



COLORADO
Department of Education

Exceptional Student Services Unit
1560 Broadway, Suite 1100
Denver, CO 80202-5149

Ms. Kim Morrison
Elizabeth, 19205
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Elizabeth, CO80107

December 14, 2016

A condition of accepting Federal (IDEA) resources for meeting the individual needs of students with disabilities requires that Administrative Units be given an annual Determination based on several factors. Additionally, the Colorado Department of Education (CDE) must publicly report annually on the Administrative Unit's progress toward meeting the State Performance Plan (SPP) targets as required by 34 CFR §300.602(b)(1)(i)(A). Further, 34 CFR §300.6041 mandates that the CDE use the same categories that the United States Department of Education, Office of Special Education Programs (OSEP), uses for making State determinations.

In making the determination, the CDE considered data submitted by Elizabeth related to the following SPP compliance indicators:

Indicator 4B: Whether the AU has disproportionate representation by race/ethnicity in the number of disciplinary exclusions of students with disabilities for greater than 10 days in a school year due to inappropriate policies, procedures or practices.

Indicator 9: Whether the Administrative Unit (AU) has disproportionate representation of students with disabilities by race or ethnicity due to inappropriate identification.

Indicator 10: Whether the AU has disproportionate representation of students with disabilities by race or ethnicity in a specific disability category due to inappropriate identification.

Indicator 11: Percent of children for whom an evaluation was completed within 60 calendar days.

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 birthday.

Indicator 13: Percent of youth with Individual Education Plans (IEP) 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

¹ See, *Questions and Answers on Monitoring, Technical Assistance and Enforcement, Question c.1* (OSEP, January 2007, at <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C4%2C>).



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.

Based on the information above, the CDE must determine whether Elizabeth:

1. Meets Requirements;
2. Needs Improvement; or
3. Needs Intervention

The CDE has evaluated the criteria listed above and determined that Elizabeth *Meets Requirements* for the implementation of Part B of the IDEA for 2015-16. Please see [Colorado's Continuous Improvement Process: Understanding Determinations](#) to review the levels of support depending on your determination.

CDE is committed to supporting Elizabeth in its efforts to improve results for children with disabilities and looks forward to working with you over the next year.

If you have any questions regarding this determination process, please contact Toby King at 303.866.6964. If you have any concerns about your determination, please feel free to contact me at Denning_A@cde.state.co.us or by phone at 303.866.4093.

Sincerely,



Angela Denning, Executive Director
Exceptional Student Services Unit

Posted to <http://www.cde.state.co.us/cdesped/AUperformanceprofiles> on 12/14/2016.



Administrative Unit: Elizabeth - 19205

Compliance Indicator	FFY 2015 Administrative Unit Performance	FFY 2015 AU Points Awarded
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. (SY2015-16)	MR	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification. (SY2015-16)	MR	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification. (SY2015-16)	MR	2
Indicator 11: Timely initial evaluation (SY2015-16)	MR	2
Indicator 12: IEP developed and implemented by third birthday. (SY2015-16)	n/a	n/a
Indicator 13: Secondary transition (SY2014-15)	MR	2
Longstanding Noncompliance	No	n/a
Total Points Earned		10
Total Points Possible		10
Compliance Rating		100.00%
SCORING: MR (Meets Requirements) ≥ 90% (2 Points) NA (Needs Assistance) ≥ 75% but < 90% (1 Point) NI (Needs Intervention) <75% (0 Points)	AU Compliance Determination	MR