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Data Validation Monitoring (DVM) System
For Student Discipline Records
Guidance for Local Education Agencies (LEAs)

Division of Program Monitoring and Interventions

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Introduction

The Texas Education Agency (TEA or the agency) previously outlined key provisions of state legislation (House Bill 3459, 78th Regular Legislative Session) that significantly revised the scope of school district monitoring. This system is referenced as the Performance-Based Monitoring (PBM) system. The PBM system relies on the evaluation of performance and program effectiveness data at the state level. Therefore, one important aspect of the agency's PBM system is data validation monitoring. Data validation analyses evaluate district leaver/dropout records, assessment data, Public Education Information Management System (PEIMS) personal identification database (PID) errors, discipline data, attendance data, and state compensatory education data. Districts and charter schools are subject to additional data analyses, including random audits, as necessary to ensure the accuracy of data submitted to the agency. Data validation interventions are coordinated with performance interventions to the extent possible and tailored to data accuracy concerns.

Determinations regarding monitoring and interventions are the result of a discipline data validation analysis implemented by the agency's PBM Division. Information related to the discipline data validation indicators calculated by the PBM Division is available in the *Discipline Data Validation Manual* available at http://www.tea.state.tx.us/index2.aspx?id=4664&menu_id=2147483683. Indicators that can trigger a review or investigation based on potential data anomalies are listed in each year's Data Validation Manuals. The results of the discipline data analysis are made available to districts and charter schools in the form of a district-level summary report (titled *PBM Data Validation Report: Discipline Records*) and student-level reports (titled *PBM Data Validation Analysis: Student Level Discipline Data*) posted on the Texas Education Agency Secure Environment (TEASE) accountability application's PBM link. The TEASE website can be accessed at: <https://seguin.tea.state.tx.us/apps/logon.asp>.

LEAs identified for DVM student discipline monitoring and interventions are required to participate in specific activities to collect and analyze data to determine why the LEA was identified for an indicator; identify campuses that may have contributed to the LEA's identification under the indicator; determine the frequency and source of any reporting errors; and evaluate the effectiveness of policies, procedures, and data tracking systems. Required intervention activities include:

- Conducting a Focused Data Analysis (FDA) with Student-Level Data Review (SLDR), if applicable; and
- Developing a Continuous Improvement Plan/Corrective Action Plan (CIP/CAP), if applicable.

The LEA must maintain information documenting implementation of the review process. This includes documentation regarding which student folders were reviewed during the process. Appropriate implementation of the system, as well as integrity of the data reflected in the system, are subject to future random verification by the agency.

For more information about intervention requirements, review the [Submittal Matrix](#); [DVM Framework](#); and [DVM Flowchart](#) available at: <http://www.tea.state.tx.us/pmi/datamon/2011/index.html#guidance>.

Complete the intervention activities and submit the required documents by the following deadlines:

- Stage 1: February 21, 2011 (LEAs are required to complete the intervention documents and retain the documents at the LEA subject to a request for submission)
- Stage 2: February 21, 2011
- Stage 3: February 22, 2011
- Stage 4: February 23, 2011

Note: Under the authority of TEC §39.109 and §39.110, the LEAs may be required to obtain and pay for professional services; submission deadlines for those LEAs will be determined by the TEA in conjunction with the service provider.

Documents must be submitted via the Intervention Stage and Activity Manager (ISAM) application within the TEASE. Instructions regarding the use of ISAM can be found under the Resources section of the Program Monitoring and Interventions website at the following link: www.tea.state.tx.us/pmi.

ESC Technical Assistance

Contact your ESC Specialists for technical assistance with implementation of the DVM process. A list of ESC contacts is available at <http://www.tea.state.tx.us/ESC/>.

Establishing the Core Analysis Team

The core analysis team is responsible for conducting all intervention activities in the intervention process. All required participants of the core analysis team must be involved during the process, but tasks, responsibilities, or type of involvement may vary among team members. Individuals selected should not serve dual roles, and it is recommended that all instructional levels in the LEA be represented (i.e., elementary, middle, and/or high school). Once assembled, it is expected that the original team members will remain in place as your LEA's continuous improvement process proceeds. The LEA may decide that additional team members may be needed as appropriate to complete a particular activity. A list of the required and optional core analysis team participants is included in this section. Core Analysis Team participants must be identified on the *Core Analysis Team Participant Template* and submitted to the TEA.

Note: It is strongly recommended that ESC PEIMS coordinators be consulted and utilized as technical resources related to the identification of data reporting errors and improvements to systems for data gathering and reporting. This is particularly critical when discipline data indicators are flagged for review and the LEA is unable to confirm the accuracy of the data submitted.

Conducting the FDA with SLDR (as Applicable)

The purpose of the focused data analysis with student-level data review (as applicable) is to identify and determine why the LEA was identified for that indicator; identify campuses that may have contributed to the LEA's identification under the indicator; determine the frequency and source of any reporting errors; and evaluate the effectiveness of policies, procedures, and data tracking systems. Findings from the data analysis process should be addressed in the CIP/CAP. The focused data analysis process includes the completion of an *FDA* template and *SLDR* workbook (as applicable) **for each indicator identified** in the *PBM Data Validation Report: Discipline Records* report.

The *PBM Data Validation Report: Discipline Records* provides information about the specific indicator for which the LEA was identified. LEAs identified for indicator(s) #1, #3, #4, and/or #5 must complete an *FDA* template and *SLDR* workbook for each indicator. LEAs identified for indicator(s) #6, #7, and/or #9 will be required to complete an *FDA* template and will NOT complete a student-level data review (skip the *Completing SLDR Workbook* section and continue with the *Completing the FDA Template* section).

Additionally, Report Only indicators have been developed by the agency that provide the LEA with information about students placed in In-School Suspension (ISS) for 30 or more actual days in a given school year (report only indicator #2 and provide information about discretionary Disciplinary Alternative Education Program (DAEP) placements for Hispanic students (report only indicator #8). Review the related reports posted to the TEASE accountability application's PBM link and determine whether any proactive steps should be taken to address any potentially disproportionate DAEP placements for Hispanic students and/or any extended ISS placements as indicated by the data in the reports. The board of trustees of a district or governing body of an open-enrollment charter school must be notified of any findings related to noncompliance with the provisions of TEC Chapter 37 and take action as appropriate to ensure compliance with these requirements. No *FDA* template is available for the report only indicators; however, LEAs that conduct a data analysis for report only indicators #2 and/or #8 should use the information for planning purposes and retain documentation at the LEA.

Completing the Student Level Data Level Review

The *SLDR* workbook is a Microsoft Excel document that contains the following worksheets: *Instructions*, *Student Information*, and *Findings Summary*. The *SLDR* workbook(s) will help the LEA: 1) conduct a data review for a sampling of students identified in the *PBM Data Validation Analysis: Student Level Discipline Data* report; 2) disaggregate data by various criteria; 3) identify campuses that may have contributed to the LEA's identification; and 4) evaluate the effectiveness of data tracking systems, policies, and procedures.

Note: When using student data, personally identifiable information must be protected in compliance with the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).

Collecting Data

The list of student discipline records identified for each indicator is found in the student-level report titled *PBM Data Validation Analysis: Student-Level Discipline Data*. These reports are posted on the TEASE Accountability Application's PBM link.

Completing the Student Information Worksheet

Use the sampling criteria provided in the *Instructions* worksheet to determine the appropriate sample size and subset of student records to select for the data analysis (the sample size for the *SLDR* varies by stage of intervention). Select the student records and collect all supporting documentation. **Note: The LEA must document and be able to demonstrate upon request its methodology in determination of the sample.** The TEA

reserves the right to identify additional students to be entered on the SLDR and will require the LEA to submit supporting documentation.

Complete the *Student Information* worksheet by entering the requested information for each student record selected for the sample. The *Instructions* worksheet provides specific guidance on how to complete each column on this worksheet. The *Code Definitions* worksheet provides a description of action codes (C164) and reason codes (C165).

Reviewing the *Summary of Findings* Worksheet

The *Summary of Findings* worksheet provides aggregated data from the *Student Information* worksheet to assist the LEA in evaluating the appropriateness of codes utilized in reporting in the PEIMS 425 record.

Submitting Supporting Documentation

LEAs must submit the required supporting documentation for each student discipline record entered on the *SLDR* template in accordance with submission requirements outlined on page 1 of this document. Supporting documentation must be submitted via *ISAM*.

Completing the Focused Data Analysis Template(s)

LEAs are required to complete a focused data analysis on each indicator identified in the *PBM Accountability Report* except for report only indicators #2 and #8. If applicable, consider the information collected through the *SLDR* workbook(s) while conducting the focused data analysis. The *FDA* template contains probes for each indicator. Use the data collected in the *SLDR* workbook (if applicable), analyze additional data as necessary, and use the probes to identify causal factors that explain why the LEA was identified for that indicator. Enter results of the analysis on the *FDA* template.

Collecting Data

Identify and gather any other data sources necessary to analyze the indicator for which the LEA was identified, including the *SLDR* (if applicable) and the PEIMS Data Standards (Appendix E). Document local data and any additional sources used under the “other” category, and enter a description in the space provided.

Using the Review Probes

Review probes are provided on each *FDA* template to facilitate the analysis process. A complete list of probes for all indicators is available at: <http://www.tea.state.tx.us/pmi/datamon/2011/fda.html>. The probes are provided to guide the LEA in conducting a comprehensive analysis and are intended to be a starting point for guiding discussions. The LEA is encouraged to develop additional probes as necessary to review indicators and circumstances unique to the LEA. In the space provided, enter additional probes used and/or developed.

Analyzing Information

Review all the data collected and use the probes to **identify causal factors** that explain why the LEA was identified for the indicator. Enter results of the analysis on the *Focused Data Analysis* template for each required indicator. The board of trustees of a district or governing body of an open-enrollment charter school must be notified of any findings related to noncompliance with the provisions of TEC Chapter 37 and take action as appropriate to ensure compliance with these requirements. **Activities to address findings from the data analysis process must be included in the CIP/CAP.**

Note: For indicator #9 only, if no data reporting errors or systemic issues are identified, check the box titled “no data reporting or systemic issues identified.” The LEA is not required to engage in improvement planning activities or develop a CIP/CAP.

Developing the Continuous Improvement Plan/ Corrective Action Plan

The LEA must develop and implement actions to address findings in a timely fashion and may use the CIP/CAP template to document planned activities. Texas Education Code (TEC), Chapter 37, Discipline; Law, and Order, establishes the state statutory requirements for school district discipline programs. TEC §7.028(b) states, “The board of trustees of a school district or the governing body of an open-enrollment charter school has primary responsibility for ensuring that the district or school complies with all applicable requirements of state educational programs.” The board of trustees of a school district or the governing body of an open-enrollment charter school must be notified of any findings related to noncompliance with the provisions of TEC Chapter 37 and take actions as appropriate to ensure compliance with these requirements.

The LEA is required to correct the identified issues by the CIP/CAP timelines. Failure to correct identified issues may result in elevated interventions or sanctions, as referenced in 19 Texas Administrative Code (TAC) §97.1071 and may impact a district’s accreditation status as determined by the Texas Education Agency (TEA). The TEA may implement interventions or sanctions to promote resolution of reporting inaccuracies. After failure to resolve a data validation issue, the commissioner may take any of the actions reflected in TEC §39.102, §39.109, §39.110, and §39.057, or 19 Texas Administrative Code (TAC) Chapter 97, Subchapter EE, to the extent allowed by the law and determined necessary by the commissioner. These actions may include, but are not limited to, a requirement or determination to:

- Issue public notice of the deficiency to the local board of trustees;
- Order a public hearing conducted by the local board of trustees;
- Order a hearing before the commissioner or designee;
- Assign an Agency monitor paid by the local district;
- Acquire professional services paid by the local district;
- Appoint a conservator and/or a management team to oversee the operations of the district; and/or
- Lower the district accreditation status and/or accountability rating.

Completing the CIP/CAP

Complete the CIP/CAP by selecting the DVM indicator, area of concern, and components. Describe corrective actions/improvement activities to address identified findings. Additionally, describe evidence of implementation, evidence of impact, and resources (including persons responsible) needed to implement corrective actions or improvement activities. Note: Only one choice can be selected from the drop-down menu in each cell.

1. Indicator Description: Select the indicator to be addressed from the drop-down menu. Your selection here will drive the choices that appear in the drop-down menu in the next column.
2. Area of Concern: From the drop-down menu, select the specific area of concern.
3. Components: From the drop-down menu, select the component that has been identified as a causal factor, or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
4. Corrective Actions/Improvement Activities: Describe the activities planned to address identified issues. In developing activities, consider the factors outlined in the worksheet titled *Considerations for CIP_CAP*.
5. Start Date: Indicate the specific date planned to begin carrying out/implementing each activity.
6. Projected Completion Date: Indicate a specific date to complete implementation of each activity listed.
7. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each activity. Insert name(s) of district personnel assigned responsibility and include information about staffing, funding, and materials needed to underwrite, implement, and/or support each activity.
8. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each activity and monitor implementation. Include timelines for monitoring implementation.

9. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each activity, and describe how the results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each activity.

Monitoring Implementation of the CIP/CAP

The LEA must monitor the implementation progress of the CIP/CAP. The TEA will follow-up with the LEA on a periodic basis to obtain updates regarding implementation of the CIP/CAP. As part of the continuous improvement process, the TEA will follow up with the LEA on an ongoing basis to review data and evidence of change and to verify implementation of the CIP/CAP. The LEA must submit documents verifying implementation of corrective actions upon request. The LEA is required to maintain appropriate documentation of implementation of the PBM process and implementation of the CIP/CAP, and may be subject to random verification by the agency of data integrity and appropriate implementation of the Data Validation Monitoring System for Student Discipline Records.