# CCEIS Plan Progress Report

**State Fiscal Year** Choose the SFY.

**Local System:** Identify the Local System.

**Date Submitted:** Click or tap to enter a date.

**Contact Information for Person Submitting Form**

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

**Reporting Period**

Indicate the reporting period for this submission. All data referenced reflects the identified reporting period. Per the NOGA. Fill in the time period coinciding with the report.

[ ]  **Interim Report 1:** July 1, 20-- to December 31, 20-- **Due:** January 31, 20—

[ ]  **Interim Report 2:** January 1, 20-- to December 31, 20-- **Due:** January 31, 20—

[ ]  **FINAL Report:** July 1, 20-- to December 31, 20-- **Due:** November 30, 20—

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.

Cumulative Variance for Part B 611

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CUMULATIVE VARIANCE FOR PART B 619

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**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**.

**Identification**

| **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**

| **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**

| **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. |
| 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**.

| **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. |
|  |  |  |

**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.

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

| **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; additional benchmarks may be added as appropriate.** | **Goal:**By September 30, 202\_, Click or tap here to enter text. **Interim Benchmarks:**By January 30, 202\_, Click or tap here to enter text. By June 30, 2023, Click or tap here to enter text. |

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

Enter the PRA data aligned with the SFY of reporting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Source(s)/Method(s) for Evaluating****Include both fidelity of implementation and student outcome measures.****Identify the data points that will be included in the mid-year and year-end progress reports.** | **Frequency** | **Completion Date** | **Staff Responsible** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| **Planned Action(s)** | **What is the activity for this reporting period and Category of Analysis/Significant Disproportionality?**Click or tap here to enter text. **How does the activity address the root cause(s) identified?**Click or tap here to enter text. **What is the activity for this reporting period and Category of Analysis/Significant Disproportionality?**Click or tap here to enter text. **How does the activity address the root cause(s) identified?**Click or tap here to enter text.  |
| --- | --- |

**PRA # continued**

|  |  |
| --- | --- |
| **Review and/or Adjustments to Policies, Procedures, and/or Practices** | **What policies, procedures, and/or practices were reviewed or adjusted during the reporting period?**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?**Click or tap here to enter text.**Findings as a result of review:**Click or tap here to enter text.**What is the impact on IEP Team decision-making related to Identification, Placement, Disciplinary Removals?** **Impact Data:** Click or tap here to enter text.**Schedule of Review:** 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. |
| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****Schools impacted:** Click or tap here to enter text.**Student selection process:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity:** 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 those implementing:** Click or tap here to enter text.**Fidelity checks:** Click or tap here to enter text.**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

**Will this PRA need to be revised, updated, or amended?** [ ]  Yes [ ]  No

| **Intervention** | [ ]  **ACADEMIC INTERVENTION** [ ]  **BEHAVIOR INTERVENTION****Schools impacted:** Click or tap here to enter text.**Student selection process:** Click or tap here to enter text.**Number of students with disabilities participating by race/ethnicity:** 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 those implementing:** Click or tap here to enter text.**Fidelity checks:** Click or tap here to enter text.**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

**Will this PRA need to be revised, updated, or amended?** [ ]  Yes [ ]  No

**PRA # continued**

| **Professional Learning Activities** | **Identify the intended outcome of the professional learning and its impact on the root cause factor(s)?**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.**Schools impacted:** Click or tap here to enter text.**Training implementation:** Click or tap here to enter text.**Schedule:** Click or tap here to enter text.**Format:** Click or tap here to enter text.**Duration:** Click or tap here to enter text.**Trainer(s):** Click or tap here to enter text.**Coaching implementation:** Click or tap here to enter text.**Schedule:** Click or tap here to enter text.**Format:** Click or tap here to enter text.**Duration:** Click or tap here to enter text.**Coach(es):** Click or tap here to enter text.**Impact on students:****Data collected:****Schedule of Review:** |
| --- | --- |

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

**Will this PRA need to be revised, updated, or amended?** [ ]  Yes [ ]  No

**PRA # continued**

**Budget Expenditures**

Double click to enter data. Click outside of the spreadsheet to return to Word controls.

PRA Budget Variance for Part B 611

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**Is spending consistent with the projected 611 budget? If not, why?**

Click or tap here to enter text.

**PRA # continued**

PRA Budget VARIANCE FOR PART B 619

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**Is spending consistent with the projected 611 budget? If not, why?**

Click or tap here to enter text.

Add additional, **PRA Progress Monitoring Reports with Budget** boxes, as needed.

**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 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

MSDE, DEI/SES Assistant State Superintendent (Print and Sign) Date