## **SFY 20 Comprehensive Coordinated Early Intervening Services Plan**

# **PROGRAMMATIC AMENDMENT # \_\_**

### **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 Allocation**

CCEIS 611 Grant # Click or tap here to enter text. CCEIS ARP 611 Grant # Click or tap here to enter text.

CCEIS 619 Grant # Click or tap here to enter text. CCEIS ARP 619 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. | \* Equity Officer/Representative |
| Click or tap here to enter text. | Other: Click or tap here to enter text. |
| Click or tap here to enter text. | Other: Click or tap here to enter text. |

\* Required members of the local system team.

**Planned Response Actions**

Based on the Local Implementation Team’s comprehensive data analysis and progress monitoring, what planned response actions require programmatic and/or fiscal amendment?

Click or tap here to enter text.

What changes in the planned response actions are indicated based on your data analysis?

Click or tap here to enter text.

What qualitative and/or quantitative data supports the need for amendment?

Click or tap here to enter text.

**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; additional benchmarks may be added as appropriate.** | **Goal:**  By September 30, 20xx, Click or tap here to enter text.  **Interim Benchmarks:**  By January 30, 20xx, Click or tap here to enter text. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Source(s)/Method(s) for Evaluating**  **Include both fidelity of implementation and student outcome measures.**  **Indicate which data points 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?**  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?**  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** | |
| --- | --- |
| **Complete this section for 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 because 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. |
| **Complete this section for an Academic or Behavior 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 in this intervention:** 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.  **Summarize the 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. |

**PRA # continued**

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| --- | --- |
|  | ☐ **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 in this intervention:** 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.  **Summarize the 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. |
| **Complete this section for Professional Learning Activities** | ☐ **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 in this intervention:** 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.  **Summarize the 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. **Coach(es):** Click or tap here to enter text. |

**Budget Amendment**

Submit the **C-1-25, C-1-25 A, C-1-25 B**, and the **Budget Detail** documenting the proposed budgetary changes necessary to implement the Amendment.

On the **Budget Detail**, enter:

1. The grant name/line initiative (may be selected from the drop-down menu);
2. The Category/Program (refer to the MSDE Grant Budget Form (C-1-25);
3. The Object (may be selected from the drop-down menu); and
4. A description of each item. Include a unit cost and the number of units, if applicable, in the description.

**Fiscal Responsibilities/Use of Funds:** The general non-supplant requirement for IDEA funds in 34 CFR §300.202(a)(3) states that funds provided to LEAs under Part B of the IDEA must be used to supplement State, local, and other federal funds and not supplant those funds.

**LSS SIGNATURES REQUIRED FOR SUBMISSION**

Local Director of Special Education (Print and Sign) Date

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

Local Finance Officer (Print and Sign) Date

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

**MSDE Signature(s)**

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

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

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

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

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