

## **Addendum A**

### **NHDOE Staff Interview Protocol**

#### **Introduction**

1. Please describe your responsibilities/roles here at the NHDOE (both present and past).
  
2. How long have you been on staff with the NHDOE?
  
3. Have you participated in any Program Approval or Focused Monitoring visits?
  - 3a. If yes, which ones and what was your role?
  
4. Are you / have you been involved with any indicator review activities?
  - 4a. If yes, which indicators and what is/was role?

[skip to activities in which this staff member has been involved;  
all questions for Santina and McKenzie]

#### **Focused Monitoring**

5. How are students selected for samples (and who does the selecting)?
  - 5a. Why are the samples random?
  
6. How is the size of each sample determined?
  - 6a. Why do you suppose FM teams do not select larger samples?
  - 6b. What are the barriers that prevent FM teams from selecting larger samples?
  
7. Who reviews files during the on-site IEP review process?
  
8. Are interviews conducted as part of the FM process?
  - 8a. If so, are interviews about individual students or broader, general issues?
  - 8b. If so, are interview comments/results used to support findings of noncompliance? If yes, how?

9. Describe how a finding of noncompliance is made in the FM process.
  - 9a. Who is involved?
  - 9b. What roles do SERESC and NHDOE staff play?
10. What is SERESC's role in producing the report?
11. Please describe the process by which NHDOE "signs off" on reports...is there an approval process of some kind?

### **Program Approval**

12. How are particular students selected for case studies?
13. Selection of students
  - 13a. How many students are selected?
  - 13b. Who makes the determination of how many students will be selected?
  - 13c. How is that decision made (what are the "considerations/criteria")?
14. What are the barriers that prevent PA teams from conducting additional case studies?
15. The 2010 - 2011 SERESC annual report describes three areas in need of improvement: access to the general curriculum, transition, and behavior strategies/discipline. The PA case study instrument is based on these three.
  - 15a. Why / how were these areas selected and not others?
  - 15b. Why isn't LRE among the three areas? On the instrument, only probes A7, A8, A11, and A12 address LRE, but none of these directly address the IDEA standard for removal from general education settings.

### **CAPs & Improvement Plans / Action Plans**

16. How are CAPs developed?
  - 16a. How is a CAP approved?

- 16b. Who approves the CAP?
- 16c. Are there specific timelines involved?
17. How are improvement plans / action plans developed?
- 17a. How is an improvement plan / action plan approved?
- 17b. Who approves the plan?
- 17c. Are there specific timelines involved?
18. Are there NHDOE staff members who are responsible for tracking the implementation of these plans?
- 18a. If yes, who is responsible?
- 18b. If yes, how often is implementation / progress tracked?
19. If info indicates a CAP / improvement plan / action plan is not being implemented fully, what is NHDOE's response?
20. Please describe NHDOE's role in the implementation of these plans.
21. Please describe the State's follow-up monitoring process (no later than one year for correction – OSEP Memo 09-02)?
- 21a. Which students' data and/or files are reviewed: same ones from the initial review, different students, both types)?
- 21b. What are the follow-up monitoring activities?
- 21c. Who conducts the follow-up activities?
- 21d. Are follow-up reports written? If so, who produces them and can we get copies?

## **Indicator Review Activities**

### ***Indicator 3c Performance on Statewide Assessments***

22. In your view, is Focused Monitoring an effective strategy for improving performance on the statewide assessment?

### ***Indicator 4 Suspension/Expulsion.....a. sped/non-sped....b. ethnicity***

23. We understand from the SPP and APR that self-assessment and desk audit processes used for this indicator. Please describe the review process.

23a. Are policies and procedures reviewed/analyzed in desk audit, or is this accomplished by the LEA(s) as they conduct a self-assessment?

23b. How do these review processes examine LEA *practices* in addition to policies and procedures?

23c. Are any student files reviewed? If so, how are students selected?

23d. Is there an on-site component? If so, please describe.

### ***Indicator 5 LRE***

24. Please describe the process by which LEA-reported LRE data are verified

24a. Who conducts the data verification process?

25. We noted a striking fluctuation of NH's LRE data across the years. Why do you suppose this is the case?

26. Which activities have been effective in improving NH's LRE data?

27. Outside of FM and PA, are you aware of any other LRE-related monitoring activities [2009 APR shows no LRE findings; only 2 in FFY 2010]?

### ***Indicator 8 Parent Involvement***

28. The FFY 2009 APR references analysis of three years of parent involvement data of LEAs whose rates are below state standard on this indicator

28a. How many such districts and which ones are they?

28b. Based on this analysis, was any written report or summary ever produced (if yes can we get a copy)?

28c. How has the State adjusted/changed its processes based on this analysis?

***Indicators 9 and 10***

29. Are districts required to review actual evaluation reports and eligibility determinations as a component of the self-assessment process?

29a. If so, whose evaluations & eligibility determinations are reviewed (how are students selected)?

29b. Please describe the review of these students' evaluation reports and eligibility determinations – how are *practices* reviewed (in addition to policies and procedures)?

30. Do desk audits include those steps for these two indicators?

30a. If so, whose evaluations & eligibility determinations are reviewed (how are students selected)?

30b. Please describe the review of these students' evaluation reports and eligibility determinations – how are *practices* reviewed (in addition to policies and procedures)?

31. Are interviews of evaluation team members a component of the review process?

32. How does the review process differ for *underidentification* vs. *overidentification*?

***Indicator 11 Initial Assessment within Timelines (45 days; extension to 60 if needed)***

33. How does the State identify Indicator 11-related noncompliance? Why use a desk audit process rather than querying the database?

34. Are actual special education file documents reviewed, or do LEAs send in a summary spreadsheet?

35. From reading the State's APRs, it seemed that the State uses a three-month window for gathering initial evaluation data for Indicator 11 (Sept.1 – Nov. 30)

35a. Why only look at three months worth of data?

35b. How were those particular months selected?

35c. What are the barriers that prevent the State from reviewing additional initial evaluation data for Indicator 11?

***Indicator 12 Preschool Transition Timeline Part C -> B***

36. How does the State identify Indicator 12-related noncompliance? Why use a desk audit process rather than querying the database?

37. Are actual special education file documents reviewed, or do LEAs send in a summary spreadsheet?

38. From reading the State's APRs, it seemed that the State uses a four-month window for gathering Part C to Part B data for Indicator 12 (July - October)

38a. Why only look at four months worth of data?

38b. How were those particular months selected?

38c. What are the barriers that prevent the State from reviewing additional C-to-B transition data for Indicator 12?

***Indicator 13 Transition***

39. Please describe the monitoring process for this indicator.

40. We understand that the State is using two methods of gathering data for this indicator: from certain districts receiving FM visits and from other districts *not* receiving FM visits. How are these districts selected?

41. How are particular students' files selected?

42. From reading the FFY 2009 APR, it appears that the State only reviewed 19 files statewide for this hypothesis – why so few?

42a. What are the barriers to reviewing more transition files?

[Santina and McKenzie only below (except *Final Thoughts*)

***Indicator 15 One Year to Correct Noncompliance***

43. What steps does the NHDOE take when noncompliance is not corrected within one year?

43a. How often has this happened since the advent of the SPP?

43b. Has any LEA failed to clear a systemic finding of noncompliance?

44. Does the State take a different course of action when it comes to correcting systemic findings of noncompliance?

45. In the APR from FFY 2009, we noticed one LEA had failed to correct a finding or findings from FFY 2006 (now corrected).

45a. Which LEA was that?

45b. What were the issues?

45c. Please describe the steps taken to ensure that the LEA corrected the finding(s) as quickly as possible.

46. Please describe the use of the State's system of sanctions and incentives. Are these ever used or applied in connection to noncompliance/compliance?

***Results***

47. What evidence exists to support the notion that the FM and PA processes are improving student results/outcomes?

47a. If objective data are not available, why do you believe this is the case?

48. What are the advantages and disadvantages of contracting with an external group (SERESC) for FM and PA functions?

49. Describe the training that occurs for SERESC staff to prepare them for conducting FM and program approval visits/activities.

50. In your view, what are the barriers to NHDOE doing more of the FM and PA processes by itself?

51. How have the State's monitoring processes changed since OSEP's verification visit report of January 10, 2010?

*Final Thoughts* [for all]

52. Does SERESC have enough resources/staffing to accomplish the desired outcomes of FM and PA?

52a. If not, what else is needed?

53. Does NHDOE have enough resources/staffing to accomplish the desired outcomes of the SPP/APR review processes?

53a. If not, what else is needed?

54. Do you have any concerns about processes we've discussed today? If yes, what are the concerns?

55. Do you have any recommendations to improve these processes? If yes, please describe.