



SPECIAL EDUCATION CYCLICAL MONITORING REPORT

School Year (SY) 2024-2025

Cycle 6, Group 1

OCTOBER-DECEMBER

AQUILLA ISD (109912)

January 31, 2025

TABLE OF CONTENTS

INTRODUCTION	3
OVERVIEW OF CYCLICAL MONITORING	4
COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS.....	4
Compliance Review	4
Noncompliance Findings.....	5
DATA REVIEW	8
Data Sources.....	8
Student Sampling and Campus Information	8
Residential Facilities (RFs)	9
Results Driven Accountability (RDA), State Performance Plan Indicators (SPP), and Significant Disproportionality (SD).....	9
STAKEHOLDER ANALYSIS AND RESULTS	10
SUCCESSES	11
TECHNICAL ASSISTANCE.....	11
DYSLEXIA PROGRAM EVALUATION.....	12
Successes	13
Technical Assistance	13
SUMMARY OF REQUIRED ACTION	14
CONTACT	14
APPENDIX I: SELF-REPORTED NONCOMPLIANCE.....	15
APPENDIX II: ADDITIONAL RESOURCES	16
APPENDIX III: ACRONYMS.....	17

SCHOOL YEAR (SY): 2024-2025

MONITORING PATH: Cyclical Monitoring

CYCLE: 6, GROUP: 1(OCTOBER-DECEMBER)

REGION: 12

DISTRICT NAME: AQUILLA ISD

DISTRICT TYPE: INDEPENDENT

SHARED SERVICE ARRANGEMENT (SSA) MEMBER: Yes

FISCAL AGENT: COVINGTON ISD (109903) as of SY 2023-2024

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS: NA

RESIDENTIAL FACILITY (RF): NA

MONITORING TYPE: Comprehensive Desk Review

SELF-REPORTED NONCOMPLIANCE: No

COMPLIANCE STATUS: Compliant

ACTION REQUIRED: No Action Required

STRATEGIC SUPPORT PLAN (SSP) DUE DATE: NA

CORRECTIVE ACTION PLAN (CAP) DUE DATE: NA

DYSLEXIA STATUS: Meets Requirements

DYSLEXIA ACTION REQUIRED: NA

DYSLEXIA PERFORMANCE PLAN (DPP) DUE DATE: NA

INTRODUCTION

The Texas Education Agency (TEA) extends its appreciation to the parents, students, teachers, staff, and administration for their time and effort supporting the special education cyclical monitoring review at AQUILLA ISD (109912).

The special education cyclical monitoring report provides the local education agency (LEA) with findings from the comprehensive cyclical monitoring review and serves as official notification from the TEA that any findings of noncompliance will require corrective action. Noncompliance findings must be corrected no more than one year from the date of notification (for information on the required actions and timeframe for completion, see [OSEP QA 23-01](#)).

The report has nine sections, the first of which presents an overview of cyclical monitoring. The first six sections describe the cyclical monitoring activities and findings from the monitoring review and stakeholder feedback. The last two sections describe results from the dyslexia program evaluation, a summary of required actions, if any, and contact information for questions or requesting report corrections.

OVERVIEW OF CYCLICAL MONITORING

TEA conducts a comprehensive cyclical monitoring review once every six years for each LEA. The balanced monitoring review supports positive student outcomes and ensures the LEA maintains compliance with the requirements and purposes of the Individuals with Disabilities Education Act (IDEA), per [34 CFR § 300.600 State Monitoring and Enforcement](#).

The comprehensive cyclical monitoring review includes different monitoring activities to evaluate the LEA's special education program and dyslexia program. Monitoring activities focus on seven state-identified priority areas and may include but are not limited to a desk review (i.e., policy review and folder review), on-site campus review, and stakeholder feedback:

- Child Find/Evaluation/FAPE
- IEP Development
- IEP Content and Behavior
- IEP Implementation
- State Assessment
- Properly Constituted ARD
- Transition

The comprehensive cyclical monitoring review includes either a desk review or an on-site review (in addition to a desk review) based on the LEA's previous year's results driven accountability (RDA) determination level (DL). The desk review includes both a folder review and a policy review. All LEAs in cyclical monitoring receive a desk review, but LEAs with a DL 3 (Needs Intervention) or DL 4 (Needs Substantial Intervention) receive an on-site review. For example, an LEA engaged in cyclical monitoring for the SY 2024–2025 with a 2023 RDA DL 4 from SY 2022–2023 would receive both a desk review and an on-site review.

Both targeted monitoring and intensive supports occur during the five interim years for LEAs with elevated DLs and significant disproportionality (SD Year 3).

COMPLIANCE REVIEW AND NONCOMPLIANCE FINDINGS

The compliance review section includes a summary of student compliance by priority area for the policy review and the folder review. The noncompliance findings section includes citations of noncompliance from the desk review, on-site review, and/or self-reported noncompliance.

Compliance Review

The compliance review includes both a policy review and folder review of student folders for seven priority areas. Table 1 shows the number of policy review questions and student folders reviewed (denominator), the number of policy review questions and student folders found compliant (numerator), and the overall compliance percentage for each priority area.

Table 1. Summary of the Desk Review (Policy Review and Folder Review) by Priority Area

Priority Area	Policy Review	Folder Review
Child Find/Evaluation/FAPE	100% (14 of 14)	100% (18 of 18)
IEP Development	100% (3 of 3)	100% (18 of 18)
IEP Content and Behavior	100% (3 of 3)	100% (18 of 18)
IEP Implementation	100% (8 of 8)	100% (18 of 18)
Properly Constituted ARD	100% (7 of 7)	100% (18 of 18)
State Assessment	100% (4 of 4)	100% (18 of 18)
Transition	100% (5 of 5)	100% (7 of 7)

Note. Noncompliant student folders had at least one finding of noncompliance for the priority area.

Noncompliance Findings

This report provides the required written notification for an LEA with a “Noncompliant” status requiring corrective actions in Table 2. LEAs must complete the required actions as soon as possible but in no case later than one year from the date of this report (see [OSEP QA 23-01](#)).

The overall compliance status includes noncompliance findings from Tables 3 and 4 and self-reported noncompliance from APPENDIX I. Table 2 also shows the number of noncompliant citations that must be addressed in the corrective action plan (CAP).

Table 2. Overall Cyclical Monitoring Compliance Status

Compliance Status Overall	Number of Noncompliance to be Addressed (<i>shown in “Status” column of Tables 3 and 4 and Appendix I</i>)	Required Action Overall
Compliant	0	No Action Required

The overall LEA compliance status includes noncompliance findings from the folder review, policy review, on-site review, and/or self-reported noncompliance identified by the LEA.

The following rules determine an LEA’s overall compliance status:

- LEAs with at least one finding of noncompliance from the folder review, on-site review, policy review, or self-reported noncompliance are assigned an overall compliance status of “Noncompliant” and require a CAP.
- LEAs with no findings of noncompliance from the folder review, on-site review, policy review, or self-reported noncompliance but at least one pre-finding correction of noncompliance are assigned an overall compliance status of “Pre-finding Corrected” and have “No Action Required” (i.e., LEA does not require a CAP).
- LEAs with no findings of noncompliance or pre-finding correction from the folder review, on-site review, or self-reported noncompliance are assigned an overall compliance status of “Compliant” and have “No Action Required” (i.e., LEA does not require a CAP).

LEAs with an overall noncompliant status must submit a CAP within 30 calendar days of this report. The CAP must include all citations with a noncompliance finding. LEAs should access the CAP resources and submission requirements on the [Review and Support TEA webpage](#).

LEAs must complete the required actions *as soon as possible, but in no case later than one year from the date of this notification* (see [OSEP QA 23-01](#)). TEA determines if noncompliance has been addressed according to the following criteria:

- Child-specific correction: Individual cases of noncompliance have each been corrected
- Systemic correction: 100% compliance implementing regulatory requirements

LEAs with both pre-finding correction of noncompliance for two or fewer students (i.e., individual level) and verification of child-specific and systemic corrections by the pre-finding correction deadline do not require a CAP. However, LEAs with an individual level of noncompliance for two or fewer students that has not been corrected by the pre-finding correction deadline or LEAs with a systemic level of noncompliance (i.e., more than two students) require a CAP.

LEAs that do not complete their CAP or complete their CAP after the required one-year timeframe from the report date will be designated as having “Continuing Noncompliance.”

Table 3. Noncompliance Findings from the Folder Review

Area	Citation	Level	Status	Action
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

Note. The “Area” column has seven possible values representing the state-identified priority areas. The “Citation” column contains unique citations of applicable laws and regulations. The “Level” column contains two possible values: Individual (two or fewer students) and Systemic (more than two students). The “Status” column contains two possible values: Noncompliant and Pre-findings Corrected. The “Action” column contains two possible values: Corrective Action Plan and No Action Required.

Table 4. Noncompliance Findings from the Policy Review

Area	Citation	Level	Status	Action
NA	NA	NA	NA	NA

Note. The “Area” column contains seven possible priority areas. The “Citation” column contains citations of applicable laws/regulations. The “Level” column contains one value: Systemic. The “Status” column contains one value: Noncompliant. The “Action” column contains one value: Corrective Action Plan.

DATA REVIEW

Data Sources

Data from the following areas were considered for the cyclical monitoring review:

- AskTED District Identification Data
- Results Driven Accountability (RDA) Data
- Significant Disproportionality (SD) Data
- State Performance Plan (SPP) Data
- Desk Review Data
- On-site Review Data (if applicable)
 - On-site Interviews (e.g., campus administrator, general education teacher, special education teacher, dyslexia interventionist)
 - Classroom Observations (e.g., general education classroom, special education classroom, dyslexia intervention classroom)
- Policy Review Data
- Stakeholder Survey Data
- Residential Facility (RF) Summer PEIMS Data
- LEA Self-Reporting Noncompliance Data (if applicable)

Student Sampling and Campus Information

Comprehensive cyclical monitoring includes a folder review and, if applicable, an on-site review. The LEA's sample size(s) are shown in Table 5.

Table 5. Sample Sizes for the Comprehensive Monitoring Review

Monitoring Type	Sample Size
Folder Review	18
TXVSN Folder Sample	NA
On-Site Review	NA
Dyslexia On-Site Review	NA

Note. NA denotes on-site review not applicable to LEA.

Student folders in the folder review were selected using a stratified random sampling method consisting of two strata: elementary and secondary. Each stratum was composed of aggregate grade levels to ensure special education student representation from the 2 active campuses listed in [AskTED](#) (as of October 29, 2024). Student/campus samples from LEAs with an on-site review were randomly selected from the primary folder review sample for the on-site monitoring review sample (see the [DMS Guide to General Supervision and Monitoring, Appendix D: Special Education Sampling Methods](#)).

For LEAs with a Texas Virtual School Network (TXVSN) campus, virtual school monitoring requires a sample of students receiving special education and enrolled in the TXVSN campus; no more than 8 students are selected in addition to the primary folder sample.

LEAs with a cyclical on-site review included an additional dyslexia sample. The dyslexia on-site sample was generated by TEA and includes the stratified random selection of not more than six students that consists of two strata with three students each identified with either dyslexia and special education or dyslexia and Section 504.

Residential Facilities (RFs)

LEAs must ensure students with disabilities receiving special education are provided a “free appropriate public education” (FAPE) when attending and being educated at an RF located in their geographical boundary (see [TAC §89.1115\(d\)\(1\)\(i\)](#)). AQUILLA ISD (109912) had NA based on the NA.

Results Driven Accountability (RDA), State Performance Plan Indicators (SPP), and Significant Disproportionality (SD)

LEAs are annually assigned special education determination using four determination levels (DLs; see [34 CFR §300.603\(b\)\(1\)](#)): Meets Requirements (DL 1), Needs Assistance (DL 2), Needs Intervention (DL 3), and Needs Substantial Intervention (DL 4). The DLs are based on results from both the RDA special education program area and the federally required elements (FREs). The State also assigns SD Year 3 designations, per [34 CFR §§300.646-647](#) (see Table 6).

Table 6. RDA, SPP, and SD Year 3 Results

Data Source	SY 2022-2023	SY 2023-2024	SY 2024-2025
Determination	Meets Requirements (DL1)	Meets Requirements (DL1)	Meets Requirements (DL1)
SPPI-11A Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SPPI-11B Status	NA	Compliant (100%)	Compliant (100%)
SPPI-12 Status	Compliant (100%)	NA	Compliant (100%)
SPPI-13 Status	Compliant (100%)	Compliant (100%)	Compliant (100%)
SD Year 3	NA	NA	NA

Note. SPP indicators are assigned one of two compliance statuses: Noncompliant (<100%), or Compliant (100%). The LEA results are also published online in the [results driven accountability \(RDA\) report](#) and the [District Profile of State Performance Plan Indicators Report](#).

STAKEHOLDER ANALYSIS AND RESULTS

TEA collected stakeholder data through an open survey during the comprehensive cyclical monitoring review from family/guardians, special education providers, general education providers, and district/campus administration. If an on-site review was conducted, stakeholder data was also collected through structured interviews. The purpose of analyzing survey and interview data was to identify positive stakeholder sentiment related to three constructs:

- **Understanding** – This construct measures positive sentiment about knowledge of special education program requirements and LEA provisions of service.
- **Engagement** – This construct measures positive sentiment regarding engagement with special education and opportunities for involvement in special education training related.
- **Competency in Implementation** – This construct measures positive sentiment of perceived competency required for implementing special education program requirements.

Table 7 shows stakeholder results for each construct (i.e., understanding, engagement, competency) by role (i.e., family/guardians, special education providers, general education providers, district/campus administration). Stakeholder data were collected using a non-probabilistic sampling method and included respondents who self-identified their role and LEA when completing the online survey or interview. Therefore, inferences and judgments from the stakeholder analysis should be approached with caution. The number of respondents refers to the number of unique respondents for a particular role. Roles with fewer than five respondents are masked. The percentages are the total number of positive responses out of all responses.

Table 7. Stakeholder Results by Role and Construct

Construct	Family/ Guardian	Special Education	General Education	Administration (Campus and District)
<i>Number of Respondents</i>	**	**	**	**
Understanding	**	**	**	**
Engagement	**	**	**	**
Competency	**	**	**	**

Note. "FR" (Too Few Respondents) denotes respondent ROLE counts <5 AND "*" denotes masked data for the corresponding percentage values. "***" denotes no data reported for LEA.

SUCCESSSES

The following successes were identified from the monitoring review:

- SUCCESS: Systems for documentation are implemented well as evidenced by descriptive and detailed present levels of academic achievement and functional performance (PLAAFPs) supported by student data.
- SUCCESS: Systems demonstrate a comprehensive continuum of placement options for determining students' least restrictive environment (LRE) to meet their instructional and related service delivery needs.
- SUCCESS: Exceptional record keeping is evidenced by student files, supporting documentation, and artifacts provided to agency staff in a timely, organized, and efficient manner.

TECHNICAL ASSISTANCE

The following technical assistance (TA) resources are recommended from the monitoring review (Please copy/paste URLs into web browser). If any of the following TA links do not work, please contact the Division of Monitoring, Review, and Support.

- IEP IMPLEMENTATION - Standards-Based IEP Process Training
<https://spedsupport.tea.texas.gov/learning-library/standards-based-individualized-education-program-iep-process-training> .
- STATE ASSESSMENT - STAAR Alternate 2: Before, During, and After the Assessment
- <https://register.tealearn.com/browse/tea/network/txcan/courses/staar-alternate-2-before-during-and-after-the-assessment>
- TRANSITION - Writing Appropriate Measurable Postsecondary Goals
<https://spedsupport.tea.texas.gov/learning-library/writing-appropriate-measurable-postsecondary-goals> .

DYSLEXIA PROGRAM EVALUATION

The Dyslexia Program Evaluation Rubric is aligned with the State Board of Education (SBOE) [Dyslexia Handbook, Procedures Concerning Dyslexia and Related Disorders \(2024 Update\)](#). The rubric follows federal law and regulations in connection with 19 Texas Administrative Code (TAC) §74.28(g) and in addition, with state dyslexia laws in accordance with administrative rules adopted by the commissioner as required by Texas Education Code (TEC) §38.003(c-1). It is utilized for determining program status shown in Tables 8 and 9.

For any dyslexia area of implementation not meeting requirements, the LEA must complete a Dyslexia Performance Plan (DPP). The DPP guides LEAs through the continuous improvement process to address areas of need that positively impact students with dyslexia. LEAs should complete the DPP no later than 120 calendar days after receiving notification of "Did Not Meet Requirements." The TEA will provide the DPP, or it can be accessed on the [Division of Review and Support Dyslexia Program Evaluation](#) webpage and can be uploaded to the ShareFile link supplied by the dyslexia specialist assigned to the LEA.

The overall dyslexia program status is shown in Table 8. This table includes the dyslexia program status (i.e., Meets Requirements, Pre-finding Corrected, or Did Not Meet Requirements), the number of areas that did not meet requirements, and required actions.

Table 8. Overall Dyslexia Program Status

Status	Number of Areas Not Meeting Requirements (<i>shown in Table 10</i>)	Required Action
Meets Requirements	0	NA

The overall dyslexia program status is based on the following three rules:

- If at least one "Did Not Meet Requirements" for the three dyslexia program areas evaluated, then the overall dyslexia status is "Did Not Meet Requirements".
- If no "Did Not Meet Requirements" but at least one "Pre-finding Corrected" for the three dyslexia areas evaluated, then the overall dyslexia status is "Pre-finding Corrected".
- If "Meets Requirements" for all dyslexia program areas, then the overall dyslexia status is "Meets Requirements".

The dyslexia monitoring efforts focused on three core elements:

- Screening
- Evidence-Based Dyslexia Instruction
- Required Parent Information and Board Policy

Table 9 shows the status for each of the three dyslexia program areas evaluated and used for determining the overall dyslexia program status from monitoring activities for the LEA.

Table 9. Program Status for Each Area of Dyslexia Implementation

Area	Legal Requirement	Status
Screening	TEC §38.003; 19 TAC §74.28	Meets Requirements
Evidence-Based Dyslexia Instruction	19 TAC §74.28, TEC §29.0031, TEC §29.0032	Meets Requirements
Required Parent Information and Board Policy	19 TAC §74.28(b) and (f), TEC §38.003(b)(2)	Meets Requirements

Successes

The following successes were identified from the dyslexia program review:

- EVIDENCE-BASED DYSLEXIA INSTRUCTION – Extensive training and preparation for dyslexia specialists.
- REQUIRED PARENT INFORMATION AND BOARD POLICY – Accessible Board policy has been adopted, and clear evidence of implementation of policy addressing compliance with all standards and rules adopted SBOE and Dyslexia Handbook.

Technical Assistance

TEA recommends the following resources to support the LEA's dyslexia program:

- [TEA Review and Support: Dyslexia Monitoring](#)
- [TEA Special Education: Dyslexia and Related Disorders](#)
- [Dyslexia: TEA Professional Learning Course: TEALearn Dyslexia Modules](#)

SUMMARY OF REQUIRED ACTION

The required actions from the comprehensive cyclical monitoring review and Dyslexia Program Review are shown in Table 10. More information about the support levels is in the [Differentiated Monitoring and Support Guide](#).

Table 10. Summary of Required Action

Required Action	Due Date	Support Level	Communication Cadence
Strategic Support Plan (SSP)	NA	Universal (DL 1)	NA
Corrective Action Plan (CAP)	NA	NA	NA
Dyslexia Performance Plan (DPP)	NA	NA	NA

Note. SSP due date was when the initial SSP submission was due. The SSP communication cadence uses the current year's RDA DLs (e.g., 2024 DL from SY 2023–2024) and includes a check-in frequency of 30 days (DL 4), 60 days (DL 3), or 90 days (DL 2). The SSP support level is based on the current year's RDA DLs and includes three possible values: Intensive (DL 4 or 3), Targeted (DL 2), and Universal (DL 1).

CONTACT

The LEA should notify the Division of Monitoring, Review, and Support about any concerns within 5 business days from the date of this report. The report will subsequently become publicly available on the TEA [Differentiated Monitoring and Support \(DMS\)](#) website shortly thereafter.

- **Report Date:** January 31, 2025
- **Deadline to Request Report Corrections:** February 7, 2025 at 11:59 PM

For more information about the general supervision and monitoring requirements, required actions, or related resources, please visit the [Review and Support website](#) or contact:

Office of Special Populations and Monitoring
Department of Special Populations and General Supervision
Division of Monitoring, Review, and Support

Phone: (512) 463–9414

Monday–Friday (8:00 AM to 5:00 PM)

Fax: (512) 463-9560

Email: ReviewandSupport@tea.texas.gov

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Table 11 lists self-reported noncompliance identified by the LEA. This noncompliance is also included in the overall total count of noncompliance in Table 2.

Table 11. Self-Reported Noncompliance

Area	Citation	Level	Status	Action
NA	NA	NA	NA	NA

APPENDIX II: ADDITIONAL RESOURCES

[Differentiated Monitoring and Support System](#)

[Differentiated Monitoring and Support Guide](#)

[State Performance Plan and Annual Performance Report and Requirements](#)

[Race and Ethnicity in Special Education: Difference Between Data Collection and Data Reporting](#)

[Results Driven Accountability Reports and Data](#)

[Results Driven Accountability District Reports](#)

[2024 Accountability Manual, Chapter 12—Results Driven Accountability \(RDA\)](#)

APPENDIX III: ACRONYMS

Acronym	Description
ARD	Admission, Review, and Dismissal
CAP	Corrective Action Plan
CFR	Code of Federal Regulations
CISD	Consolidated Independent School District
DMS	Differentiated Monitoring and Support
DPP	Dyslexia Performance Plan
DL	Determination Level
ESC	Education Service Center
FAPE	Free Appropriate Public Education
ISD	Independent School District
IDEA	Individuals with Disabilities Education Act
LEA	Local Education Agency
OSEP	Office of Special Education Programs
OSPSS	Office of Special Populations and Student Supports
PEIMS	Public Education Information Management System
RDA	Results Driven Accountability
RF	Residential Facilities
SD	Significant Disproportionality
SPP	State Performance Plan
SSA	Shared Service Arrangement
SSP	Strategic Support Plan
TAA	To the Administrator Addressed (TAA) Letter
TAC	Texas Administrative Code
TEA	Texas Education Agency
TEC	Texas Education Code
TSDS	Texas Student Data System

