based on a state comparison.

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.

This did not change from the last reporting period

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

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

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| Number of LEAs that have a significant discrepancy | Number of LEAs that met the State's minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|----------------------------------------------------|---------------------------------------------------------|---------------|-----------------|---------------|--------|----------|
| 1                                                  | 177                                                     | 2.96%         | 0.00%           | 0.56%         | 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

Children with disabilities in each LEA are compared to children with disabilities across all LEAs in the state for this indicator. For FFY2024 statewide, the aggregate rate of out-of-school suspensions/expulsions for greater than 10 days for children with disabilities was 1.44%. An LEA demonstrates a significant discrepancy when they are three times the state rate (which for this year would be 4.33%). Nebraska does not have a minimum cell size, and has an n-size of 40.

Provide additional information about this indicator (optional)

Based on stakeholder feedback, Nebraska changed methodology beginning FFY2024 (change was made to use "three times the state rate" as the comparison method). This change was made to continue to improve NE reasonableness of design after a review of multiple data analyses using longitudinal data, a national review, and input from stakeholders. Thus, the baseline also has been changed to match the FFY2024 data. Both stakeholders and NDE agreed to maintain targets at 0%.

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

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

NDE required the LEA with significant discrepant data to submit a policy, procedure, and practice (PPP) review (related to the development and implementation of IEPs, the use of positive behavior interventions and supports, and procedural safeguards) with accompanying student file reviews. Those reviews focus on requirements and practices related to the development and implementation of IEPs, the use of positive behavior interventions and supports, and procedural. NDE reviewed the LEA's self-review along with their submitted supportive evidence (i.e., LEA policies, LEA procedures, student file documentation such as IEPs, manifestation determination documentation, etc.). Based on the review of submitted evidence, NDE then determined whether the PPPs were compliant with federal requirements. NDE did determine there was a finding of noncompliance in the LEA's PPPs.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

#### 4A - Prior FFY Required Actions

None

#### 4A - OSEP Response

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

The State reported that it required the affected district to revise the district's 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 compliance with the IDEA, pursuant to 34 C.F.R. § 300.170(b), for the district identified with significant discrepancies in FFY 2024, based on FFY 2023 discipline data. However, the State did not describe how it ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01.

#### 4A - Required Actions

The State reported that it conducted the review required in 34 C.F.R. § 300.170(b) and that it reviewed 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 these policies, procedures, and practices comply with the IDEA for the district identified with significant discrepancies in FFY 2024 based upon FFY 2023 discipline data. However, the State did not describe how it ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe how it ensured that such policies, procedures, and practices comply with the IDEA for the district identified with significant discrepancies in FFY 2024 based upon FFY 2023 discipline data.

The State must report, in the FFY 2025 SPP/APR, on the correction of noncompliance that the State identified in FFY 2024 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (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 district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

## Indicator 4B: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Compliance Indicator:** Rates of suspension and expulsion:

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

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

#### Data Source

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

#### Measurement

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

Include State's definition of "significant discrepancy."

#### Instructions

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

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

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

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

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

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

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

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

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

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

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024          | 1.91%         |

| FFY    | 2019   | 2020  | 2021  | 2022  | 2023  |
|--------|--------|-------|-------|-------|-------|
| Target | 0%     | 0%    | 0%    | 0%    | 0%    |
| Data   | 25.00% | 0.00% | 0.00% | 0.00% | 1.97% |

Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 0%   | 0%   |

FFY 2024 SPP/APR Data

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

YES

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

Nebraska does not have a minimum cell size. There is a minimum n-size of 40 which represents the number of children with disabilities of the specified race/ethnicity enrolled within an LEA.

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

The rationale of the minimum n-size and not including a minimum cell size is to include more districts within these calculations and to stabilize our results.

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 change

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

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

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| Number of LEAs that have a significant discrepancy, | Number of those LEAs that have policies, procedure or | Number of LEAs that met the State’s minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|---------------|-----------------|---------------|--------|----------|
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|---------------|-----------------|---------------|--------|----------|

| by race or ethnicity | practices that contribute to the significant discrepancy and do not comply with requirements |     |       |    |       |     |     |
|----------------------|----------------------------------------------------------------------------------------------|-----|-------|----|-------|-----|-----|
| 4                    | 3                                                                                            | 157 | 1.97% | 0% | 1.91% | 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**

Children with disabilities by race and ethnicity in each LEA are compared to children with disabilities by race and ethnicity across the state for this indicator. For FFY2024 statewide, the rate of out-of-school suspensions/expulsions for greater than 10 days for children with disabilities was 1.44%. An LEA demonstrates a significant discrepancy when they are three times the state rate (which for this year would be 4.33%). Nebraska does not have a minimum cell size, and has an n-size of 40.

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

Based on stakeholder feedback, Nebraska changed methodology beginning FFY2024 (change was made to use "three times the state rate" as the comparison method). This change was made to continue to improve NE reasonableness of design after a review of multiple data analyses using longitudinal data, a national review, and input from stakeholders. Thus, the baseline also has been changed to match the FFY2024 data

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

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

Nebraska required the 4 LEAs with significantly discrepant data to submit a policy, procedure, and practice review with accompanying student file reviews focusing on requirements and practices related to the development and implementation of IEPs, the use of positive behavior interventions and supports, and procedural. NDE reviewed the each of the four LEA self-reviews along with their submitted supportive evidence (i.e., LEA policies, LEA procedures, student file documentation such as IEPs, manifestation determination documentation, etc.) . Based on the review of submitted evidence, NDE then determined whether the PPPs were compliant with federal requirements. NDE and determined three out of the four LEAs had PPPs contributing to the significant discrepancy.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

The State DID NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.**

NDE notified the LEAs of noncompliance and the need for a corrective action plan in November, 2025. Consistent with OSEP 23-01, NDE has one year to verify corrections of noncompliance. The LEAs were provided a timeline for corrections to ensure all child specific corrections and systemic findings are corrected, NDE will follow the verification process (i.e., review of evidence of corrections and updated subsequent data related to the finding of noncompliance) within the year of notification and will report on the correction of noncompliance in next year's SPP/APR.

**Correction of Findings of Noncompliance Identified in FFY 2023**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 3                                    | 3                                                               | 0                                                | 0                                      |

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

The three LEAs previously identified with noncompliance were required to submitted evidence of completed corrective action plans such as revised policies and/or procedures, training materials, training logs, etc. NDE verified all submitted evidence demonstrated the LEAs were correctly implementing the regulatory requirements that had been determined noncompliant. To meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., a review of student files focusing on compliance related to disciplinary actions in relation to the significantly discrepant category that occurred following the district's CAP implementation) from each of the districts with noncompliance. Based on this subsequent review of the updated data, NDE verified that all three LEAs achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

Consistent with OSEP QA, 23-01, the three LEAs previously identified with noncompliance were required to submit evidence of correction for each individual case of noncompliance (e.g., updated individual student file documentation, data, compensatory education logs, etc.). NDE reviewed all submitted evidence to verify each of the corrected individual non-compliance, for each LEA. NDE Verified that each individual case of noncompliance was corrected and was 100% compliant for all three LEAs.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the districts identified with noncompliance in FFY 2023 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (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 district, 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 (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. 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 or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

See section above titled “FFY 2023 Findings of Noncompliance Verified as Corrected”

All corrections were verified by NDE as being corrected and the LEA's are 100% compliant in those areas.

4B - OSEP Response

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

4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the districts identified with noncompliance in FFY 2024 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (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 district, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. 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 or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

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

#### Data Source

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

#### Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

#### Instructions

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

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

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

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

## 5 - Indicator Data

### Historical Data

| Part | Baseline | FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A    | 2020     | Target >= | 74.60% | 81.16% | 81.32% | 81.47% | 81.63% |
| A    | 81.16%   | Data      | 79.08% | 81.16% | 80.86% | 81.75% | 82.07% |
| B    | 2020     | Target <= | 6.33%  | 5.72%  | 5.44%  | 5.43%  | 5.43%  |
| B    | 5.44%    | Data      | 5.41%  | 5.44%  | 5.54%  | 5.36%  | 5.54%  |
| C    | 2020     | Target <= | 2.14%  | 2.38%  | 2.25%  | 2.24%  | 2.22%  |
| C    | 2.27%    | Data      | 2.13%  | 2.27%  | 2.04%  | 1.93%  | 1.91%  |

### Targets

| FFY         | 2024   | 2025   |
|-------------|--------|--------|
| Target A >= | 81.78% | 81.94% |
| Target B <= | 5.42%  | 5.42%  |
| Target C <= | 2.20%  | 2.19%  |

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SiMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Prepopulated Data

| Source                                                                                           | Date       | Description                                                                                                        | Data   |
|--------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|--------|
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | Total number of children with IEPs aged 5 (kindergarten) through 21                                                | 52,463 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day   | 42,995 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 2,918  |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools                              | 821    |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities                        | 34     |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements                 | 110    |

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

NO

#### FFY 2024 SPP/APR Data

| Education Environments                                                                                             | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day   | 42,995                                                               | 52,463                                                              | 82.07%        | 81.78%          | 81.95%        | Met target          | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 2,918                                                                | 52,463                                                              | 5.54%         | 5.42%           | 5.56%         | Did not meet target | No Slippage |

| Education Environments                                                                                                                                        | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 965                                                                  | 52,463                                                              | 1.91%         | 2.20%           | 1.84%         | 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 (Individual) – 6A, 6B, 6C

| Part | FFY       | 2019 | 2020   | 2021   | 2022   | 2023   |
|------|-----------|------|--------|--------|--------|--------|
| A1   | Target >= |      | 65.45% | 65.95% | 66.45% | 66.95% |
| A1   | Data      |      | 65.45% | 71.56% | 70.20% | 69.63% |
| A2   | Target >= |      | 81.65% | 82.15% | 82.65% | 83.15% |
| A2   | Data      |      | 81.65% | 82.67% | 82.16% | 80.37% |
| A3   | Target >= |      | 78.63% | 78.73% | 78.83% | 78.93% |
| A3   | Data      |      | 78.63% | 81.92% | 86.57% | 80.37% |
| B1   | Target <= |      | 4.51%  | 4.26%  | 4.01%  | 3.76%  |
| B1   | Data      |      | 4.51%  | 4.34%  | 4.33%  | 3.06%  |
| B2   | Target <= |      | 2.70%  | 2.60%  | 2.50%  | 2.40%  |
| B2   | Data      |      | 2.70%  | 1.89%  | 2.84%  | 3.23%  |
| B3   | Target <= |      | 2.98%  | 2.78%  | 2.58%  | 2.38%  |
| B3   | Data      |      | 2.98%  | 1.30%  | 2.12%  | 3.30%  |
| C1   | Target <= |      | 20.16% | 19.66% | 19.16% | 18.66% |

|           |           |  |        |        |        |        |
|-----------|-----------|--|--------|--------|--------|--------|
| <b>C1</b> | Data      |  | 20.16% | 15.48% | 15.42% | 15.37% |
| <b>C2</b> | Target <= |  | 7.16%  | 7.06%  | 6.96%  | 6.86%  |
| <b>C2</b> | Data      |  | 7.16%  | 6.80%  | 5.57%  | 4.75%  |
| <b>C3</b> | Target <= |  | 6.83%  | 6.63%  | 6.43%  | 6.23%  |
| <b>C3</b> | Data      |  | 6.83%  | 6.19%  | 1.59%  | 2.94%  |

#### Targets: Description of Stakeholder Input

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In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### 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.**

Individual Targets

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

Target Range not used

#### Baselines for Individual Targets option (A, B, C)

| Part             | Baseline Year | Baseline Data |
|------------------|---------------|---------------|
| <b>A1, age 3</b> | 2020          | 65.45%        |
| <b>A2, age 4</b> | 2020          | 81.65%        |
| <b>A3, age 5</b> | 2020          | 78.63%        |
| <b>B1, age 3</b> | 2020          | 4.51%         |
| <b>B2, age 4</b> | 2020          | 2.70%         |
| <b>B3, age 5</b> | 2020          | 2.98%         |
| <b>C1, age 3</b> | 2020          | 20.16%        |
| <b>C2, age 4</b> | 2020          | 7.16%         |

| Part      | Baseline Year | Baseline Data |
|-----------|---------------|---------------|
| C3, age 5 | 2020          | 6.83%         |

#### Individual Targets – 6A, 6B

| FFY                 | 2024   | 2025   |
|---------------------|--------|--------|
| Target A1, age 3 >= | 67.45% | 67.95% |
| Target B1, age 3 <= | 3.51%  | 3.26%  |
| Target A2, age 4 >= | 83.65% | 84.15% |
| Target B2, age 4 <= | 2.30%  | 2.20%  |
| Target A3, age 5 >= | 79.03% | 79.13% |
| Target B3, age 5 <= | 2.18%  | 1.98%  |

#### Individual Targets – 6C

| FFY                 | 2024   | 2025   |
|---------------------|--------|--------|
| Target C1, age 3 <= | 18.16% | 17.66% |
| Target C2, age 4 <= | 6.76%  | 6.66%  |
| Target C3, age 5 <= | 6.03%  | 5.83%  |

#### Prepopulated Data

##### Data Source:

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

##### Date:

07/30/2025

| Description                                                                                                                                                                    | 3     | 4     | 5   | 3 through 5 - Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-----|---------------------|
| Total number of children with IEPs                                                                                                                                             | 1,733 | 2,627 | 673 | 5,033               |
| 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 | 1,146 | 2,052 | 534 | 3,732               |
| b1. Number of children attending separate special education class                                                                                                              | 66    | 32    | 4   | 102                 |
| b2. Number of children attending separate school                                                                                                                               | 2     | 16    | 3   | 21                  |
| b3. Number of children attending residential facility                                                                                                                          | 0     | 0     | 0   | 0                   |
| c1. Number of children receiving special education and related services in the home                                                                                            | 247   | 160   | 18  | 425                 |

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

NO

FFY 2024 SPP/APR Data for Age 3

| Preschool Environments                                                                                                                            | Number of children with IEPs aged 3 served | Total number of children with IEPs aged 3 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A1. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 1,146                                      | 1,733                                     | 69.63%        | 67.45%          | 66.13%        | Did not meet target | Slippage    |
| B1. Separate special education class, separate school, or residential facility                                                                    | 68                                         | 1,733                                     | 3.06%         | 3.51%           | 3.92%         | Did not meet target | Slippage    |
| C1. Home                                                                                                                                          | 247                                        | 1,733                                     | 15.37%        | 18.16%          | 14.25%        | Met target          | No Slippage |

**Provide reasons for slippage for Group A1 age 3, if applicable**

During the current reporting period, the state identified an increase of 67 eligible three-year-olds compared to the previous year. While the statewide total of eligible children rose, several districts reported a decrease in placements within regular early childhood program (RECP) settings. Upon review with these districts, patterns emerged related to ongoing staffing challenges in recruiting and retaining qualified early childhood special education personnel, and a growing family preference for home-based services. Local factors illustrate that the decline in the percentage of children receiving services in regular early childhood programs is influenced by workforce capacity and family-driven decisions, rather than changes in eligibility or access. The state continues to collaborate with local programs to expand early childhood personnel pipelines, explore shared staffing models, and promote inclusive service options aligned with family choice and IDEA Part B requirements.

**Provide reasons for slippage for Group B1 age 3, if applicable**

In relation to a decrease in 6A, the state experienced an increase in the percentage of three-year-olds receiving services in separate early childhood special education (ECSE) classrooms. The increase in children coded as receiving services in separate ECSE classrooms reflects refined data accuracy, rather than a shift in placement practices. While there was less than a 1 percentage point increase in the data for 6B, the majority of the children reported in this category are from one large district who received targeted technical assistance on preschool environment coding. In addition to reinforcing accurate environment coding, districts across Nebraska continue to identify challenges with enrolling typically developing three-year-old peers to expand inclusive early childhood programming. The Nebraska Department of Education, Office of Special Education will use these more accurate data to inform strategies that expand inclusive early childhood options, including cross-agency collaboration and local capacity-building.

**FFY 2024 SPP/APR Data for Age 4**

| Preschool Environments                                                                                                                            | Number of children with IEPs aged 4 served | Total number of children with IEPs aged 4 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A2. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 2,052                                      | 2,627                                     | 80.37%        | 83.65%          | 78.11%        | Did not meet target | Slippage    |
| B2. Separate special education class, separate school, or residential facility                                                                    | 48                                         | 2,627                                     | 3.23%         | 2.30%           | 1.83%         | Met target          | No Slippage |
| C2. Home                                                                                                                                          | 160                                        | 2,627                                     | 4.75%         | 6.76%           | 6.09%         | Met target          | No Slippage |

**Provide reasons for slippage for Group A2 age 4, if applicable**

During the current reporting period, the state experienced a decrease of 2.26 percentage points of four-year-olds receiving services in regular early childhood programs (RECP) compared to the 2023–24 school year, resulting in performance falling 5.54% below the state target. This slippage is largely attributed to one large metropolitan district that identified a data entry issue affecting environments reporting. Children served in regular early childhood programs located in the community setting were mistakenly coded as receiving services in the home environment. This impacted the percentages of data rather than representing shifts in placement or programming for children with disabilities. This district also reported a transition in data personnel that likely contributed to the miscoding. The state has provided follow up technical assistance and strengthened data validation to ensure accurate environment coding moving forward.

**FFY 2024 SPP/APR Data for Age 5**

| Preschool Environments                                                                                                                            | Number of children with IEPs aged 5 served | Total number of children with IEPs aged 5 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| A3. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 534                                        | 673                                       | 80.37%        | 79.03%          | 79.35%        | Met target | No Slippage |

| Preschool Environments                                                         | Number of children with IEPs aged 5 served | Total number of children with IEPs aged 5 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| B3. Separate special education class, separate school, or residential facility | 7                                          | 673                                       | 3.30%         | 2.18%           | 1.04%         | Met target | No Slippage |
| C3. Home                                                                       | 18                                         | 673                                       | 2.94%         | 6.03%           | 2.67%         | 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       | 2019   | 2020   | 2021   | 2022   | 2023   |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A1   | 2021     | Target >= | 75.25% | 65.67% | 56.95% | 57.20% | 57.45% |
| A1   | 57.65%   | Data      | 63.24% | 65.67% | 57.65% | 58.44% | 62.39% |

|    |        |           |        |        |        |        |        |
|----|--------|-----------|--------|--------|--------|--------|--------|
| A2 | 2021   | Target >= | 70.50% | 59.60% | 59.75% | 60.00% | 60.25% |
| A2 | 60.54% | Data      | 56.25% | 59.60% | 60.54% | 59.83% | 63.21% |
| B1 | 2021   | Target >= | 75.75% | 70.04% | 61.95% | 62.20% | 62.45% |
| B1 | 62.74% | Data      | 64.85% | 70.04% | 62.74% | 61.46% | 65.83% |
| B2 | 2021   | Target >= | 70.50% | 62.64% | 55.15% | 55.40% | 55.65% |
| B2 | 55.95% | Data      | 58.96% | 62.64% | 55.95% | 55.96% | 60.15% |
| C1 | 2021   | Target >= | 76.25% | 62.43% | 57.85% | 58.10% | 58.35% |
| C1 | 58.58% | Data      | 45.03% | 62.43% | 58.58% | 58.81% | 60.55% |
| C2 | 2021   | Target >= | 75.75% | 51.80% | 63.85% | 64.10% | 64.35% |
| C2 | 64.65% | Data      | 47.25% | 51.80% | 64.65% | 65.53% | 65.62% |

#### Targets

| FFY          | 2024   | 2025   |
|--------------|--------|--------|
| Target A1 >= | 57.70% | 58.20% |
| Target A2 >= | 60.50% | 61.00% |
| Target B1 >= | 62.70% | 63.20% |
| Target B2 >= | 55.90% | 56.40% |
| Target C1 >= | 58.60% | 59.10% |
| Target C2 >= | 64.60% | 65.10% |

#### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### FFY 2024 SPP/APR Data

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

2,781

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

| <b>Outcome A Progress Category</b>                                                                                            | <b>Number of children</b> | <b>Percentage of Children</b> |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|
| a. Preschool children who did not improve functioning                                                                         | 17                        | 0.61%                         |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 716                       | 25.75%                        |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 343                       | 12.33%                        |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 702                       | 25.24%                        |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 1,003                     | 36.07%                        |

| <b>Outcome A</b>                                                                                                                                                                                                                                               | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2023 Data</b> | <b>FFY 2024 Target</b> | <b>FFY 2024 Data</b> | <b>Status</b> | <b>Slippage</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|----------------------|------------------------|----------------------|---------------|-----------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.<br><i>Calculation: (c+d)/(a+b+c+d)</i> | 1,045            | 1,778              | 62.39%               | 57.70%                 | 58.77%               | Met target    | No Slippage     |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program.<br><i>Calculation: (d+e)/(a+b+c+d+e)</i>                                                         | 1,705            | 2,781              | 63.21%               | 60.50%                 | 61.31%               | Met target    | No Slippage     |

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

| <b>Outcome B Progress Category</b>                                                                                            | <b>Number of Children</b> | <b>Percentage of Children</b> |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|
| a. Preschool children who did not improve functioning                                                                         | 5                         | 0.18%                         |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 706                       | 25.39%                        |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 430                       | 15.46%                        |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 762                       | 27.40%                        |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 878                       | 31.57%                        |

| <b>Outcome B</b>                                                                                                                                                                                                                                               | <b>Numerator</b> | <b>Denominator</b> | <b>FFY 2023 Data</b> | <b>FFY 2024 Target</b> | <b>FFY 2024 Data</b> | <b>Status</b>       | <b>Slippage</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|----------------------|------------------------|----------------------|---------------------|-----------------|
| 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.<br><i>Calculation: (c+d)/(a+b+c+d)</i> | 1,192            | 1,903              | 65.83%               | 62.70%                 | 62.64%               | Did not meet target | Slippage        |
| B2. The percent of preschool children who were functioning within age                                                                                                                                                                                          | 1,640            | 2,781              | 60.15%               | 55.90%                 | 58.97%               | Met target          | No Slippage     |

| Outcome B                                                                                                                          | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|--------|----------|
| expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation:</i><br>$(d+e)/(a+b+c+d+e)$ |           |             |               |                 |               |        |          |

**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                                                                         | 28                 | 1.01%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 683                | 24.56%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 243                | 8.74%                  |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 815                | 29.31%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 1,012              | 36.39%                 |

| Outcome C                                                                                                                                                                                                                                                           | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.<br><i>Calculation:</i><br>$(c+d)/(a+b+c+d)$ | 1,058     | 1,769       | 60.55%        | 58.60%          | 59.81%        | Met target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program.<br><i>Calculation:</i><br>$(d+e)/(a+b+c+d+e)$                                                         | 1,827     | 2,781       | 65.62%        | 64.60%          | 65.70%        | Met target | No Slippage |

| Part      | Reasons for slippage, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B1</b> | <p>During the reporting year, the state experienced slippage on Indicator 7B1, reflecting a decrease in the percentage of children demonstrating improved acquisition and use of knowledge and skills. The primary factor contributing to this decline was challenges with inconsistent implementation of TS GOLD exiting procedures from FFY 2023 to FFY 2024.</p> <p>The second largest district in the state received targeted TA to improve their exiting practices. This resulted in an increase in the number of exiters by nearly 500% going from 68 students exiting in FFY 2023 to 334 in FFY 2024. This dramatic increase in exiters shows accurate data collection procedures are in place and better represents the number of children exiting early childhood special education programs in this district. This district reported a decrease in child outcome B: Acquisition and Use of Knowledge and Skills, Summary Statement One going from 55% of students meeting the state target, to 47%. The increase in exits paired with the decrease in meeting the target for this outcome attribute to the state's slippage. While slippage did not occur in the remaining child outcomes, the state did see a decrease in performance across 5 out of the 6 summary statements. It is likely that this dip in data is also attributable to the increased efforts to ensure all exiters are captured using local procedures and processes. The state will continue to provide ongoing TA in support of improving child outcomes.</p> |

**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)**

NO

**If no, provide the criteria for defining “comparable to same-aged peers.”**

Nebraska uses Teaching Strategies GOLD (TS GOLD) criteria to determine same-aged peers. As reported by TS GOLD, criteria for defining “comparable to same-aged peers” was determined through Rasch analyses by Teaching Strategies, where the cut score for each outcome area was derived from the distribution of the latent factor underlying each outcome area, based on a nationally representative sample of same-aged children. The algorithms result in a 7-point rating system that parallels the Child Outcomes Summary (COS) ratings. These ratings, by age, are input into the Teaching Strategies (TS) GOLD online system which generates a rating based on TS GOLD scores for each functional outcome. Research studies examining the reliability and validity of the TS GOLD are found at: <https://teachingstrategies.com/research/#assessment>.

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

Teaching Strategies (TS) GOLD, an authentic, observational assessment designed for children birth through third grade, is the assessment used to gather data for Indicator B7. At the child’s entry and exit, teachers and providers gather and document information through formative and summative observational assessments. This data forms the basis of the scoring across four areas of development (social emotional, physical, language, and cognitive) and two areas of content learning (literacy and mathematics). For students who were eligible for Part C services, the child’s exit ratings in TS GOLD is used as Part B 619 entry rating. For all other children entering the 619 Part B program, entry data is collected once determined eligible for special education and related services.

TS GOLD objectives and dimensions that comprise each of the functional outcomes that are reported are based on a crosswalk recommended by the national Early Child Outcomes (ECO) Center. Criteria for defining “comparable to same-aged peers” were determined through Rasch analyses by Teaching Strategies. Using a nationally representative sample of same-aged children, each cut score was derived from the distribution of the latent trait for each outcome area. The algorithms result in a 7-point rating system that parallels the Child Outcomes Summary (COS) ratings. These ratings by age are programmed into the TS GOLD online system which generates a rating based on TS GOLD scores for each functional outcome. Research studies examining the reliability and validity of the TS GOLD may be found at <https://teachingstrategies.com/research/#assessment>.

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

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8: Parent involvement

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

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

#### Data Source

State selected data source.

#### Measurement

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

#### Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

## 8 - Indicator Data

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

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data

to assist in making changes to the SSIP in relation to the SiMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 84.41%        |

| FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 91.80% | 90.71% | 90.76% | 90.81% | 90.86% |
| Data      | 90.71% | 84.63% | 83.71% | 85.95% | 84.41% |

#### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target >= | 90.91% | 90.98% |

#### FFY 2024 SPP/APR Data

| Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities | Total number of respondent parents of children with disabilities | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 4,033                                                                                                                                                      | 4,778                                                            | 84.41%        | 90.91%          | 84.41%        | 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.

Parents of children with disabilities, including parents of preschool children with disabilities, are provided the opportunity to take the parent survey. Surveys are given to all parents of children with disabilities in the districts for students ages 3–21 via email with a link to the survey as the first attempt to provide parents an opportunity to share their satisfaction with their parent involvement in the process to improve services for their child. Parents are also provided with the information at parent teacher conferences, at the child's IEP Team meeting, and other school events. Parents of preschool children with disabilities are also included in these same processes. If parents are unable to access a computer or the internet and have not responded, families can receive the survey by mail. The questions in the survey are not specific to grade level but can be applied to parents of children of any age, including preschool children.

The number of parents to whom the surveys were distributed.

32,957

Percentage of respondent parents

14.50%

#### Response Rate

| FFY           | 2023   | 2024   |
|---------------|--------|--------|
| Response Rate | 19.42% | 14.50% |

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

NDE used the Early Childhood Technical Assistance Center (ECTA) Representativeness Calculator to determine representativeness for race and geographic area. The ECTA Calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10).

**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.**

When comparing the FFY 2024 survey respondents to the student populations of the sampled districts, the NDE found the following: For race/ethnicity, Hispanic (-9.28%) and Black (-8.06%) students for whom parents responded were underrepresented and White (+19.48%) students for whom parents responded were overrepresented. Students in Micropolitan Core (+7.35%), Rural with Urban Clusters (+7.48%), and 100% Rural (+6.51%) districts for whom parents responded were overrepresented, and students in Core Metropolitan (-22.55%) districts for whom parents responded were the most underrepresented. No other subgroups were under- or overrepresented.

NDE’s analysis revealed that the FFY 2024 respondent data exhibited less under representativeness (Hispanic: -7.73% and Black: -4.12%) and over representativeness (White: +12.36%) in terms of race and ethnicity compared to the statewide data. Similarly, urbanicity under representativeness (Core Metropolitan: -7.17%) and over representativeness (Micropolitan Core: +2.31%, Rural with Urban Clusters: +3.49%, 100% Rural: +2.37%) were less extreme when compared to the state data. No other subgroups were under- or overrepresented. The demographics of the children for whom parents responded were less representative than in FFY 2023, which is attributable to the decline in response rate. At the district-level, substantially lower numbers of parent survey completion in Nebraska’s largest, most racially and ethnically diverse districts greatly contributed to this outcome.

**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.**

NDE will continue with the sampling plan, including the three largest districts with the largest minority populations. NDE will provide individualized technical assistance to these three districts to encourage more participation, especially by parents in groups that have been traditionally underrepresented, such as Black and Hispanic. Additionally, for FFY 2025, NDE developed parent survey flyers in multiple languages that promote parent participation that were provided to all districts in the cohort. Districts personalize the flyers with their district’s name and specific parent survey link and are encouraged to create a QR code before distributing them via their preferred channels. By facilitating this standardized outreach method, NDE expects to improve response rates that should lead to more representative survey responses.

**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 response rate in FFY 2024 declined by 4.92% compared to FFY 2023. NDE will provide individualized technical assistance to the three largest districts to encourage more participation, especially by parents of children in groups that have been traditionally underrepresented, such as Black and Hispanic. Additionally, for FFY 2025, NDE developed parent survey flyers in multiple languages that promote parent participation that were provided to all districts in the cohort. Districts personalize the flyers with their district’s name and specific parent survey link and are encouraged to create a QR code before distributing them in their preferred channels. By facilitating this standardized outreach method, NDE expects to improve response rates that should lead to more representative survey responses.

**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.**

NDE analyzed the data for non-response bias, and the two racial/ethnic groups that were the most underrepresented had differing scores on the Indicator 8 measure for the second consecutive year. Specifically, parents of Hispanic students scored above the state parent involvement rate, while parents of Black students scored below the state rate. In FFY 2024, the three percent of respondent parents who “declined to respond” to the question about their child’s race/ethnicity scored well below the state average for the parent involvement percentage and lower than parents of Black students. This group of surveys for which student race/ethnicity was not provided may obscure any non-response bias in the data. Because of these confounding factors, NDE cannot conclude if there is any non-response bias with respect to race/ethnicity.

To promote response from a broad cross section of parents of children with disabilities, NDE provided targeted technical assistance to the three largest districts in Nebraska to encourage more participation, especially from parents of children in groups that have been traditionally underrepresented. To offset nonresponse bias identified in previous years, NDE oversampled groups for whom nonresponse bias in the Parent Survey was historically identified, most notably parents of Black children with disabilities and parents of children in Core Metropolitan areas.

| 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.**

In the past few years, NDE’s Indicator 8 data has been underrepresented for some ethnic or racial groups, especially Black, Hispanic, and Native American, and for the most urban Core Metropolitan population. NDE developed a sampling plan with three cohorts of districts with the aim of improving the representativeness of the respondent population.

OSEP requires that districts with student populations of at least 50,000 to be included each year in any sample. Nebraska has one district with a student population of this size: Omaha Public Schools. NDE reviewed the data for their state and noted that the Black population, the most underrepresented historically, was primarily located in the three largest districts. For this reason, NDE chose to include all districts with student populations of at least 20,000 in the sample each year. These three districts are: Omaha Public Schools, Lincoln Public Schools, and Millard Public Schools. Including these three districts each year will result in an oversampling of parents of children of historically underrepresented populations, Black and Core Metropolitan, who have responded to the survey at lower rates in the past. This should increase the representativeness of these populations in the respondent population. Prior to sampling cohorts, the frame was divided into 6 strata based on urbanicity.

NDE considered these two variables (racial/ethnic group and urbanicity) to assign the remaining 242 districts to the three cohorts. NDE used statistical software to randomly assign districts within each group to one of the three survey years. A census of students within each cohort will be conducted.

| 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)**

NDE verified that the Indicator 8 parent involvement measure in FFY 2024 was identical to the FFY 2023 result of 84.41%.

## 8 - Prior FFY Required Actions

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

### Response to actions required in FFY 2023 SPP/APR

When comparing the FFY 2024 survey respondents to the student populations of the sampled districts, the NDE found the following: For race/ethnicity, Hispanic (-9.28%) and Black (-8.06%) students for whom parents responded were underrepresented and White (+19.48%) students for whom parents responded were overrepresented. Students in Micropolitan Core (+7.35%), Rural with Urban Clusters (+7.48%), and 100% Rural (+6.51%) districts for whom parents responded were overrepresented, and students in Core Metropolitan (-22.55%) districts for whom parents responded were the most underrepresented. No other subgroups were under- or overrepresented.

NDE's analysis revealed that the FFY 2024 respondent data exhibited less under representativeness (Hispanic: -7.73% and Black: -4.12%) and over representativeness (White: +12.36%) in terms of race and ethnicity compared to the statewide data. Similarly, urbanicity under representativeness (Core Metropolitan: -7.17%) and over representativeness (Micropolitan Core: +2.31%, Rural with Urban Clusters: +3.49%, 100% Rural: +2.37%) were less extreme when compared to the state data. No other subgroups were under- or overrepresented.

The demographics of the children for whom parents responded were less representative than in FFY 2023, which is attributable to the decline in response rate. At the district-level, substantially lower numbers of parent survey completion in Nebraska's largest, most racially and ethnically diverse districts greatly contributed to this outcome.

For the FFY 2025 parent survey, NDE will continue with its sampling plan, including the three largest districts which serve the largest minority populations. These districts will receive individualized technical assistance to encourage greater participation, especially from parents in historically underrepresented groups such as Black and Hispanic families. NDE has also developed multilingual parent survey flyers that all districts in the cohort can personalize with their name and survey link, including QR codes for easier access. This standardized outreach strategy is expected to improve response rates and enhance the representativeness of survey data.

## 8 - OSEP Response

### 8 - Required Actions

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

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 0.00%         |

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

Targets

| FFY | 2024 | 2025 |
|-----|------|------|
|-----|------|------|

|        |    |    |
|--------|----|----|
| Target | 0% | 0% |
|--------|----|----|

#### FFY 2024 SPP/APR Data

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

YES

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

5

| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 0                                                                                                                          | 0                                                                                                                                                                             | 240                                                                 | 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).

Disproportionate representation is defined as a risk ratio of 3.0 and above for a single year. The minimum cell size for all calculations is 10 and the minimum n size is 30. The alternate risk ratio was used for any districts where the comparison group failed to meet the cell or n size.

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.

The State identified no districts with disproportionate representation for FFY 2024. Since no districts were identified with disproportionate representation, the State did not conduct reviews of policies, procedures, and practices to determine whether disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

## 9 - Prior FFY Required Actions

None

## **9 - OSEP Response**

## **9 - Required Actions**

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.  
(20 U.S.C. 1416(a)(3)(C))

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group. Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

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

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 2.16%         |

| FFY    | 2019  | 2020  | 2021  | 2022  | 2023  |
|--------|-------|-------|-------|-------|-------|
| Target | 0%    | 0%    | 0%    | 0%    | 0%    |
| Data   | 0.00% | 2.16% | 2.62% | 4.27% | 2.55% |

## Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 0%   | 0%   |

## FFY 2024 SPP/APR Data

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

YES

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

48

| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 16                                                                                                                 | 3                                                                                                                                                                     | 197                                                                 | 2.55%         | 0%              | 1.52%         | Did not meet 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).

Disproportionate representation is defined as a risk ratio of 3.0 and above for a single year. The minimum cell size for all calculations is 10 and the minimum n size is 30. NDE used the alternate risk ratio for any districts where the comparison group failed to meet the cell or n size.

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.

Each of the 16 districts that demonstrated disproportionate representation of a racial and ethnic group completed a self-assessment review of district policies, procedures, and practices implementing the requirements of 34 C.F.R. § 300.111 for child find and evaluation practices and provided evidence that supports the district's review. Additionally, the districts reviewed student files within the disproportionate subgroup (disability category and racial and ethnic group) to focus on practices. Districts submitted all self-assessments, evidence, and file reviews to NDE. NDE then reviewed each district's responses to the self-assessment and determined if each district correctly implemented the related regulatory requirements and has appropriate identification policies, procedures, and practices. As a result, NDE determined that thirteen districts have appropriate policies, procedures, and practices in place; three districts had policies, procedures, and practices in place that resulted in inappropriate identification.

Provide additional information about this indicator (optional)

## Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 5                                    | 5                                                               | 0                                                | 0                                      |

## FFY 2023 Findings of Noncompliance Verified as Corrected

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

In the LEAs where NDE found noncompliance, NDE required the LEA to put a Corrective Action Plan (CAP) in place and required the LEA to implement the CAP and correct all found noncompliance within one year. Within the CAP, NDE required the LEA to account for all instances of noncompliance and identify the root cause of the noncompliance, provide any needed professional development to staff, and, if needed, modify the policies, procedures, and/or practices that contributed to or resulted in noncompliance.

To meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., a review of student files focusing on evaluations related to the disproportionate represented category that occurred following the LEA's CAP implementation) from each of the LEAs with noncompliance. Based on this subsequent review of the updated data, NDE verified that all five districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE assigned NDE Disproportionality team members to the identified LEAs to conduct follow up of all CAPs as well as conduct a review of student files that NDE found to be noncompliant within the initial review. NDE required the LEA to correct all individual child-specific instances of noncompliance and then NDE reviewed the corrected files to ensure accurate correction. NDE maintained records to document its review of correction of noncompliance

through review of individual student files which initially showed noncompliance and then NDE verified as corrected. NDE verified through this process that each LEA corrected (100% compliance) each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2024 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the five districts identified in FFY 2023 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (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 district 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 (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

In the five LEAs where NDE found noncompliance in the FFY2023 submission, NDE required the LEAs to put a Corrective Action Plan (CAP) in place and required the LEAs to implement a CAP and correct all individual cases of noncompliance as well as all identified areas of identified noncompliance within one year. Within the CAPs, NDE required the LEAs to account for all instances of noncompliance and identify the root cause of the noncompliance, provide any needed professional development to staff, and, if needed, modify the policies, procedures, and/or practices that contributed to or resulted in noncompliance. To meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., a review of student files focusing on evaluations related to the disproportionate represented category that occurred following the LEA's CAP implementation) from all five LEAs with noncompliance. Based on this subsequent review of the updated data, NDE verified that all five of these districts achieved 100% compliance with implementing the specific regulatory requirements following each district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

10 - OSEP Response

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2025 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. The State must demonstrate, in the FFY 2025 SPP/APR, that the three districts identified in FFY 2024 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (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 district 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 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. 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 11: Child Find

Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Child Find

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

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

**Data Source**

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

**Measurement**

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

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

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

**Instructions**

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

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

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

11 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024          | 98.56%        |

| FFY    | 2019   | 2020   | 2021   | 2022   | 2023   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 85.24% | 96.51% | 94.14% | 98.07% | 99.21% |

Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

| (a) Number of children for whom parental consent to evaluate was received | (b) Number of children whose evaluations were completed within 60 days (or State-established timeline) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|--------|----------|
| 9,456                                                                     | 9,320                                                                                                  | 99.21%        | 100%            | 98.56%        | N/A    | N/A      |

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

136

**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.**

Nebraska LEAs completed 98.56% of initial evaluations within the 45-school day State-established timeline or 60-calendar day timeline, whichever came first, upon receipt of parent consent for the initial evaluation. Nebraska districts received 9,456 parental consents for an initial evaluation and completed 9,320 initial evaluations within the State-established timeline. Initial evaluations completed outside the State-established timeline ranged from 1 to 121 days beyond the timeline. Initial evaluations that exceeded the timeline between one and 30 days, which constituted most delays in FFY 2024, were the result of school closures due to weather, school breaks, staff absences, timeline miscalculations, and district delays in scheduling eligibility meetings. For evaluations that concluded 31 to 60 days beyond the timeline, reasons included district miscommunication, district difficulty in coordinating meeting dates with required team members, school closure due to inclement weather, and staffing changes/turnover. When initial evaluations were completed 61 to 90 days past the timeframe, evaluator errors in finishing assessments and scheduling eligibility determination meetings as well as staff availability led to untimely evaluation completion. District coordination of assessment and staff turnover were the noncompliant reasons cited for initial evaluations completed over 90 days late. Overall, there were 136 instances of initial evaluation delays for noncompliant reasons across 45 LEAs in FFY 2024.

**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).**

Nebraska regulations, at Neb. Admin. Code § 92-009.04A1, establishes the timeline of 45-school days to complete an initial evaluation. State policy further indicates that initial evaluations must not exceed 60-calendar days.

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

State database that includes data for the entire reporting year

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

The Nebraska Department of Education, Office of Special Education updated the method for collecting Indicator 11 data in FFY 2024. The method requires districts to submit initial evaluation data including:

1. District-level total of initial evaluations completed between July 1 and June 30 of the relevant year for all children ages 3 to 21.
2. The number of students eligible for special education within the 45-school day or 60-calendar day timeframe, whichever came first.
3. The number of students not found eligible for special education within the established timeframe.
4. The number of students whose initial evaluation did not meet the timeline, and
5. Student-level initial evaluation data that aligns with the aggregated district-level data in an uploaded Excel file using a template provided by NDE that includes Student identifiers, consent for initial evaluation received by district date, eligibility determination date (which represents completion of the evaluation), and reasons for delays.

Based on review of this information, NDE made compliance determinations.

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

Based on DMS 2.0 finding results, NDE updated our Indicator 11 procedures for data collection at the student level. This was a significant change in methodology; therefore, NDE changed the baseline for the FFY 2024 submission.

**Correction of Findings of Noncompliance Identified in FFY 2023**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 20                                   | 20                                                              | 0                                                | 0                                      |

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

NDE made a total of 20 district-level findings of noncompliance (there was a total of 75 child-specific instances within those 20 districts). NDE required each of those 20 districts to complete a Corrective Action Plan (CAP) and reviewed all submitted evidence of completed CAP requirements, including updated policies and procedures and timeline trainings. Furthermore, NDE reviewed a set of updated data subsequently collected (all initial evaluations

completed between the dates of April 1, 2025 to April 30, 2025) from each of the 20 districts that demonstrated noncompliance. Based on that review, NDE verified that all 20 districts identified with noncompliance then demonstrated 100% compliance and are correctly implementing the requirement specific to the finding of noncompliance.

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

NDE worked with the 20 districts throughout the CAP process to ensure that the districts corrected all 75 individual cases of noncompliance within one year of notification. NDE assigned an individual monitoring team to districts with identified noncompliance to conduct follow-up of all CAPs and review child-specific noncompliance. NDE's monitoring team verified the district had appropriately planned in its CAP for the correction of the individual noncompliance. NDE required each district to submit documentation of all completed CAP items for each child-specific case of noncompliance. NDE verified each child-specific instance of noncompliance that the initial evaluations were completed and that the IEP team for each student considered compensatory special education services due to delay in initial evaluation. Thus, NDE verified the districts corrected each individual instance of child-specific noncompliance (i.e., achieved 100% compliance) consistent with OSEP QA 23-01.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

**11 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

**Response to actions required in FFY 2023 SPP/APR**

NDE has reported on the status of correction of noncompliance identified in FFY 2023 for this indicator and has described the specific actions taken to verify the correction, including review of CAP evidence for updated policies and procedures, timeline training for staff, and a set of subsequent initial evaluation data collected for all districts with identified noncompliance. When reporting on the correction of noncompliance, NDE reported that it has verified that all 20 districts with noncompliance identified in FFY 2023 for this indicator: (1) are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data; and (2) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.

**11 - OSEP Response**

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

**11 - Required Actions**

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2024          | 100.00%       |

| FFY    | 2019   | 2020    | 2021   | 2022    | 2023    |
|--------|--------|---------|--------|---------|---------|
| Target | 100%   | 100%    | 100%   | 100%    | 100%    |
| Data   | 92.81% | 100.00% | 91.52% | 100.00% | 100.00% |

Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

|                                                                                                                                                                                               |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.                                                                             | 243 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.                                                                       | 1   |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.                                                                                         | 21  |
| 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.                                 | 0   |
| 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. | 221 |

| Measure                                                                                                                                                          | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------|-----------------|---------------|--------|----------|
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 21            | 21                      | 100.00%       | 100%            | 100.00%       | N/A    | N/A      |

**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**

0

**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.**

**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.**

Nebraska updated methodology for data collection for FFY 2024 from a state database to state monitoring. The change in methodology was shared with interested parties during the spring Nebraska Association of Special Education Supervisors (NASES) meeting as well as the Part B Results Driven Accountability (RDA) stakeholder meeting with positive feedback.

The Nebraska Department of Education (NDE) collects data for Indicator 12 from state monitoring. The timeline for data collection is July 1st-June 30th. The statewide database, ADVISER, generates a list of toddlers who were previously served in Part C, and turned three years of age between July 1st and June 30th, for every district. This serves as the master list in which files are selected per the following ratio for each district.

If the District has 1-5 three-year-olds, 1 child record is chosen for monitoring. If the District has 6-39 three-year-olds, then at least 30% of the child records are selected. If the district has 40-59 three-year-olds, 20% of the child records are selected. If the District has 60-124 three-year-olds, then at least 15% of the child records are chosen for monitoring. Finally, if the district has 125 or more three-year-olds, then at least 10% of the child records are chosen for monitoring.

Districts are notified of the files selected for review, and the required documentation is submitted to NDE. Following submission, the NDE examines all submitted and requested documentation to complete the Part B Indicator 12 data collection elements (a through f).

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

**12 - Prior FFY Required Actions**  
None

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

**12 - Required Actions**

## Indicator 13: Secondary Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

#### Data Source

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

#### Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 13 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022          | 59.89%        |

| FFY    | 2019   | 2020   | 2021   | 2022   | 2023   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 29.29% | 55.66% | 52.94% | 59.89% | 76.95% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2024 SPP/APR Data

| Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition | Number of youth with IEPs aged 16 and above | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 708                                                                                                               | 826                                         | 76.95%        | 100%            | 85.71%        | Did not meet target | No Slippage |

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

State monitoring

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

The NDE Data Team selects a certain number of IEPs from each district, based on the number of transition-aged students within the district. NDE uses each district's End of Year data submission to determine the number of transition-aged students eligible for selection. Next, all districts review NDE-selected student IEP files, for youth with IEPs aged 14 and above and complete and submit a self-assessment of the district's review of each selected IEP. NDE uses the completed self-assessment and evidence to support the district's answers to determine if each student's IEP contains the required components for secondary transition. NDE's self-assessment consists of questions based on the NTACT-C, National Technical Assistance Center on Transition-Collaborative, "Indicator 13 Checklist Form A." NDE then verifies the data the districts provided on the self-assessment, to determine the validity of the data submitted. The monitoring reviewers use the same Indicator 13 Checklist Form A, to check for compliance of districts reporting 100% compliance and those districts that indicated noncompliance within their transition IEPs. NDE monitoring reviewers are trained on the Indicator 13 Checklist Form A to ensure reporting consistency and inter-rater reliability. The file review checklist is available electronically to allow the opportunity for NDE monitoring reviewers to examine each other's ratings. NDE monitoring reviewers meet to discuss findings and review the summary report for each district. NDE sent a letter with findings of noncompliance to those school districts NDE found to have noncompliance in the reviewed IEPs. This letter notified the district of the regulations NDE found out of compliance and outlined steps the district must take for corrective action.

| 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? | YES      |
| If yes, at what age are youth included in the data for this indicator                                                                                                                      | 14       |

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

#### Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 118                                  | 118                                                             | 0                                                | 0                                      |

#### FFY 2023 Findings of Noncompliance Verified as Corrected

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

In the districts where NDE found noncompliance, NDE required the districts to establish a Corrective Action Plan (CAP) to plan for the correction of noncompliance, within a required timeframe. Within the CAP, NDE required the districts to account for all instances of noncompliance including the root cause of the noncompliance and, if needed, how the district would modify its policies, procedures, and/or practices that contributed to or resulted in the noncompliance; and complete staff training to ensure staff understood the requirements and how to implement them within the district. NDE reviewed all district staff training materials prior to each training to ensure compliance and reviewed updated district policies and procedures.

To meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., secondary transition documentation for a specific number of students based on the number of transition-aged students enrolled in the district following the district's CAP implementation) from each of the districts with noncompliance through a follow-up to the monitoring that found noncompliance. Based on this subsequent review of the updated data, NDE verified that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE assigned monitoring teams to a district with individual cases of noncompliance to verify the implementation of the district's CAP. A required CAP step for any district with individual cases of noncompliance was correcting each individual instance of noncompliance. Following implementation of the CAP, NDE monitoring team members reviewed updates to each of the student files that NDE found to be noncompliant within its initial review, to ensure each individual case was now compliant. NDE maintains a record of all student files reviewed and the regulations reviewed in each file to document full correction of individual noncompliance. Following the completion of the verification activities, NDE issued a letter to the district that completed CAP activities and corrected individual noncompliance to notify the district of the completion of the CAP and verification of correction of each individual case of noncompliance. The State verified that all individual cases of noncompliance in all districts with findings were corrected.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

The state does not have procedures that permit LEAs to correct non-compliance prior to the state's issuance of a finding.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

**13 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

**Response to actions required in FFY 2023 SPP/APR**

NDE has reported on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, NDE reported that it has verified that all LEAs with noncompliance identified in FFY 2022 for this indicator: (1) are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data/file reviews; and (2) have corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. NDE also described the specific actions that it took to verify the correction. NDE continues to work with all districts to provide technical assistance as it continues to ensure compliance.

**13 - OSEP Response****13 - Required Actions**

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 14: Post-School Outcomes

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

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

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

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

#### Data Source

State selected data source.

#### Measurement

- A. Percent enrolled in higher education =  $\left[ \frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$ .
- 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 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

#### I. Definitions

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

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

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

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

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

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

#### II. Data Reporting

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

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

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

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

### III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

### Historical Data

| Measure | Baseline | FFY         | 2019   | 2020   | 2021   | 2022   | 2023   |
|---------|----------|-------------|--------|--------|--------|--------|--------|
| A       | 2019     | Target<br>≥ | 39.60% | 30.73% | 30.73% | 30.73% | 31.23% |
| A       | 30.73%   | Data        | 30.73% | 20.84% | 31.70% | 28.83% | 31.50% |
| B       | 2019     | Target<br>≥ | 67.00% | 34.78% | 34.78% | 34.78% | 35.28% |
| B       | 34.78%   | Data        | 34.78% | 34.76% | 72.94% | 55.56% | 54.33% |
| C       | 2019     | Target<br>≥ | 83.65% | 44.51% | 44.51% | 44.51% | 45.01% |
| C       | 44.51%   | Data        | 44.51% | 46.81% | 91.38% | 73.84% | 74.02% |

### Targets

| FFY        | 2024   | 2025   |
|------------|--------|--------|
| Target A ≥ | 31.73% | 32.23% |
| Target B ≥ | 35.78% | 36.28% |
| Target C ≥ | 45.51% | 46.01% |

### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the

development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### FFY 2024 SPP/APR Data

|                                                                                                                                                                                                                                  |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Total number of targeted youth in the sample or census                                                                                                                                                                           | 2,802  |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school                                                                                                             | 765    |
| Response Rate                                                                                                                                                                                                                    | 27.30% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school                                                                                                                            | 237    |
| 2. Number of respondent youth who competitively employed within one year of leaving high school                                                                                                                                  | 213    |
| 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)                         | 31     |
| 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). | 81     |

| Measure                                                                                                                        | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A. Enrolled in higher education (1)                                                                                            | 237                        | 765                                                                                                                  | 31.50%        | 31.73%          | 30.98%        | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)                        | 450                        | 765                                                                                                                  | 54.33%        | 35.78%          | 58.82%        | Met target          | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in | 562                        | 765                                                                                                                  | 74.02%        | 45.51%          | 73.46%        | Met target          | No Slippage |

| Measure                         | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|--------|----------|
| some other employment (1+2+3+4) |                            |                                                                                                                      |               |                 |               |        |          |

**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           | 2023   | 2024   |
|---------------|--------|--------|
| Response Rate | 29.47% | 27.30% |

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

NDE used a metric of +/- 3 percentage points discrepancy in the percentage of responders statewide compared to the percentage of youth in the total population.

**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.**

Black or African American were underrepresented by 4.4 percentage points, while white students were overrepresented by 6.2 percentage points. Students that exited special education by dropping out were underrepresented by 4.8 percentage points, while students who graduated with a regular high school diploma were overrepresented by 4.9 percentage points. All other subgroups based on exit reason, Sex/Gender, and Race/Ethnicity categories were within the +/- 3 percentage points metric.

**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.**

NDE will continue to communicate directly with districts with a high percentage of underrepresented groups (black or African American youth and youth who dropped out) to remind case managers to discuss the upcoming survey with youth during IEP exit meetings and to ensure that contact information is maintained for those students. For example, beginning this year NDE has incorporated texting into this and subsequent projects, and is analyzing whether texting brings in different types of respondents to improve representativeness. Prior research, for instance, has found that racial and ethnic minorities are more likely to use their mobile phones to manage information. NDE will use evidence to refine its data collection methods in order to improve representativeness. NDE will plan to partner with districts, transition staff, and community agencies to assist with locating and encouraging participation from former students in underrepresented subgroups. NDE will also plan to annually review response patterns and compare them to the exiting student population to refine data collection strategies and improve overall representativeness over time.

**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 response rate in FY2024 was slightly lower than the previous year but higher than the year before that. This fluctuation falls within the normal range. A customized mixed-mode questionnaire was designed, incorporating multiple mailings, web (via URL and QR code) options, texting reminders (push to web survey) and telephone interviews to provide the survey target group with their most preferred mode of response. The increased efforts of phone survey, which involved calling each participant up to 10 times, resulted in an improvement in the response rate. This year NDE added texting as a new contact mode to better reach respondents. While the mail (paper) response rate declined, the web response rate—including texting—did not decrease, and the phone response rate actually increased. NDE will use strategies to increase response rates by reminding districts that exiting information, including accurate contact information, needs to be updated and verified prior to the student's exit from special education. Having accurate contact information for exiting students will enable the state the ability to contact a greater number of students which could impact response rates. NDE will work with the state's larger districts that have a more diverse population to target underrepresented responding groups by ensuring accurate contact information in their local systems to increase response rates. NDE will utilize district-level data to analyze and cross reference response groups to target strategies for districts with the largest populations of the underrepresented groups.

**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.**

Because black or African American students and students who dropped out were underrepresented and they have differing post-school outcomes from other groups, nonresponse bias was identified in the data. To address the nonresponse bias, statewide response data was weighted according to these demographic factors to account for differences between the overall population (NSSRS data) and the group of students interviewed.

| Sampling Question                      | Yes / No |
|----------------------------------------|----------|
| Was sampling used?                     | NO       |
| Survey Question                        | Yes / No |
| Was a survey used?                     | YES      |
| If yes, is it a new or revised survey? | NO       |

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

## 14 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must 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.

### Response to actions required in FFY 2023 SPP/APR

NDE again assessed the representativeness of the survey responses by comparing the demographic characteristics of the youth who responded to the survey with the demographic characteristics of all youth who are no longer in secondary school and had an IEP in effect at the time they left school. Building on the FFY 2023 findings, NDE implemented several targeted strategies in FFY 2024 to improve representativeness, including continued direct communication with districts that serve relatively high percentages of underrepresented groups, the provision of technical assistance focused on recruiting those youth, and the introduction of texting as an additional contact mode to reach youth who are more likely to respond via mobile phone. As a result, the percentage of responses received was representative by sex/gender, and most race/ethnicity and exit-reason subgroups fell within a  $\pm 3$  percentage-point criterion. Specifically, Hispanic or Latino youth, who had previously been underrepresented by 3.4 percentage points, were underrepresented by only 1.0 percentage point in the current year.

Responses were not fully representative for two race/ethnicity groups: youth who are Black or African American were underrepresented by 4.4 percentage points and youth who are white were overrepresented by 6.2 percentage points. Responses also were not fully representative by exit reason, with youth who dropped out from special education underrepresented by 4.8 percentage points and youth who graduated with a regular high school diploma overrepresented by 4.9 percentage points; all other exit-reason subgroups were within the  $\pm 3$  percentage-point criterion. NDE will continue to use these analyses as evidence to refine its data collection methods and sustain these targeted outreach strategies in order to further improve the representativeness of future survey years.

## 14 - OSEP Response

### 14 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether the FFY 2025 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

## Indicator 15: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.  
(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

*Sampling is not allowed.*

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

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

States are not required to report data at the LEA level.

### 15 - Indicator Data

Select yes to use target ranges

Target Range not used

#### Prepopulated Data

| Source                                                                                                               | Date       | Description                                                              | Data |
|----------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1 Number of resolution sessions                                        | 0    |
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0    |

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

NO

#### Targets: Description of Stakeholder Input

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning

on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          |               |

| FFY       | 2019   | 2020   | 2021    | 2022   | 2023  |
|-----------|--------|--------|---------|--------|-------|
| Target >= | .00%   |        |         |        |       |
| Data      | 14.29% | 50.00% | 100.00% | 28.57% | 0.00% |

#### Targets

| FFY       | 2024 | 2025 |
|-----------|------|------|
| Target >= |      |      |

#### FFY 2024 SPP/APR Data

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status | Slippage |
|---------------------------------------------------------------------------|------------------------------------|---------------|-----------------|---------------|--------|----------|
| 0                                                                         | 0                                  | 0.00%         |                 |               | N/A    | N/A      |

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

The number of resolution sessions is less than ten, which means the State is not required to set or meet targets.

#### 15 - Prior FFY Required Actions

None

#### 15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

#### 15 - Required Actions

## Indicator 16: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements.

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

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

#### Measurement

Percent =  $(2.1(a)(i) + 2.1(b)(i))$  divided by 2.1 times 100.

#### Instructions

*Sampling is not allowed.*

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

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

States are not required to report data at the LEA level.

## 16 - Indicator Data

### Select yes to use target ranges

Target Range is used

#### Prepopulated Data

| Source                                                                                                           | Date       | Description                                                         | Data |
|------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1 Mediations held                                                 | 8    |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.a.i Mediations agreements related to due process complaints     | 0    |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.b.i Mediations agreements not related to due process complaints | 4    |

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

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2021          | 70.00%        |

| FFY       | 2019   | 2020    | 2021          | 2022          | 2023          |
|-----------|--------|---------|---------------|---------------|---------------|
| Target >= | .00%   |         | 60.00%-70.00% | 70.00%-80.00% | 70.00%-80.00% |
| Data      | 75.00% | 100.00% | 70.00%        | 100.00%       | 50.00%        |

#### Targets

| FFY       | 2024<br>(low) | 2024<br>(high) | 2025<br>(low) | 2025<br>(high) |
|-----------|---------------|----------------|---------------|----------------|
| Target >= | 80.00%        | 90.00%         | 90.00%        | 100.00%        |

#### FFY 2024 SPP/APR Data

| 2.1.a.i<br>Mediation<br>agreements<br>related to<br>due process<br>complaints | 2.1.b.i<br>Mediation<br>agreements<br>not related to<br>due process<br>complaints | 2.1 Number<br>of<br>mediations<br>held | FFY 2023<br>Data | FFY 2024<br>Target (low) | FFY 2024<br>Target (high) | FFY 2024<br>Data | Status                 | Slippage       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|------------------|--------------------------|---------------------------|------------------|------------------------|----------------|
| 0                                                                             | 4                                                                                 | 8                                      | 50.00%           | 80.00%                   | 90.00%                    | 50.00%           | Did not<br>meet target | No<br>Slippage |

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

The number of mediation agreements is less than ten, which means the State is not required to set or meet targets.

#### 16 - Prior FFY Required Actions

None

#### 16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

#### 16 - Required Actions

## Indicator 17: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

**Results indicator:** The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

##### **Phase I: Analysis:**

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which, 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, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

#### C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

#### Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 17 - Indicator Data

### Section A: Data Analysis

#### What is the State-identified Measurable Result (SiMR)?

Nebraska's State-Identified Measurable Result is to increase the reading proficiency for students with disabilities at the 4th grade level as measured by the Nebraska Student-Centered Assessment System (NSCAS) statewide reading assessment.

#### 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)

NO

#### 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://cdn.education.ne.gov/wp-content/uploads/2021/12/Theory-of-Action-v2-ACCESS-CHECKED-sped.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 |
|---------------|---------------|
| 2020          | 25.63%        |

#### Targets

| FFY    | Current Relationship                             | 2024   | 2025   |
|--------|--------------------------------------------------|--------|--------|
| Target | Data must be greater than or equal to the target | 29.13% | 30.13% |

#### FFY 2024 SPP/APR Data

| Number of Students with Disabilities at the 4th grade level who are proficient in reading (both general assessment and alternate assessment) | Total number of students with disabilities tested on the statewide reading assessment (both general assessment and alternate assessment) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 1,375                                                                                                                                        | 4,521                                                                                                                                    | 30.08%        | 29.13%          | 30.41%        | Met target | No Slippage |

**Provide the data source for the FFY 2024 data.**

Data comes from the same source as Indicator 3 (the number of 4th grade students with IEPs who had valid and proficient assessment scores based either on grade level academic achievement standards [NSCAS] or alternate academic achievement standards).

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

Data is collected based on the requirements of Indicator 3. The SiMR (or percent of 4th grade students with IEPs proficient in reading) equals the sum of 4th grade students with IEPs with valid and proficient reading scores either by grade level academic achievement standards (NSCAS) or alternate achievement standards (alternate assessment) divided by the total number of students at the 4th grade with IEPs.

**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.**

Based on feedback from stakeholders, the State of Nebraska broke down the NSCAS data by disability category to help give meaning to the data and allow districts to see what groups of students needed to be targeted in their improvement work. The data in the table shows the proficiency of students at the 4th grade level by disability category and includes both students who took the general education assessment as well as the alternate assessment. The scores are arranged from the lowest to highest levels of proficiency. Students with specific learning disabilities are the lowest performing group of students with 17% being proficient, followed by students with OHI (22% proficient), our students with ED (31% proficient), students with Autism (37% proficient), students with ID (39% proficient), and students with SLI (56% proficient). Nebraska also disaggregated data by race/ethnicity. Nebraska's population is 58% White, with the next largest population being comprised of Hispanic/Latino population at 25%. Although in the past there hasn't been much variance in scores based on race/ethnicity, the Office of Special Education felt it was important to review the data to see if there have been any changes. Based on that disaggregation, we see there are differences that exist between racial/ethnic groups, but those differences are not as significant as those between disability categories. In addition to NSCAS Nebraska tested an average of 21,948 fourth-grade students using the Measure of Academic Progress (MAP) assessment. 17,589 fourth grade students without disabilities and 4,359 students with disabilities were tested. The chart below captures MAP assessment data in the form of RIT (Rasch Unit) scores. RIT is an equal interval scale unit, developed for an easier interpretation of growth. A comparison of fall to spring scores shows students with disabilities demonstrated slightly more growth of 11 points whereas students without disabilities showed 8 points of growth. When looking specifically at students with disabilities and performance on the MAP reading assessment, scores varied by disability for students identified with either Emotional Disability or Speech/Language Impairments out-scoring students with other disabilities in all three administrations of the MAP assessment. Students with Intellectual Disabilities and Specific Learning Disabilities had the lowest RIT scores for all test administrations. Average RIT scores for the fall of 2024, winter of 2024 and spring of 2025 are as follows for each category. Speech/Language Impairment (197; 202; 206 respectively); Emotional Disability (190; 192; 197 respectively); Other Health Impaired (182; 188; 195 respectively); Autism (184; 188; 195 respectively); Specific Learning Disability (181; 185; 192 respectively); Intellectual Disability (165; 167; 178 respectively). Nebraska also uses the MAP RIT scores to determine the percentage of students considered at-risk for not becoming proficient readers. Nebraska begins looking at "at-risk" numbers beginning with kindergarten to determine the extent to which students are getting the supports needed to become proficient readers by 4th grade. Based on the 2025 spring administration of the MAP assessment, 14,594 kindergarten students took the assessment with 12,310 students without disabilities and 2,284 students with disabilities; 16,171 first grade students took the assessment with 13,462 students without disabilities and 2,709 students with disabilities; 15,540 second grade students took the assessment with 12,569 students without disabilities and 2,971 students with disabilities; 27,908 third grade students took the assessment with 23,218 students without disabilities and 4,690 students with disabilities. In looking at percent of students considered at risk, kindergarten had 23% students without disabilities and 32% of students with disabilities; 1st grade had 29% students without disabilities and 48% students with disabilities; 2nd grade had 28% students without disabilities and 50% students with disabilities; and 3rd grade had 21% students without disabilities and 43% students with disabilities. Nebraska also analyzes pre-literacy and language data from the Teaching Strategies (TS) Gold assessment for preschool (3-year-old) and prekindergarten (4-year-old) students. During the Fall 2024 benchmark assessment on TS Gold, based on the 2024 fall benchmark, 73% of preschool students without disabilities and 68% of prekindergarten students without disabilities were considered to meet or exceed expectations whereas 40% of preschool students with disabilities and 44% of pre-kindergarten students with disabilities met or exceeded expectations. Based on the 2025 spring benchmark 89% of preschool students without disabilities and 93% pre-kindergarten students without disabilities were considered to meet or exceed expectations whereas 56% of preschool students with disabilities and 70% of pre-kindergarten students with disabilities met or exceeded expectations.

**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://cdn.education.ne.gov/wp-content/uploads/2022/01/Revised-Logic-Model-.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.**

Nebraska's main infrastructure strategy centers around Multi-Tiered Systems of Support (MTSS). The Office of Special Education has partnered with other agency entities to align MTSS practices with Continuous Improvement. This framework for improvement is referred to as NeMTSS and it focuses on systems-level approaches to teaching, learning, and student outcomes. For the main strategy of implementing MTSS statewide, the State implemented the following: NeMTSS framework and systems-level training and training specific to English Language Arts; Language Essentials for Teacher of Reading and Spelling (LETRS); WORDS training; and NeMTSS Summit. To further align resources and programs within the system, Nebraska engaged in the assistance of Instructional Partners to identify specific areas that require further alignment of programs and initiatives at the State level.

**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.**

Between January 1, 2025, and November 20, 2025, the NeMTSS Regional Teams provided professional learning and support to districts dependent on their needs. Overall, 80 school districts (up from 64 in 2024) and 15 ESUs (up from 13 in 2024) received support from the NeMTSS team with a focus on the following essential elements of NeMTSS: Infrastructure and Shared Leadership, Layered Continuum of Support, Data-Based Decision-Making, and Communication and Collaboration. Within these opportunities, there was specific attention given to: Special Education Determinations; Community of Practice; Journey to Inclusion; Universal Design for Learning; Restorative Practices; Leadership in Action; Literacy; and NeMTSS Framework- Explore, Examine Tier 1 Core, and Continuously Improve District/School Action Planning. After each professional learning session, participants filled out a survey to gather information related to the content, application, and facilitation of the professional learning. Surveys were conducted after each workshop, and a total of 609 responses (up from 161 in 2024) were captured, showing that generally, participants rated the content, application, and professional learning favorably. Approximately 98% strongly agreed, slightly agreed, somewhat agreed, or agreed that the content was valuable, supported their team's mission, supported their Continuous Improvement Plan, and was purposeful and practical. In the area of application, approximately 96% strongly agreed, slightly agreed, somewhat agreed, or agreed that time was provided in the professional learning to apply/discuss new knowledge and skills, and that their team had a plan to implement new knowledge and skills learned. With respect to the facilitation of professional learning, approximately 97% of respondents strongly agreed, slightly agreed, somewhat agreed, or agreed that the facilitator(s) responded well to the needs of the group and were able to address questions effectively, and agreed or strongly agreed that the delivery of the content met their needs. As part of the Targeted Improvement Plan, Districts were asked to report the level of implementation of MTSS based on a Likert scale. Based on that information, the May 2025 submission shows that 57% of Districts reported they implement the MTSS "most of the time"; 38% of Districts reported they implement evidence-based practice "at least half of the time"; 4% reported they "rarely implemented"; and 1% reported the MTSS was "not implemented." Compared to last year, we have 6% more districts reporting they are implementing most of the time and continue to have no districts reporting "don't know." To better support reading, MTSS provided training in the Language Essentials for Teachers of Reading and Spelling (LETRS). LETRS training record document participants who completed training, the grade levels they teach, and their home districts. In the area of professional development and technical assistance, the State trained 33 individuals in the essentials of reading and spelling. During the 2024–2025 school year, 33 educators completed LETRS training, including instructional/teacher staff and administrators. As shown below, teachers at the elementary school level made up most participants (79%), representing roles such as ESL/ELL, Special Education, Title I, and general education. Participants came from 22 districts across the state of Nebraska. WORDS is a professional development project based on the Science of Reading that aims to accelerate post-pandemic reading development for kindergarten through third grade students. Specific components of WORDS include: 1) Teacher professional development with ongoing coaching support; 2) Assessment support; 3) Extra instruction for students; and 4) Training leaders. The 2022-23 school year was the first year of this professional development opportunity for districts, and 9 schools participated. In the second year, the 2023-24 school year, 19 schools participated. During the 2024-25 school year, the project had 15 schools actively enrolled. Data examining teacher and student outcomes were collected at the end of each school year. Out of 90 teachers in the cohort, 91% of teachers agreed or strongly agreed that the WORDS project helped them improve their ability to teach reading. Additionally, 94% of teachers agreed or strongly agreed that the overall WORDS project improved their students' reading achievement. Further, 94% of teachers surveyed agreed or strongly agreed that the WORDS project helped them engage in self-instruction about their reading instruction. Across all components of the WORDS project, most teachers (82%) surveyed agreed or strongly agreed that all components helped them improve their ability to teach reading, improved their students' reading achievement, and helped them engage in self-reflection about their reading instruction. Additionally, 100% of the teachers agreed that tutoring was effective for improving the reading of their lower-performing students. Student outcomes were examined using data from 1,288 K-3 students across the 15 schools who completed assessments at all three timepoints and are participating in the WORDS research study. Generally, students across grades made improvements in reading achievement. The following highlighted outcomes are based on composite scores and provide an overview of students' early literacy skills: the percentage of students scoring at or above benchmark increased from 46% (fall) to 67% (spring); Among the 643 students who began the year below or well below benchmark in the beginning of the year, 38% demonstrated above or well above average year gains, 20% average gains, and 39% below or well below average gains; in kindergarten, 88% of students started the year either below or well below benchmark. By the end of the year, this percentage was down to 37%; on average, about 40% of students who started the year as below or well below benchmark moved to at or above benchmark. The annual MTSS Summit received registrations from 1,073 participants across a variety of professional roles. Teachers (38%) and administrators (22%) comprised approximately half of summit attendees. The responses collected from 101 attendees that completed the Summit evaluation survey. Overall, ratings of the Summit were very positive (97% rated excellent or good). Additionally, attendees were likely to recommend the Summit to others (94% rated very likely or likely). Further, people who attended were likely to use the information presented (98% rated likely or very likely) and would share the information learned with others (97% rated likely or very likely). The Nebraska Department of Education has continued to work closely with office members tasked with assisting districts with continuous improvement; district accreditation; teaching, learning, and assessment as well as IDEA grant funded TA Projects to strengthen systems alignment. Through these efforts, the Office of Special Education has identified areas of closer alignment to further support improving reading of students with disabilities. Those activities include the following: altering evidence-based strategies identified within the targeted improvement plan (TIP) to align with the Office of Teaching, Learning and Assessment instructional practice guides (IPGs) assisting districts in the implementation of high-quality instructional materials, alignment of standards with grade-level appropriate content, teacher implementation of evidence-based practices, and student engagement; merging continuous improvement plans with the TIP; creating a visual to assist districts in understanding the interrelationships between plans; re-developing the TIP to highlight areas likely to support students with disabilities in becoming proficient readers.

**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.**

With Nebraska's main infrastructure strategy being MTSS, the priorities moving forward will be to continue focusing on aligning resources and programs within the State educational system. Due to the data showing improvements in implementation and student outcomes, no changes to our improvement plan are needed at this time. For the main strategy of implementing MTSS statewide, the State will continue to implement LETRS and WORDS, hold an MTSS conference, and provide MTSS systems level training and training specific to English Language Arts. These all will continue, building sustainability and implementation supports based on areas of needs determined through evaluation of data collected. Nebraska will require all districts to select reading as an area of focus for their Targeted Improvement Plans (TIPs). The Department's Commissioner is focusing on improving reading statewide. Through the Commissioner's leadership, Nebraska has developed a Literacy Plan and the Department continues to work on coherence to ensure the reading proficiency of all students improves. To support districts in improving the reading of all students, the MTSS State Facilitators will continue to implement training specific to reading. Our ELA specific training will have a high focus on the selection of high-quality instructional materials with detail in aligning the Interventions at Tiers II and III to the materials and have added information about accessible educational materials and the use of supportive and assistive technology to support reading. The Journey to Inclusion work along with the MTSS Summit will ensure connectivity to ELA system support in schools. This work continues to align, define, and streamline NeMTSS, high-quality instructional materials (HQIM), and continuous

improvement processes and tools with attention to social emotional learning and whole-child wellbeing. At the end of this process: We want to have a shared vision of success--shared within the entire State Educational Agency and statewide, including our Educational Service Units; we want our stakeholders to hear us speaking with one voice; we want to have functional and trusting spaces to identify and productively work through tension and conflict and ensure the work is cohesive; we want to make it clearer what actions school and system leaders need to take to support students and to make it easier for them to take those actions; creating this alignment will ensure that schools have the resources they need to support student wellbeing, ultimately supporting academic growth.

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

Nebraska continued to require districts to submit and report on the evidence-based practices used to improve the outcomes of students with disabilities through the development of a Targeted Improvement Plan.

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

Nebraska continued to require districts to create a Targeted Improvement Plan (TIP) to report the evidence-based strategy implemented to improve student outcomes. Based on a review of the TIP, 97% of the 245 districts focused on reading as their area of improvement which increased from the year before. The evidence-based practices selected by districts include explicit instruction (65%), strategies to promote active student engagement (20%), implementing flexible grouping (13 %), and providing positive and constructive feedback to guide students' learning and behavior (2%) among other strategies. 245 districts provided a numerical target to demonstrate improvement toward their goal with 100% of the districts providing performance data and 48% of the districts indicating they met or exceeded their target.

**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 targeted improvement plan focuses on the core components of continuous improvement and is designed to help districts focus on analyzing data to make decisions to improve the outcomes of students with disabilities. It also requires districts to select a specific evidence-based strategy to implement to achieve those results and options to ensure strategies are implemented with fidelity. Districts are provided feedback on the targeted improvement plans submitted to further guide the continuous improvement process. The targeted improvement plan has required districts to focus on evidence-based strategies and how fidelity data supports decision-making for continuous improvement by providing districts with the information to make decisions about supports needed to implement selected strategies to better ensure students can benefit from evidenced-based strategies.

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

Districts self-reported the level of fidelity of implementation of the evidence-based practice (EBP) in use as well as fidelity of implementation of MTSS. Information specific to the fidelity of implementation of MTSS can be found in the Continued Evidence-Based Practices section above. As part of the Targeted Improvement Plan, Districts were asked to report the level of implementation of the evidence-based practice selected based on a Likert scale. Based on that information, 65% of Districts reported they implement the evidence-based practice "most of the time"; 33% of Districts reported they implement evidence-based practice "at least half of the time"; 2% reported they "rarely implemented"; and none reported the evidence-based practice was "not implemented."

**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.**

Districts are invited to discuss and/or include implementation data to support their descriptions of implementation. Districts are sharing implementation data within their plans at a higher rate than they have in the past. NDE is continuing to provide training and support opportunities to strengthen this growth area.

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

Based on the Department's increased focus on literacy, the Office of Special Education will require districts to select reading as their focus for improvement. To emphasize the importance of implementation data, districts will be required to set targets for implementation as well as student outcomes. The Office of Special Education has also added 2 questions to further support improving literacy. Districts will be asked to address how assistive technology and the use of accessible educational materials are used to support students with disabilities to improve reading. The Office of Special Education will also be altering the review of the TIP to a rubric to show the degree to which the district's efforts are likely to improve student literacy.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

As described within the Systems Alignment section, the Office of Special Education has altered the evidence-based strategies districts will select within their TIP. In the past, districts have had the option of choosing explicit instruction, active student engagement, positive constructive feedback, and flexible grouping. To align with the strategies included in the instructional practice guides, districts will now select explicit and systematic instruction, quality student practice and response, corrective and constructive feedback, and instruction adjusted using data. With the increased emphasis on implementation, districts will also be expected to set implementation targets and report on whether they met the targets. They will also be expected to address within the TIP how accessible educational materials and assistive technology are integrated into the evidenced-based strategy in use. Changes with the TIP will be included in the May 2025 submission of the TIP. Although the state is meeting the SiMR target, to meet the Commissioner's literacy objectives, additional support was needed for districts. As a result of collaborative work with other offices within the department as well as our TA projects, these changes were identified to reach these goals.

**Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Nebraska regularly seeks input from and builds the capacity of a diverse group of stakeholders, including parents, when establishing policy, regulation, or implementation strategies. Specific to the development of the SPP/APR, Nebraska established a diverse stakeholder group called the RDA Stakeholder Group. The RDA Stakeholder Group includes representation from: parents, special education directors, special education staff, general education administrators (principals, superintendents), institutions of higher education, NDE teams (Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment), community agencies, nonpublic schools, the Nebraska State Education Association, and the Nebraska Association of Special Education Supervisors.

The RDA Stakeholder Group has met periodically throughout the past year and will continue meeting to establish and review targets, needed revisions to targets, and evaluate progress, as well as supporting implementation activities designed to improve outcomes, as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far, the RDA Stakeholder Group has reviewed historical data around each indicator, the targets for each indicator, and needed revisions to certain indicator targets. Additionally, the RDA Stakeholder Group assisted NDE in establishing the State Identified Measurable Result (SIMR). As the RDA Stakeholder Group continues meeting, it will provide guidance and input on the development of the continued phases of the SSIP process.

In addition to the RDA Stakeholder Group, established specifically for the purpose of gathering input on the SPP/APR, Nebraska also built the capacity of and obtained input from two longstanding diverse stakeholder groups with some members serving as liaisons to the RDA Stakeholder Group: the Special Education Advisory Council (SEAC) and the Results Matter Nebraska Task Force (Task Force).

SEAC is established pursuant to 34 C.F.R. § 300.167 and, as such, provides input from a diverse group of stakeholders. SEAC and the Task Force, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, have reviewed, and supported the work of the RDA Stakeholder Group. NDE continues to work collaboratively with stakeholders, including SEAC and the Task Force, to analyze and review data to assist in making changes to the SSIP in relation to the SIMR data, interim measures of progress, and any needed changes to infrastructure and programmatic activities, along with any changes needed to the targets within each indicator.

In addition, OSE creates indicator-specific, diverse stakeholder groups, as needed, to engage those groups in a targeted build out of technical assistance aimed at supporting the implementation activities designed to improve outcomes. OSE engages these groups when contemplating changes to implementation activities and targets, seeking their feedback on the potential impact on outcomes. OSE also intentionally plans professional learning on APR indicators to specific groups of stakeholders that give OSE the opportunity to build capacity of those stakeholders on implementation activities designed to improve outcomes and APR targets and then obtain input from those stakeholders on evaluating progress and modifying implementation activities accordingly.

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

The Office of Special Education and stakeholders continue to have an ongoing collaborative relationship while implementing and evaluating the SSIP. Stakeholders have included the following: Results Based Accountability (RBA) Stakeholders; Special Education Advisory Council (SEAC); MTSS Stakeholder's Group. Each of the groups consisted of the following: Parents; Special Education Directors; Special Education staff; General Education Administrators (including principals and superintendents); Staff from Institutions of Higher Education; Community agencies; Nonpublic school staff; Nebraska State Education Association members; Nebraska Association of Special Education Supervisors members. Members from various Offices within the Nebraska Department of Education including: Office of Accountability, Accreditation, and Program Approval; School Improvement; Curriculum, Instruction, and Assessment. The State has met with stakeholders in person and virtually, to be responsive to community needs while providing opportunities for decision-making inclusive of broad stakeholder perspectives.

### **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.**

All activities have already been described.

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

See Evaluation Plan at <https://www.education.ne.gov/wp-content/uploads/2022/01/Revised-Logic-Model-.pdf>

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

During the 2024-25 school year, NDE saw increased alignment of processes throughout the Department of Education. However, districts were still confused about the rationale of the plans required by each office and continued to treat each of the plans as separate limiting their implementation. The Office of Special Education developed a visual explanation of the interrelationships between the plans to ensure that plans specific to improving the outcomes of students with disabilities were embedded into continuous improvement plans and plans required due to ESSA accountability. To assist with the alignment between plans, the Office of Special Education has also changed the evidenced-based strategies for the TIP to ensure plans are not developed in isolation increasing high quality instructional practices statewide.

### **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 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

#### Instructions

Targets must be 100%.

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

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023–June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 18 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 100.00%       |

| FFY    | 2019 | 2020 | 2021 | 2022 | 2023    |
|--------|------|------|------|------|---------|
| Target | 100% | 100% | 100% | 100% | 100%    |
| Data   |      |      |      |      | 100.00% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

**Indicator 4B. Percent of LEAs that have:** (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 3                                                                                          | 3                                                                                                                                                                               | 3                                                                                                                                                                   | 3                                                                                                                                                                   | 0                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

Findings reported are due to findings of noncompliance identified through complaint investigation/due process findings, and monitoring conducted through Nebraska's Disproportionality work.

**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 meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., discipline documentation for a specific number of students following the districts CAP implementation) from each of the districts with noncompliance through a follow-up to the monitoring that found noncompliance. Based on this subsequent review of the updated data, NDE verified that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE reviewed all CAP submissions to ensure compliance. Correction of noncompliance was verified through updated data, corrected student records initially found noncompliant, and a review of additional student records, demonstrating 100% compliance and proper implementation. NDE worked with districts to ensure all individual cases of noncompliance were corrected within a year. Assigned monitoring teams followed up on CAPs, verified districts planned corrections effectively. Districts submitted documentation for each case of noncompliance, which NDE reviewed to confirm compliance, consistent with OSEP QA 23-01.

**Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                          | 78                                                                                                                                                                              | 0                                                                                                                                                                   | 78                                                                                                                                                                  | 0                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

Findings reported are due to findings of noncompliance identified through complaint investigation/due process findings, and focused monitoring activities.

**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 meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., identification documentation for a specific number of students following the districts CAP implementation) from each of the districts with noncompliance through a follow-up to the monitoring that found noncompliance. Based on this subsequent review of the updated data, NDE verified that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE reviewed all CAP submissions to ensure compliance. Correction of noncompliance was verified through updated data, corrected student records initially found noncompliant, and a review of additional student records, demonstrating 100% compliance and proper implementation. NDE worked with districts to ensure all individual cases of noncompliance were corrected within a year. Assigned monitoring teams followed up on CAPs, verified districts planned corrections effectively. Districts submitted documentation for each case of noncompliance, which NDE reviewed to confirm compliance, consistent with OSEP QA 23-01.

**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 5                                                                                          | 40                                                                                                                                                                              | 5                                                                                                                                                                   | 40                                                                                                                                                                  | 0                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

Findings reported are due to findings of noncompliance identified through monitoring conducted through Nebraska's Disproportionality work.

**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 meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., identification documentation for a specific number of students following the districts CAP implementation) from each of the districts with noncompliance through a follow-up to the monitoring that found noncompliance. Based on this subsequent review of the updated data, NDE verified that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE reviewed all CAP submissions to ensure compliance. Correction of noncompliance was verified through updated data, corrected student records initially found noncompliant, and a review of additional student records, demonstrating 100% compliance and proper implementation. NDE worked with districts to ensure all individual cases of noncompliance were corrected within a year. Assigned monitoring teams followed up on CAPs, verified districts planned corrections effectively. Districts submitted documentation for each case of noncompliance, which NDE reviewed to confirm compliance, consistent with OSEP QA 23-01.

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 20                                                                                         | 43                                                                                                                                                                              | 20                                                                                                                                                                  | 43                                                                                                                                                                  | 0                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

Findings reported are due to findings of noncompliance identified through complaint investigation/due process findings, and monitoring conducted through Nebraska's Disproportionality work.

**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:**

NDE reviewed a set of updated data subsequently collected (all initial evaluations completed between a set timeframe) from each of the districts that demonstrated noncompliance. Based on that review, NDE verified that all districts identified with noncompliance were achieving 100% compliance and were correctly implementing the requirement specific to the finding of noncompliance.

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

NDE worked with the districts throughout the CAP process to ensure that the districts corrected all individual cases of noncompliance within one year of notification. NDE assigned an individual monitoring team to districts with identified noncompliance to conduct follow-up of all CAPs and review child-specific noncompliance. NDE's monitoring team verified the district had appropriately planned in its CAP for the correction of the individual noncompliance. NDE required each district to submit documentation of all completed CAP items for each child-specific case of noncompliance. NDE verified through a review of the documentation districts submitted for each child-specific instance of noncompliance that the initial evaluations had been completed and that the IEP team considered compensatory special education services due to delay in initial evaluation. Thus, NDE verified the districts corrected each individual instance of child-specific noncompliance consistent with OSEP QA 23-01.

**Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                          | 0                                                                                                                                                                               | 0                                                                                                                                                                   | 0                                                                                                                                                                   | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

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*:

N/A

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

N/A

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2023

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 118                                                                                        | 14                                                                                                                                                                              | 118                                                                                                                                                                 | 14                                                                                                                                                                  | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

Findings reported are due to findings of noncompliance identified through complaint investigation/due process findings.

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 meet the requirements of OSEP QA 23-01, NDE collected an additional updated data set (i.e., IEPs meeting the Indicator 13 NTACT requirements) from each of the districts with noncompliance through a follow-up to the monitoring that found noncompliance. Based on this subsequent review of the updated data, NDE verified that all districts have achieved 100% compliance with implementing the specific regulatory requirements following the district implementing its CAP and within one year of NDE issuing the finding of noncompliance.

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

NDE reviewed all CAP submissions to ensure compliance. Correction of noncompliance was verified through updated data, corrected student records initially found noncompliant, and a review of additional student records, demonstrating 100% compliance and proper implementation. NDE worked with districts to ensure all individual cases of noncompliance were corrected within a year. Assigned monitoring teams followed up on CAPs, verified districts have planned corrections effectively. Districts submitted documentation for each case of noncompliance, which NDE reviewed to confirm compliance, consistent with OSEP QA 23-01.

*Optional for FFY 2024 and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

| Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|                                                                                            |                                                                                                                                                                     | 0                                                                                                                         |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

N/A

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*:

N/A

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

N/A

**Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 146                                                                                        | 178                                                                                                                                                                             | 146                                                                                                                                                                 | 178                                                                                                                                                                 | 0                                                                                                                                |

**FFY 2024 SPP/APR Data**

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified FFY 2023 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|----------------------------------------------------------------|-------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 324                                                            | 324                                                               | 100.00%       | 100%            | 100.00%       | Met target | No Slippage |

|                                                                                                                   |       |
|-------------------------------------------------------------------------------------------------------------------|-------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 0.00% |
|-------------------------------------------------------------------------------------------------------------------|-------|

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

**Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):**

|                                                                                                                                                          |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)                         | 324 |
| 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) | 324 |
| 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 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

|                                                                                                                                                                               |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 4. Number of findings of noncompliance not timely corrected                                                                                                                   | 0 |
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")                | 0 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B |   |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9  |   |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10 |   |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11 |   |

|                                                                                                                                                                                     |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12       |   |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13       |   |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings |   |
| 7. Number of findings <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.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

#### 18 - Prior FFY Required Actions

None

#### 18 - OSEP Response

#### 18 - Required Actions

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

#### **Certify**

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

#### **Select the certifier's role**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

#### **Name:**

Amy Rhone

#### **Title:**

Administrator/State Director - Office of Special Education

#### **Email:**

amy.rhone@nebraska.gov

#### **Phone:**

531-207-9978

#### **Submitted on:**

04/21/26 11:21:15 AM

## Determination Enclosures

### RDA Matrix

# Nebraska 2026 Part B Results-Driven Accountability Matrix

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

| Percentage (%) | Determination      |
|----------------|--------------------|
| 85.00%         | Meets Requirements |

#### Results and Compliance Overall Scoring

| Section    | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results    | 20                     | 15            | 75.00%    |
| Compliance | 20                     | 19            | 95.00%    |

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

#### 2026 Part B Results Matrix

##### Reading Assessment Elements

| Reading Assessment Elements                                                                                           | Grade   | Performance (%) | Score |
|-----------------------------------------------------------------------------------------------------------------------|---------|-----------------|-------|
| Percentage of Children with Disabilities Participating in Statewide Assessment (2)                                    | Grade 4 | 99%             | 1     |
| Percentage of Children with Disabilities Participating in Statewide Assessment                                        | Grade 8 | 99%             | 1     |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 4 | 25%             | 1     |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress       | Grade 4 | 93%             | 1     |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 8 | 23%             | 0     |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress       | Grade 8 | 91%             | 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      | 99%                    | 1            |
| <b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>                                        | Grade 8      | 99%                    | 1            |
| <b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b> | Grade 4      | 46%                    | 2            |
| <b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>       | Grade 4      | 95%                    | 1            |
| <b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b> | Grade 8      | 23%                    | 2            |
| <b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>       | Grade 8      | 92%                    | 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                                   | 15              | 1     |
| Percentage of Children with Disabilities who Graduated with a Regular High School Diploma* | 79              | 1     |

\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2026 Part B Compliance Matrix

| Part B Compliance Indicator (3)                                                                                                                                                                                                            | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2023 (4) | Score |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|-------|
| Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements. | 1.91%           | YES                                                                     | 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.                                                                                           | 1.52%           | YES                                                                     | 2     |
| Indicator 11: Timely initial evaluation                                                                                                                                                                                                    | 98.56%          | YES                                                                     | 2     |
| Indicator 12: IEP developed and implemented by third birthday                                                                                                                                                                              | 100.00%         | N/A                                                                     | 2     |
| Indicator 13: Secondary transition                                                                                                                                                                                                         | 85.71%          | YES                                                                     | 1     |
| Indicator 18: General Supervision                                                                                                                                                                                                          | 100             | YES                                                                     | 2     |
| Timely and Accurate State-Reported Data                                                                                                                                                                                                    | 97.62%          |                                                                         | 2     |
| Timely State Complaint Decisions                                                                                                                                                                                                           | 100.00%         |                                                                         | 2     |
| Timely Due Process Hearing Decisions                                                                                                                                                                                                       | N/A             |                                                                         | N/A   |
| Longstanding Noncompliance                                                                                                                                                                                                                 |                 |                                                                         | 2     |
| Programmatic Specific Conditions                                                                                                                                                                                                           | None            |                                                                         |       |
| Uncorrected identified noncompliance                                                                                                                                                                                                       | None            |                                                                         |       |

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 5\%$  and  $< 10\%$  for Indicators 4B, 9, and 10, and  $\geq 90\%$  and  $< 95\%$  for Indicators 11, 12, 13 and 18.

## Data Rubric

### Nebraska

FFY 2024 APR (1)

#### Part B Timely and Accurate Data -- SPP/APR Data

| APR Indicator | Valid and Reliable | Total |
|---------------|--------------------|-------|
| 1             | 1                  | 1     |
| 2             | 1                  | 1     |
| 3A            | 1                  | 1     |
| 3B            | 1                  | 1     |
| 3C            | 1                  | 1     |
| 3D            | 1                  | 1     |
| 4A            | 1                  | 1     |
| 4B            | 1                  | 1     |
| 5             | 1                  | 1     |
| 6             | 1                  | 1     |
| 7             | 1                  | 1     |
| 8             | 1                  | 1     |
| 9             | 1                  | 1     |
| 10            | 1                  | 1     |
| 11            | 1                  | 1     |
| 12            | 1                  | 1     |
| 13            | 1                  | 1     |
| 14            | 1                  | 1     |
| 15            | 1                  | 1     |
| 16            | 1                  | 1     |
| 17            | 1                  | 1     |
| 18            | 1                  | 1     |

#### APR Score Calculation

|                                                                                                                           |    |
|---------------------------------------------------------------------------------------------------------------------------|----|
| <b>Subtotal</b>                                                                                                           | 22 |
| <b>Timely Submission Points</b> - If the FFY 2024 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/<br/>Ed Envs<br/>Due Date: 7/30/25</b> | 1      | 1             | 1                 | 3     |
| <b>Personnel<br/>Due Date: 2/18/26</b>                | 1      | 1             | 1                 | 3     |
| <b>Exiting<br/>Due Date: 2/18/26</b>                  | 1      | 1             | 1                 | 3     |
| <b>Discipline<br/>Due Date: 2/18/26</b>               | 1      | 1             | 0                 | 2     |
| <b>State Assessment<br/>Due Date: 1/7/26</b>          | 1      | 1             | 1                 | 3     |
| <b>Dispute Resolution<br/>Due Date: 11/19/25</b>      | 1      | 1             | 1                 | 3     |
| <b>MOE/CEIS<br/>Due Date: 11/19/25</b>                | 1      | 1             | 1                 | 3     |

**618 Score Calculation**

|                                              |       |
|----------------------------------------------|-------|
| <b>Subtotal</b>                              | 20    |
| <b>Grand Total</b> (Subtotal X 1.28571429) = | 25.71 |

(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                                             | 25.71  |
| C. APR Grand Total (A) + 618 Grand Total (B) =                 | 52.71  |
| 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) =                   | 0.9762 |
| E. Indicator Score (Subtotal D x 100) =                        | 97.62  |

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.**

## APR and 618 -Timely and Accurate State Reported Data

**DATE:** February 2026 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part B 618 Data

**1) Timely** – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

| 618 Data Collection                                                                   | EDFacts Files                                          | Due Date   |
|---------------------------------------------------------------------------------------|--------------------------------------------------------|------------|
| Part B Child Count and Educational Environments                                       | FS002 & FS089                                          | 7/30/2025  |
| Part B Personnel                                                                      | FS070, FS099, FS112                                    | 2/18/2026  |
| Part B Exiting                                                                        | FS009                                                  | 2/18/2026  |
| Part B Discipline                                                                     | FS005, FS006, FS007, FS088, FS143, FS144               | 2/18/2026  |
| Part B Assessment                                                                     | FS175, FS178, FS185, FS188                             | 1/7/2026   |
| Part B Dispute Resolution                                                             | FS227, FS228, FS229, FS230                             | 11/19/2025 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238 | 11/19/2025 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *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

Nebraska

School Year: 2024-25

#### Section A: Written, Signed Complaints

|                                                             |    |
|-------------------------------------------------------------|----|
| <b>(1) Total number of written signed complaints filed.</b> | 37 |
| (1.1) Complaints with reports issued.                       | 32 |
| (1.1) (a) Reports with findings of noncompliance            | 23 |
| (1.1) (b) Reports within timelines                          | 31 |
| (1.1) (c) Reports within extended timelines                 | 1  |
| (1.2) Complaints pending.                                   | 0  |
| (1.2) (a) Complaints pending a due process hearing.         | 0  |
| (1.3) Complaints withdrawn or dismissed.                    | 5  |

#### Section B: Mediation Requests

|                                                                                                  |    |
|--------------------------------------------------------------------------------------------------|----|
| <b>(2) Total number of mediation requests received through all dispute resolution processes.</b> | 10 |
| (2.1) Mediations held.                                                                           | 8  |
| (2.1) (a) Mediations held related to due process complaints.                                     | 0  |
| (2.1) (a) (i) Mediation agreements related to due process complaints.                            | 0  |
| (2.1) (b) Mediations held not related to due process complaints.                                 | 8  |
| (2.1) (b) (i) Mediation agreements not related to due process complaints.                        | 4  |
| (2.2) Mediations pending.                                                                        | 0  |
| (2.3) Mediations withdrawn or not held.                                                          | 2  |

#### Section C: Due Process Complaints

|                                                                                             |   |
|---------------------------------------------------------------------------------------------|---|
| <b>(3) Total number of due process complaints filed.</b>                                    | 2 |
| (3.1) Resolution meetings.                                                                  | 0 |
| (3.1) (a) Written settlement agreements reached through resolution meetings.                | 0 |
| (3.2) Hearings fully adjudicated.                                                           | 0 |
| (3.2) (a) Decisions within timeline (include expedited).                                    | 0 |
| (3.2) (b) Decisions within extended timeline.                                               | 0 |
| (3.3) Due process complaints pending.                                                       | 1 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 1 |

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

|                                                                    |   |
|--------------------------------------------------------------------|---|
| <b>(4) Total number of expedited due process complaints filed.</b> | 0 |
| (4.1) Expedited resolution meetings.                               | 0 |
| (4.1) (a) Expedited written settlement agreements.                 | 0 |
| (4.2) Expedited hearings fully adjudicated.                        | 0 |
| (4.2) (a) Change of placement ordered                              | 0 |
| (4.3) Expedited due process complaints pending.                    | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed.     | 0 |

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

These data were extracted on the close date:  
11/19/2025

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

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



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

## Final Determination Letter

June 18, 2026

Honorable Brian Maher  
Commissioner of Education  
Nebraska Department of Education  
500 S. 84th Street  
2nd Floor  
P.O. Box 94987  
Lincoln, NE 68510-2611

Dear Commissioner Maher:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Nebraska meets the requirements and purposes of Part B of the IDEA. This determination is based on the totality of Nebraska's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Nebraska's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Nebraska).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

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

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

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

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.*

- (1) Nebraska's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part B," which shows how OSEP calculated Nebraska's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Nebraska's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Nebraska's 2026 determination is Meets Requirements. A State's or Entity's 2026 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless OSEP has imposed programmatic Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Nebraska 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 Nebraska on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Nebraska's submission of its FFY 2024 SPP/APR. In addition, Nebraska must:

- (1) review LEA performance against targets in the Nebraska'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, Nebraska 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 Nebraska'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 Nebraska's efforts to improve results for children and youth with disabilities and looks forward to working with Nebraska 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,




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Erin McHugh  
Deputy Director  
Office of Special Education Programs

cc: Nebraska Director of Special Education