**MSDE, DEI/SES CCEIS Plan Progress Report**

The MSDE, DEI/SES CCEIS Plan Progress Report is structured to meet federal reporting requirements and State expectations for the implementation of policies, procedures, and practices that effectively address factors contributing to significant disproportionality in the identification, placement, and/or discipline of students with disabilities within the local system. In addition to the tracking of school-level, provider-level, and student-level CCEIS data including expenditures, the MSDE, DEI/SES CCEIS Plan Progress Report examines the local system’s planned response actions directed at changing outcomes related to significant disproportionality. This process is grounded in a thoughtful assessment of strategic improvement actions, data – driven decision making, and the system’s efforts to build local capacity.

**Instructions**

* Complete all requests for data.
* Provide fiscal and programmatic data specific to the reporting period.
* Utilize the available drop-down menus for the completion of information in the local system’s CCEIS Plan Progress Report.
* Reference data that is reflective of the targeted schools and populations identified in the SFY 2020 CCEIS Plan.
* Add additional cells, as needed, using a copy and paste process for reporting data.
* Summarize progress and related expenditures for each Planned Response Action (PRA) from Table 5 of the local system’s CCEIS Plan. Number each PRA.
* Obtain local endorsements for the submission of the CCEIS Plan Progress Report.
* Do not modify or change the report format.

**CEIS Fiscal and Student Data Tracker**

The IDEA Data Center (IDC) and Center for IDEA Fiscal Reporting (CIFR) have published a revised Coordinated Early Intervening Services (CEIS) Fiscal and Student Data Tracker which may be helpful to local systems for the tracking of expenditures, professional development, services, and student data associated with CCEIS. MSDE, DEI/SES is providing a link and citation for this tool.[**CEIS Fiscal and Student Data Tracker**](https://ideadata.org/resources/resource/1689/using-the-coordinated-early-intervening-services-ceis-fiscal-and-student)**. Use of this resource is optional.**

## **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.

**Telephone:** 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. | Other (Equity Officer/Representative): |
| Click or tap here to enter text. | Other: |
| Click or tap here to enter text. | Other: |

\* 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.

**Interim Report 1:** July 1, 20-- to December 31, 20-- **Due:** March 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—

**Reserved Fund**

Indicate the funds as represented on the approved local CCEIS Plan, C-1-25 and Budget Detail.

**Table 1**

| Local System  611 CCEIS Plan Funds |  | Local System  619 CCEIS Plan Funds |  | \*Local CCEIS Plan Total  611 + 619 Funds\* |
| --- | --- | --- | --- | --- |
| Enter text. | **and/or** | Enter text. | **=** | Enter text. |

\* Must equal the State Calculated Total on the Allocation Sheet.

**Cumulative Variance Reporting**

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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**Categories of Analysis / Significant Disproportionality**

Enter the area(s) of need and data referenced in the Letter of Significant Disproportionality aligned with the SFY of reporting.

**Table 2**

| **Category of Analysis / Significant Disproportionality** |  | **Risk Ratio: 17-18** | **Risk Ratio: 18-19** | **Progress** | **Risk Ratio Needed to Achieve Reasonable Progress for 2019-2020** |
| --- | --- | --- | --- | --- | --- |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |

**Intervening Supports**

For **each targeted school**, enter the **number of students** receiving CCEIS supports by focus area for **the current reporting period**. Add additional cells, as needed.

**Current Reporting Period:** Select the Reporting Period.

**Table 3a**

| **Targeted Schools/Region**  **School Name:** | **Reading** | **Math** | **Behavior** | **Other** |
| --- | --- | --- | --- | --- |
| General Education Students served during this reporting period | Enter text. | Enter text. | Enter text. | Enter text. |
| Special Education Students served during this reporting period - **non-IEP services** | Enter text. | Enter text. | Enter text. | Enter text. |
| General Education Students served Year to Date (YTD) | Enter text. | Enter text. | Enter text. | Enter text. |
| Special Education Students served Year to Date (YTD) - **non-IEP services** | Enter text. | Enter text. | Enter text. | Enter text. |

**Table 3a continued**

| **Targeted Schools/Region**  **School Name:** | **Reading** | **Math** | **Behavior** | **Other** |
| --- | --- | --- | --- | --- |
| General Education Students served during this reporting period | Enter text. | Enter text. | Enter text. | Enter text. |
| Special Education Students served during this reporting period - **non-IEP services** | Enter text. | Enter text. | Enter text. | Enter text. |
| General Education Students served Year to Date (YTD) | Enter text. | Enter text. | Enter text. | Enter text. |
| Special Education Students served Year to Date (YTD) - **non-IEP services** | Enter text. | Enter text. | Enter text. | 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 cells, as needed.

**Current Reporting Period:** Select the Reporting Period.

**Table 3b**

| **Targeted Schools/Region** | **Number of CCEIS students identified as having a disability** |
| --- | --- |
| School Name: Enter text. | Enter text. |
| School Name: Enter text. | Enter text. |
| School Name: Enter text. | Enter text. |
| School Name:Enter text. | Enter text. |
| School Name: Enter text. | Enter text. |
| School Name: Enter text. | Enter text. |

**Professional Development**

Enter the **number of CCEIS providers and school personnel** participating in professional development activities aligned with factors contributing to the significant disproportionality during the **current reporting period**. Add additional cells, as needed.

**Current Reporting Period:** Select the Reporting Period.

**Table 4**

| **Category of Analysis/Significant Disproportionality** | **Number of Participants** | **Was the training mandatory?** |
| --- | --- | --- |
| Identify the category. | Enter text. | Yes  No |
| Identify the category. | Enter text. | Yes  No |
| Identify the category. | Enter text. | Yes  No |

**Planned Response Actions (PRA)**

In the **Activity Description** box, copy and paste each **PRA** from **Table 5** of the local system’s plan addressed during the **current reporting period**. Add additional, **PRA Activity Description with Budget** boxes, as needed.

**Current Reporting Period:** Select the Reporting Period.

**A separate Table 5 must be completed for each PRA aligned to each area of significant disproportionality.**

**Table 5 PRA Plan # -----**

| **Category of Analysis / Significant Disproportionality** | Identify the category.    Identify the Race/Ethnicity. |
| --- | --- |
| **Planned Response Action Plan # -----** | Identify the type of activity. |
| **Root Cause** | Identify the contributing factor(s)/root cause. |
| **Activity Description** | *Copy and paste content from each PRA in Table 5 of CCEIS Plan.*  Click or tap here to enter text. |
| **Target Population/Audience** | (*For this activity)*  Click or tap here to enter text. |
| **Measurable Outcomes for the Current Reporting Period** | *Summarize/Describe how the PRA addresses the root cause the needs of the target population, and evidence of change for this reporting period.*  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

| **Mid –Year Data***Identify the source(s) and data used to demonstrate progress.* | **Interim Report 1:** July 1, 20-- to December 31, 20--  **Interim Report 2:** January 1, 20-- to December 31, 20-- |
| --- | --- |

| Click or tap here to enter text. |
| --- |

| **End of Year Data** | **FINAL Report:** January 1, 20-- to September 30, 20-- |
| --- | --- |

| **Category of Analysis / Significant Disproportionality** |  | **Risk Ratio:**  **17- 18** | **Risk Ratio:**  **18 - 19** | **Risk Ratio Needed to Achieve**  **Reasonable Progress** | **Target Met/Not Met** |
| --- | --- | --- | --- | --- | --- |
| Identify the category. | Race/Ethnicity | Enter text. | Enter text. | Enter text. | Enter text. |

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 projected 611 budget? If not, why?**

Click or tap here to enter text.

PRA Budget VARIANCE FOR PART B 619

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**Is spending consistent with projected 619 budget? If not, why?**

Click or tap here to enter text.

Add additional, **PRA Activity Description with Budget** boxes, as needed.

**LSS/PA 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

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