## **CCEIS and/or ARP CCEIS Plan Progress Report**

**State Fiscal Year 2022**

**Local System:** Identify the Local System. **Date Submitted:** Click or tap to enter a date.

**Contact Information: Name/ Position Title:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Local Allocation**

**CCEIS Grant # Click or tap here to enter text. ARP CCEIS Grant # Click or tap here to enter text.**

| LSS 611 CCEIS Plan Funds |  | LSS619 CCEIS Plan Funds |  | LSS CCEIS Plan Total 611 + 619 Funds\* |  | LSS 611 ARP CCEIS Plan Funds |  | LSS619 ARP CCEIS Plan Funds |  | LSS ARP CCEIS Plan Total 611 + 619 Funds\* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter text. | **and/or** | Enter text. | **=** | Enter text. |  | Enter text. | **and/or** | Enter text. | **=** | Enter text. |

**Local System Team**

Identify the members of the local-system team responsible for the co-development, data input/root cause analysis, co- implementation, and co-evaluation of the local system CCEIS Plan.

| **Name** | **Position Title/Agency** |
| --- | --- |
| Click or tap here to enter text. | \* Director of Special Education |
| Click or tap here to enter text. | \* Local Chief Academic Officer (Assistant Superintendent of Instruction) |
| Click or tap here to enter text. | \* Local Finance Officer/Representative |
| Click or tap here to enter text. | \* Data Manager |
| Click or tap here to enter text. |  Preschool Coordinator |
| Click or tap here to enter text. |  Other (Equity Officer/Representative):  |
| Click or tap here to enter text. |  Other: Click or tap here to enter text. |

\* Required members of the local system team.

**Provide the meeting dates for Local System Implementation Team during the current reporting period:** Click or tap here to enter text.

**Reporting Period**

Indicate the reporting period for this submission. All data referenced reflects the identified reporting period. Per the NOGA.

[ ]  **Interim Report 1:** July 1, 2021 to February 28, 2022 **Due:** March 31, 2022

[ ]  **Interim Report 2:** March 1, 2022 to December 31, 2022 **Due:** January 31, 2023

[ ]  **FINAL Report:** July 1, 2021 to September 30, 2023 **Due:** November 30, 2023

Complete the Cumulative Variance Report for **the total of each** approved Part B budget by applicable fund source. Double click to enter data. Click outside of the spreadsheet to return to **Word** controls. Report **CCEIS and ARP CCEIS Budgets** separately**.** Include the grant # for each.

Cumulative Variance for Part B 611

****

Cumulative Variance for Part B 611 ARP



CUMULATIVE VARIANCE FOR PART B 619

****

CUMULATIVE VARIANCE FOR PART B 619 ARP

****

**Intervening Supports provided during this Reporting Period**

For **each targeted school**, enter the **number of students** receiving CCEIS supports by focus area for **the current reporting period**. Add additional rows, as needed. Identify the CCEIS Plan / grant funding source(s) supporting this work. (Check all that apply.)

**Identification** [ ]  **CCEIS 611** [ ]  **CCEIS – ARP 611** [ ]  **CCEIS 619** [ ]  **CCEIS – ARP 619**

| **School(s)/****Region(s)** | **Category of Analysis** | **Racial/Ethnic Group****Racial/Ethnic Group (targeted as Significant Disproportionate)** | **Total enrollment of students in the targeted group** | **# of non-disabled / at-risk students** **participating in the CCEIS intervention** | **Identify the intervening support(s).** **How does the activity address the factors contributing to high rates of identification of targeted students at this school/region?**  |
| --- | --- | --- | --- | --- | --- |
| Enter text. | Select the Identification category. | Race/Ethnicity | Enter text. | Enter text. | [ ]  Reading [ ]  Math [ ] Behavior [ ]  Other Enter text. |
| Enter text. | Select the Identification category. | Race/Ethnicity | Enter text. | Enter text. | [ ]  Reading [ ]  Math [ ] Behavior [ ]  Other Enter text. |
| Enter text. | Select the Identification category. | Race/Ethnicity | Enter text. | Enter text. | [ ]  Reading [ ]  Math [ ] Behavior [ ]  Other Enter text. |
| Enter text. | Select the Identification category. | Race/Ethnicity | Enter text. | Enter text. | [ ]  Reading [ ]  Math [ ] Behavior [ ]  Other Enter text. |

**Placement** [ ]  **CCEIS 611** [ ]  **CCEIS – ARP 611** [ ]  **CCEIS 619** [ ]  **CCEIS – ARP 619**

| **School(s)/****Region(s)** | **Category of Analysis** | **Racial/Ethnic Group (targeted as Significant Disproportionate)** | **Total enrollment of targeted students in the identified placement** | **# of all other students in the identified placement** | **Identify factors contributing to a reduction in the rates of restrictive placement of targeted students at this school/region.**  |
| --- | --- | --- | --- | --- | --- |
| Enter text. | Select the Placement category. | Race/Ethnicity | Enter text. | Enter text. | Reduction in restrictive placements: Enter text.Contributing factors: Enter text. |
| Enter text. | Select the Placement category. | Race/Ethnicity | Enter text. | Enter text. | Reduction in restrictive placements: Enter text.Contributing factors: |

**Disciplinary Removals** [ ]  **CCEIS 611** [ ]  **CCEIS – ARP 611** [ ]  **CCEIS 619** [ ]  **CCEIS – ARP 619**

| **School(s)/****Region(s)** | **Category of Analysis** | **Racial/Ethnic Group (targeted as Significant Disproportionate)** | **Total enrollment of students in the targeted group** | **# of targeted students with disciplinary removals by category** | **Total enrollment of all other students with disabilities** | **# of all other students with disciplinary removals by category** | **Identify factors contributing to a reduction in the rates of suspensions for targeted students at this school/region.****Do the factors impact the rate of suspensions for other students with/without disabilities?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enter text. | Select the Disciplinary Removals category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. | Reduction in suspensions: Enter text.Contributing factors: Enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School(s)/****Region(s)** | **Category of Analysis** | **Racial/Ethnic Group (targeted as Significant Disproportionate)** | **Total enrollment of students in the targeted group** | **# of targeted students with disciplinary removals by category** | **Total enrollment of all other students with disabilities** | **# of all other students with disciplinary removals by category** | **Identify factors contributing to a reduction in the rates of suspensions for targeted students at this school/region.****Do the factors impact the rate of suspensions for other students with/without disabilities?** |
| Enter text. | Select the Disciplinary Removals category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. | Reduction in suspensions: Enter text.Contributing factors: Enter text. |
| Enter text. | Select the Disciplinary Removals category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. | Reduction in suspensions: Enter text.Contributing factors: Enter text. |
| Enter text. | Select the Disciplinary Removals category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. | Reduction in suspensions: Enter text.Contributing factors: Enter text. |

**Disability Determination**

For **each targeted school**, enter the **number of students** receiving CCEIS intervening supports at any time during the **reference school year** and the two preceding school years identified as **students with a disability in need of special education and/or related services** during the **current reporting period**. (Add additional rows, as needed.)

| **Targeted Schools/Region** | **Number of non- disabled / at-risk students** **participating in the CCEIS intervention** | **Number of students** receiving CCEIS intervening supports **identified as having a disability** |
| --- | --- | --- |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

**PRA – Progress Monitoring**

Enter the area(s) of need as indicated in the applicable CCEIS Plan / PRA aligned with the SFY of reporting. Number the PRA reporting to align with the CCEIS Plan submitted. A Progress Monitoring Report is due for each PRA.

**Each PRA addresses one Category of Analysis and activities may address one or all of the following:**

* Review and/or Adjustments to Policies, Procedures, and/or Practices
* Intervention – Academic and/or Behavior
* Professional Development

**PRA # Category of Analysis** [ ]  **IDENTIFICATION** [ ]  **PLACEMENT** [ ]  **DISCIPLINARY REMOVALS**

Identify the CCEIS Plan / grant funding source(s) supporting this work. (Check all that apply.) [ ]  **CCEIS 611** [ ]  **CCEIS – ARP 611**

[ ]  **CCEIS 619** [ ]  **CCEIS – ARP 619**

| **Significant Disproportionality** | **Identify the category.** **Identify the Race/Ethnicity.****Identify the category.****Identify the Race/Ethnicity.** |
| --- | --- |
| **Root Cause**  | **Identify the contributing factor(s)/root cause.****Additional contributing factor(s)/root cause, if applicable.****Additional contributing factor(s)/root cause, if applicable.** |
| **Measurable Outcome (Reported during interim and final progress reports.) At least one benchmark is required for each reporting period; identify additional benchmarks as appropriate.** | **Goal:**By September 30, 2023, Click or tap here to enter text. **Interim Benchmarks:**By January 30, 2022, Click or tap here to enter text. By January 30, 2023, Click or tap here to enter text. |

**Data Source(s)/Method(s) for Evaluating PRA #**

### Summarize the PRA data aligned with the reporting period. Response includes both fidelity of implementation and student outcome measures.

|  |  |
| --- | --- |
| **Review and/or Adjustments to Policies, Procedures, and/or Practices** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the policies, procedures, and/or practices reviewed or adjusted during the reporting period:**Click or tap here to enter text.**Identify the schools impacted by this specific activity:**Click or tap here to enter text.**What is the intended outcome of revisions to the policies, procedures, and/or practices and the impact on the root cause factor(s)?**Click or tap here to enter text.**Who is responsible for implementation of this activity?**Click or tap here to enter text.**Findings as a result of review (Data summary):**Click or tap here to enter text. **Schedule of Review (Dates/Frequency):** Click or tap here to enter text.**What is the impact on IEP Team decision-making related to Identification, Placement, and Disciplinary Removals?** Click or tap here to enter text.**What data supports your description of impact?** Click or tap here to enter text. **How has the local system communicated or shared changes to policies, procedures, and/or practices with the public?**Click or tap here to enter text. |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

### Summarize the PRA data aligned with the reporting period. Response(s) include both fidelity of implementation and student outcome measures.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text.Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

### Summarize the PRA data aligned with the reporting period. Response includes both fidelity of implementation and student outcome measures.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan** [ ]  Yes [ ]  No **ARP CCEIS Plan** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan** [ ]  Yes [ ]  No **ARP CCEIS Plan** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, identify action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan** [ ]  Yes [ ]  No **ARP CCEIS Plan** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

**PRA – Progress Monitoring**

Enter the area(s) of need as indicated in the applicable CCEIS Plan / PRA aligned with the SFY of reporting. Number the PRA reporting to align with the CCEIS Plan submitted. A Progress Monitoring Report is due for each PRA.

**Each PRA addresses one Category of Analysis and activities may address one or all of the following:**

* Review and/or Adjustments to Policies, Procedures, and/or Practices
* Intervention – Academic and/or Behavior
* Professional Development

**PRA # Category of Analysis** [ ]  **IDENTIFICATION** [ ]  **PLACEMENT** [ ]  **DISCIPLINARY REMOVALS**

Identify the CCEIS Plan / grant funding source(s) supporting this work. (Check all that apply.) [ ]  **CCEIS 611** [ ]  **CCEIS – ARP 611**

[ ]  **CCEIS 619** [ ]  **CCEIS – ARP 619**

| **Significant Disproportionality** | **Identify the category.** **Identify the Race/Ethnicity.****Identify the category.****Identify the Race/Ethnicity.** |
| --- | --- |
| **Root Cause**  | **Identify the contributing factor(s)/root cause.****Additional contributing factor(s)/root cause, if applicable.****Additional contributing factor(s)/root cause, if applicable.** |
| **Measurable Outcome (Reported during interim and final progress reports.) At least one benchmark is required for each reporting period; identify additional benchmarks as appropriate.** | **Goal:**By September 30, 2023, Click or tap here to enter text. **Interim Benchmarks:**By January 30, 2022, Click or tap here to enter text. By January 30, 2023, Click or tap here to enter text. |

**Data Source(s)/Method(s) for Evaluating PRA #**

### Summarize the PRA data aligned with the reporting period. Response includes both fidelity of implementation and student outcome measures.

|  |  |
| --- | --- |
| **Review and/or Adjustments to Policies, Procedures, and/or Practices** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the policies, procedures, and/or practices reviewed or adjusted during the reporting period:**Click or tap here to enter text.**Identify the schools impacted by this specific activity:**Click or tap here to enter text.**What is the intended outcome of revisions to the policies, procedures, and/or practices and the impact on the root cause factor(s)?**Click or tap here to enter text.**Who is responsible for implementation of this activity?**Click or tap here to enter text.**Findings as a result of review (Data summary):**Click or tap here to enter text. **Schedule of Review (Dates/Frequency):** Click or tap here to enter text.**What is the impact on IEP Team decision-making related to Identification, Placement, and Disciplinary Removals?** Click or tap here to enter text.**What data supports your description of impact?** Click or tap here to enter text. **How has the local system communicated or shared changes to policies, procedures, and/or practices with the public?**Click or tap here to enter text. |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

### Summarize the PRA data aligned with the reporting period. Response include both fidelity of implementation and student outcome measures.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text.Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****How does the activity address the root cause(s) identified?**Click or tap here to enter text. **Identify the intervention:** Click or tap here to enter text. **Identify the schools impacted by the implementation of this intervention:** Click or tap here to enter text.**Identify the student selection process for participation in this intervening service:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity in this intervention:** Click or tap here to enter text.**Number of students without disabilities participating by race/ethnicity:** Click or tap here to enter text.**Implemented by:** Click or tap here to enter text.**Training and coaching provided to staff implementing this intervention:** Click or tap here to enter text.**Fidelity checks (Dates and Frequency):** Click or tap here to enter text.**Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

### Summarize the PRA data aligned with the reporting period. Response includes both fidelity of implementation and student outcome measures.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

| **Professional Learning Activities** | **How does the activity address the root cause(s) identified?**Click or tap here to enter text.**Role(s) of participant(s):** Click or tap here to enter text. **Number of participant(s):** Click or tap here to enter text.**Identify the schools impacted by this professional learning activity:****Describe the model, format and duration of this professional learning activity:** Click or tap here to enter text.**Identify the schedule of this professional learning (Dates provided):** Click or tap here to enter text.**Identify the trainer(s):** Click or tap here to enter text.**Describe the coaching model or job-embedded supports implemented:** Click or tap here to enter text.**Identify the schedule of coaching or job-embedded supports implemented:** Click or tap here to enter text.**Fidelity data collected as a component of implementation (Change in adult practice):****Change in student data for this reporting period:** Click or tap here to enter text.**Timeline for implementation:** Click or tap here to enter text. |
| --- | --- |

**Are activities and related outcomes progressing as planned?** [ ]  Yes [ ]  No

**If no, identify action steps identified by the Implementation Team:** Click or tap here to enter text.

**Is spending consistent with the projected budget? CCEIS Plan 611/619** [ ]  Yes [ ]  No **ARP CCEIS Plan 611/619** [ ]  Yes [ ]  No

**If no, describe the action steps identified by the Implementation Team to ensure full expenditure of funds aligned to plan activity:**

Click or tap here to enter text.

**LSS SIGNATURES REQUIRED FOR SUBMISSION**

Click or tap here to enter text.

Local Director of Special Education (Print and Sign) Date

Click or tap here to enter text.

Local Chief Academic Officer (or Assistant Superintendent of Curriculum) (Print and Sign) Date

Click or tap here to enter text.

Local Finance Officer (Print and Sign) Date

Click or tap here to enter text.

Local Superintendent (or Deputy Superintendent) (Print and Sign) Date

**MSDE Signature(s)**

MSDE, DEI/SES Program Specialist (Print and Sign) Date

MSDE, DEI/SES Equity Specialist (Print and Sign) Date

MSDE, DEI/SES Fiscal Liaison (Print and Sign) Date

MSDE, DEI/SES Resource Management, and Monitoring Branch Chief (Print and Sign) Date