

PEIMS Audit

Audit Plan Code: 24.05.A



Assurance | Insight | Objectivity

Final Report
April 26, 2024

We found instances where (i) campus principals did not verify PEIMS data for accuracy and completeness, (ii) principals did not have a process in place to verify data in the reports listed on the Statement of Approval forms, (iii) students did not have documentation to support their PEIMS coding, and (iv) students were incorrectly coded as receiving Dyslexia Instruction Services.

In addition, we found one instance where special program staff did not review PEIMS data submitted for accuracy and completeness.



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ASSURANCE • INSIGHT • OBJECTIVITY

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Abbreviations

ARD	Admission, Review, and Dismissal
CAP	Corrective Action Plan
DRD	Dyslexia and Related Disorders
EPISD	El Paso Independent School District
IA	Internal Audit
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IIA	Institute of Internal Auditors
SAPDCR	Statement of Approval of PEIMS Data Collection Reports
SAAH	Student Attendance Accounting Handbook (2022-2023)
SDI	Specially Designed Instruction
SLD	Specific Learning Disability
SOP	Standard Operating Procedures
TEA	Texas Education Agency
TEC	Texas Ethics Commission
TSDS	Texas Student Data System



Executive Summary

ASSURANCE • INSIGHT • OBJECTIVITY

We have completed the audit of PEIMS. This audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing.

The objectives of the audit were to determine whether:

- Campus principals verified data in the PEIMS Data Collection Reports and Campus Summary Reports (Principal Report) for accuracy and completeness.
- Special Program Directors and staff reviewed the PEIMS data submitted for accuracy and completeness.
- Training has been provided to campus staff on how to clear fatal errors and check data validity for PEIMS Submissions.

The scope of the audit was the 2022-2023 PEIMS Summer Submission data from July 1, 2022, through June 30, 2023.

The Internal Audit Report that follows includes detailed findings, observations, recommendations, methodology, and background information.

We would like to acknowledge and thank the PEIMS Coordinator and campus/department staff who participated in this audit for their time.

What We Found

1. Fifteen (15) students were incorrectly coded as receiving Dyslexia Instruction Services at one campus.
2. Three (3) of 40 students sampled did not have documentation to support the early reading indicator code reported through PEIMS.
3. Seven (9%) of 76 Campus Summary Report surveys were not located or completed to acknowledge that the principal/clerk verified the accuracy and authenticity of PEIMS data.
4. Twelve (16%) of 76 Statement of Approval forms were not located or completed.
5. Two (2) of nine (9) campus principals in our sample did not have a process in place to verify PEIMS data.

In addition, we identified the following observations:

1. Additional training to check data validity and fatal errors on OnPoint and/or Frontline is needed by campus principals and PEIMS Clerks.
2. Campuses are being instructed to code students with a 00, for their Dyslexia Services Code, when a student is exited from DRD Services but is still receiving accommodations for dyslexia. Per the Texas Education Agency's (TEA) Dyslexia PEIMS Coding Overview, a code of 00 should be used when no services are being received for dyslexia or a related disorder.

What We Recommend

Internal Audit made eleven (11) recommendations to address the findings and observations reported. Recommendations include:

1. The Chief Schools Officer should work with the Chief Academic Office, the Executive Director of Specialized Learning Services, and the Executive Director for Whole Learner Support and Intervention to:
 - a. Determine the services the 15 students should be receiving according to their IEPs and/or Section 504 plans.
 - b. Deliver the services necessary for the implementation of the students' IEPs and/or Section 504 plans.
 - c. Ensure the coding for the 15 students is reviewed and corrected to reflect actual services received according to their IEPs and/or Section 504 plans.
 - d. Ensure that training is provided to the campus principal and assistant principal on how to review the dyslexia reports and verify that the coding of students is correct.
 - e. Ensure the campus and the programs it offers are inclusive and equitable in order to be aligned with the District's core beliefs.
 - f. Identify any students who have been coded as 00 but are still receiving accommodations for dyslexia and make the appropriate Dyslexia Services Code corrections.
 - g. Develop coding instructions and provide training to principals and appropriate staff.
2. The PEIMS Coordinator should work with the Chief Academic Officer, Chief Schools Officer, Executive Director of Specialized Learning Services, and the Executive Director for Whole Learner Support and Intervention to develop procedures to ensure that supporting documentation for students coded as receiving DRD instruction services is being reviewed at the campus and district level prior to any PEIMS submission.
3. The PEIMS Coordinator should work with the Chief of Schools, the Chief Academic Officer, the Executive Director for Whole Learner Support and Intervention, and the Executive Principals to:
 - a. Ensure counselors are provided a list of students and their coding along with their reading results, to support PEIMS coding.
 - b. Enforce that all early reading results and measurement records are stored in a designated location and accessible to all employees whose responsibility is to maintain these records. Records should be kept as indicated in the records retention schedule.
4. The PEIMS Coordinator should work with the Chief of Schools and the Executive Principals to:
 - a. Develop and document procedures to ensure that all campuses comply with completing, signing, and uploading surveys to the designated location as a record of their review.
 - b. Develop an enforcement system/plan to address when campuses have not uploaded their completed and signed surveys to the designated location by the due date, to support the PEIMS submission.
 - c. Develop and document procedures to ensure SAPDCR forms are downloaded, signed, and uploaded to their campus folders in the Campus Integrity Team PEIMS/TSDS SharePoint.
 - d. Develop an enforcement system/plan to address when campuses have not uploaded their signed forms to the designated location by the due date.

5. The PEIMS Coordinator should work with the Chief Academic Officer and Special Program Directors/Facilitators to:
 - a. Develop procedures that outline a consistent process for principals to review/verify the data on the reports listed on the SAPDCR, including how to interpret data on each report.
 - b. Provide ongoing training (a program or academy) to support principals on how to access and review the reports listed on the SAPDCR form and identify the data needed for review.
6. The PEIMS Coordinator should:
 - a. Develop more in-depth training on how to use OnPoint and/or Frontline to identify fatals and check data validity for PEIMS reporting.
 - b. Identify who is required to attend the training, and
 - c. Provide the training on a continuous basis or make the training available through EPISD University.

Management's Response

Management and leadership agreed with the audit findings. District management and leadership submitted a Corrective Action Plan (CAP) outlining twelve (12) activities to be implemented. All 11 recommendations made by Internal Audit were incorporated into the CAP. The CAP appears to be sufficient to address the findings outlined in this report. Internal Audit will conduct follow-up reviews to validate that CAP activities have been implemented.



Audit Report

ASSURANCE • INSIGHT • OBJECTIVITY

Objective and Scope

This audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing. The objective(s) of the audit were to determine whether:

1. Campus principals verified data in the PEIMS Data Collection Reports and Campus Summary Reports (Principal Report) for accuracy and completeness.
2. Special Program Directors and staff reviewed the PEIMS data submitted for accuracy and completeness.
3. Training has been provided to campus staff on how to clear fatal errors and check data validity for PEIMS Submissions.

The scope of the audit was the 2022-2023 PEIMS Summer Submission data from July 1, 2022, through June 30, 2023.

Results, Recommendations, and Management's Response

1. We identified nineteen (19) instances where campus principals did not verify data in the PEIMS Data Collection Reports and/or the Campus Summary reports for accuracy and completeness. We also found:
 - Two (2) instances where principals did not have a process in place to verify data in the reports listed on the Statement of Approval forms.
 - Three (3) instances where sampled students did not have documentation to support their early reading PEIMS coding.
 - Fifteen students were incorrectly coded as receiving Dyslexia Instruction Services at one campus.
2. One (1) district level staff member did not review special program PEIMS data for accuracy.
3. We made an observation that campus administrators would like additional training to check data validity and fatal errors on OnPoint and/or Frontline is needed by campus principals and PEIMS Clerks.

In addition, we identified the following observation:

- Per TEA's Dyslexia PEIMS Coding Overview, a code of 00 should be used when no services are being received for dyslexia or a related disorder. However, campuses are being instructed to code students with a 00 for their Dyslexia Services Code when a student is exited from DRD Services but is still receiving accommodations for dyslexia.

We would like to thank the PEIMS Coordinator and campus/department staff who participated in this audit for their time.

Finding 1
Fifteen (15)
students were
incorrectly coded
as receiving
Dyslexia
Instruction
Services at one
campus

Eleven (11) of the 15 students at a specialty campus were reported as receiving Dyslexia and Related Disorders (DRD) instructional services in the PEIMS Summer Submission for FY2022-2023. However, no instructional services were provided. According to the principal, students only received accommodations for dyslexia. Deliberations in their Section 504 Plan, and/or Individualized Education Plan (IEP)) did not reflect that students were exited from DRD instruction services.

For the remaining four (4) students, documentation from their former campuses reflected a deliberation of being exited from DRD Services and a continuation of accommodations. However, the student's coding in Frontline was not updated to reflect the actual services received.

According to the assistant principal, the Section 504 plan designee, dyslexia reports are not being reviewed for accurate coding because students' dyslexia coding does not change as their campus "does not offer dyslexia instruction services." The principal stated that students identified with dyslexia stay with their coding as the campus "does not offer dyslexia instruction services."

At the district level, per the Facilitator Dyslexia and Related Disorders (DRD), s/he forwards the Dyslexia Students reports to the campuses on a quarterly basis for their review. However, for the school year 2022-2023, the Facilitator DRD did not email a report to the specialty campus for review. In September of 2023, at PEIMS Clearing, student's incorrect coding for dyslexia instruction was brought to the attention of the campus for correction for the current school year.

Confirming the accuracy of the district's PEIMS data is critical to ensuring the District is submitting a true account of the students served, and the services the District has provided throughout the year. When a student's PEIMS coding does not reflect the services a student is receiving, PEIMS reporting is not accurate.

One of EPISD's core beliefs is to "commit to removing barriers to ensure our schools and programs are inclusive and equitable." By stating that this campus "does not offer dyslexia instruction services", this campus' practice may not align with EPISD's core belief.

Additional information for this finding:

During the scope of the audit, dyslexia services were under Section 504. However, per House Bill 3928, which was passed on June 10, 2023, starting with the 2023-2024 school year, "evidence-based dyslexia programs are considered specially designed instruction (SDI) (i.e., a special education service). An admission, review, and dismissal (ARD) committee will ensure, for a student with dyslexia eligible under IDEA, that the SDI contains all elements of an evidence-based dyslexia program as outlined in the Handbook."

Recommendations and Management's Response

1.1 We recommend for the Chief Schools Officer work with the Chief Academic Officer, Executive Director of Specialized Learning Services, and the Executive Director for Whole Learner Support and Intervention to:

- a. Determine the services the 15 students should receive according to their IEPs and/or Section 504 plans.
- b. Deliver the services necessary for the implementation of the students' IEPs and/or Section 504 plans.

- c. Ensure the coding for the 15 students is reviewed and corrected to reflect actual services received according to their IEPs and/or Section 504 plans.
- d. Ensure that training is provided to the campus principal and assistant principal on how to review the dyslexia reports and verify that the coding of students is correct.
- e. Ensure the campus and the programs it offers are inclusive and equitable in order to be aligned with the District's core beliefs.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activities one (1) through four (4).

Persons Responsible: Specialty Campus staff: Principal High School, Assistant Principal High School, and Diagnostician; Executive Principal Secondary, and PEIMS Coordinator.

Implementation Date: 06/30/2024

1.2 We recommend the PEIMS Coordinator work with the Chief Academic Officer, Chief Schools Officer, the Executive Director of Specialized Learning Services, and the Executive Director for Whole Learner Support and Intervention to develop procedures to ensure that supporting documentation for students coded as receiving DRD instruction services is being reviewed at the campus and district level prior to any PEIMS submission. At a minimum, procedures should address:

- a. Ensuring PEIMS coding is supported by the student's IEP or Section 504 Plan.
- b. Who will be tasked with reviewing the accuracy of the data, and how often it will be reviewed.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity five (5).

Persons Responsible: Facilitator DRD, Coordinator 504, RTI and Dyslexia, Director Special Education Evaluation Services

Implementation Date: 06/30/2024

Finding 2

Three (3) of 40 students sampled did not have documentation to support the early reading indicator code reported through PEIMS

Three (3) students at two (2) campuses did not have all their early reading program results to support their PEIMS coding in the TSDS PEIMS Student Roster Summary by Early Reading Indicator report.

- At one elementary campus, the new Campus Teaching Coach (CTC) could not locate one (1) student's end-of-year early reading results, and one (1) other student's beginning and end-of-year early reading results. It appears that early reading results were not kept on file per the records retention schedule Local Schedule SD.

Per the counselor, the CTC is responsible for maintaining a record of reading results and providing her/him with a listing of students with their coding per class for his/her review. The counselor then provides the listing to the PEIMS

Clerk for entry into Frontline. Subsequently, records of results should be maintained according to the records retention schedule Local Schedule SD.

- At another elementary campus, the end-of-year early reading results were missing for one (1) student. The Counselor who maintains these records was unaware that the reading results for this student were missing.

Additionally, early reading results were not accessible to the CTC for either campus, as the early reading program software had changed from the prior year.

Without verification of the early reading results, a student might be erroneously coded as not performing satisfactorily on the early reading assessment, which triggers a student to be coded as "At Risk," which also generates funding for the District. Thus, an error may result in incorrect state funding.

Per the TSDS Web-Enabled Data Standards, "Local education agencies are required to send complete and accurate PEIMS data, free of fatal errors, by the first submission deadline for each data submission as specified in the Data Submission Timelines."

Per the Texas State Library and Archives Commission, Local Schedule SD, Retention Schedule for Records of Public School Districts, Record Number SD3200-09b – Reports of results of other tests or measurements (e.g., reading/mathematics profiles should be kept on file until the date of withdrawal plus five years.

Recommendations and Management's Response

2.1 We recommend the PEIMS Coordinator work with the Chief of Schools, Chief Academic Officer, the Executive Director Whole Learner Support and Intervention, and the Executive Principals to develop procedures to:

- a. Ensure counselors are provided a list of students and their coding along with their reading results, to support PEIMS coding.
- b. Enforce that all early reading results and measurement records are stored in a designated location and accessible to all employees whose responsibility is to maintain these records. Records should be kept as indicated in the records retention schedule.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activities six (6) and seven (7).

Persons Responsible: Director Counseling & Advising, Lead Counselor Elementary

Implementation Date: 12/31/2024

Finding 3

Seven (9%) of 76
Campus
Summary Report

Five (5) out of 76 campuses could not locate either the principal's or clerk's signed surveys, for their Campus Summary Report. Two (2) principal's surveys were not completed.

Campus principals and clerks were asked to complete and sign surveys, in lieu of signing their Campus Summary Report, to acknowledge they have verified the accuracy and authenticity of information recorded in the reports. Additionally, by

surveys were not located or completed to acknowledge the principal verified the accuracy and authenticity of PEIMS data

signing the survey, they affirm that data in the Campus Summary Report is the basis for information appearing in all attendance reports and in the state-required PEIMS Submission.

Per the Instructions for Six Week Attendance Reconciliation 2022-2023, Campus Principal and personnel are instructed to complete, sign, and upload surveys in the PEIMS SharePoint Audit Box in their campus folder. However, surveys are not being stored in the indicated location and are being misplaced. In addition, one of the forms could not be located due to a middle school merger, and another due to campus staff turnover.

When the principal and clerk surveys are not completed or cannot be located, there is no record of the principal's and clerk's verification of the accuracy of the data on the Campus Summary Report. In addition, surveys that are not stored in a central location may be misplaced when there is staff turnover.

Per the EPISD PEIMS Support Services Office Manual, March 2019, "Campus PEIMS Principals and special program data owners will sign off on their reports through a PEIMS Validation Survey sent out by the PEIMS Services Office."

The 2022-2023 Student Attendance Accounting Handbook states, "Campus Summary Reports must include the following: signature page, signed by persons recording data and person approving data..." The Instructions Six Weeks Attendance Reconciliation 2022-2023 states, "Use your campus Audit Box to store all auditable documentation."

Recommendations and Management's Response

We recommend for the PEIMS Coordinator to work with the Chief Schools Officer and Executive Principals to:

- 3.1 Develop and document procedures to ensure that all campuses comply with completing, signing, and uploading surveys to the designated location as a record of their review.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity eight (8).

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

- 3.2 Develop an enforcement system/plan to address when campuses have not uploaded their completed and signed surveys to the designated location by the due date, to support the PEIMS submission.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity eight (8).

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

Finding 4

Twelve (16%) of 76 Statement of Approval forms were not located or completed

Twelve (12) out of 76 Statement of Approval of PEIMS Data Collection Reports (SAPDCR) forms were not available for review. Seven (7) forms were not completed, and five (5) forms could not be located by the campus. The SAPDCR form lists 20 PEIMS data reports that are to be reviewed by the principal. A signed SAPDCR form serves as a record that the campus principal has reviewed a list of reports and verified the accuracy and authenticity of data that will be submitted in the PEIMS Summer Submission.

The SAPDCR forms were not being completed and/or uploaded to the respective campus folders in SharePoint as requested by the PEIMS Coordinator for the 2022-2023 school year. Some forms could not be located due to staff turnover at the campus or because some principals were unaware the form needed to be completed.

When SAPDCR forms cannot be located or are not completed, there is no record that data in the reports listed was reviewed for accuracy and authenticity prior to the PEIMS submission. Not reviewing data can lead to inaccurate PEIMS reporting.

Per a memo, dated July 6, 2023, sent to all campuses by the PEIMS Coordinator, campuses were instructed to download the SAPDCR form, sign it, and save it in their "Campus Integrity Team-PEIMS/TSDS Reports" folder in SharePoint.

Recommendations and Management's Response

We recommend the PEIMS Coordinator work with the Chief of Schools, and Executive Principals to:

- 4.1 Develop and document procedures to ensure SAPDCR forms are downloaded, signed, and uploaded to their campus folders in the Campus Integrity Team PEIMS/TSDS SharePoint.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity nine (9).

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

- 4.2 Develop an enforcement system/plan to address when campuses have not uploaded their signed forms to the designated location by the due date.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity nine (9).

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

Finding 5

Two (2) of nine (9) campus principals in our

Per interviews held with principals, two campus principals did not have a process to verify data on three (3) of the reports listed in the SAPDCR form.

- The principal at a specialty campus did not have a process to verify data on the TSDS PEIMS Student Dyslexia or Related Services Roster report. The principal did state that s/he reviews a different report (504 Listing), which lists

sample did not have a process in place to verify PEIMS data

students who are coded with dyslexia. However, the 504 Listing report does not indicate the dyslexia services codes for each student.

- The principal at one elementary campus did not recall the process s/he used for reviewing data for students coded as economically disadvantaged in the TSDS PEIMS Student Indicator Report by Grade and the TSDS PEIMS Student Roster Summary by Early Reading Indicator reports.

During the interview process, it was noted that principals review PEIMS data, but not necessarily by using the reports indicated on the SAPDCR form, as in the case of the TSDS PEIMS Student Dyslexia or Related Services Roster versus the 504 Listing report. Both principals were unaware if they had access to print the reports themselves.

When principals do not have a process to review and verify PEIMS data, there is a risk that incorrect data will be reported in the PEIMS submission. In addition, when principals review reports other than the ones listed on the SAPDCR, detailed data needing to be reviewed may be missing. This may result in incorrect PEIMS coding and reporting, which can result in incorrect funding received from the state.

Per PEIMS submission and resubmission policy: Local education agencies are to send complete and accurate PEIMS data, free of fatal errors, by the first submission deadline for each data submission as specified in the Data Submission Timelines.

Recommendations and Management's Response

We recommend the PEIMS Coordinator work with the Chief Academic Officer and Special Program Directors/Facilitators to:

- 5.1 Develop procedures that outline a consistent process for principals to review/verify the data on the reports listed on the SAPDCR, including how to interpret data on each report.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity 10.

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

- 5.2 Provide ongoing training (a program or academy) to support principals on how to access and review the reports listed on the SAPDCR form and identify the data needed for review.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity 10.

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

Observations, Recommendations, and Management's Response

While conducting this audit, we made observations that do not violate local, state, or federal guidelines and, as such, were not included as a finding in the Audit Report. However, we felt these items are worthy of informing you as the owner/expert.

Observation 1

Additional training to check data validity and fatal errors on OnPoint and/or Frontline is needed by campus principals and PEIMS clerks.

During school year 2022-2023, PEIMS Conference training was arranged by the PEIMS Coordinator to provide an overview on topics such as attendance, discipline, and PEIMS coding related to special education, Section 504, Dyslexia, economically disadvantaged, pregnancy related services and at-risk students. Additionally, there are several training on-demand videos on OnPoint that can be accessed by campus staff for reference on how to check data. However, during our interviews, several campus principals and PEIMS clerks expressed that the PEIMS Conference, although good, covers a lot of areas in just one day and that additional training to check data validity and clear fatal errors would be beneficial to them. Some also expressed that additional training on how to review data in the reports listed on the SAPDCR would be helpful as well.

The following are some of the comments expressed by campus principals:

- Training on how to pull reports would be helpful.
- Training is lacking as a principal and they were open to recommendations on how to check data.
- A guideline per report in the SAPDCR on what should be looked at would be helpful.

Per the PEIMS Coordinator's job description, the PEIMS Coordinator is responsible "for developing training materials, train District personnel in the areas related to PEIMS/TSDS compliance" and "developing a training plan to implement OnPoint district-wide as a valuable resource to clear fats and check data validity."

Recommendations and Management's Response

1.1 We recommend the PEIMS Coordinator:

- a. Develop more in-depth training on how to use OnPoint and/or Frontline to identify fatals and check data validity for PEIMS reporting,
- b. Identify who is required to attend the training, and,
- c. Provide the training on a continuous basis or make the training available through EPISD University.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity 11.

Person Responsible: PEIMS Coordinator

Implementation Date: 01/31/2025

Observation 2

Campuses are being instructed to code students with a 00, for their Dyslexia Services Code, when a student is exited from DRD Services but is still receiving accommodations for dyslexia. Per TEA's Dyslexia PEIMS Coding Overview, a code of 00 should be used when no services are being received for dyslexia or a related disorder.

Per the Dyslexia Facilitator DRD, a few years back, an attempt was made to code students with a Dyslexia Services Code of 00 and 03 when students were exited from DRD instruction services but continued receiving accommodations for dyslexia. However, a fatal error was encountered when processing PEIMS data because a student cannot be coded simultaneously as "not receiving services for dyslexia or a related disorder" (00) and "permitted to use modifications in the classroom or accommodations on assessments" (03). Because of this, a local decision was made to code students with a "00" when a student was exited from DRD services, but continued receiving accommodations; conversely, Dyslexia Services Codes 01, 02, and 03 would be used when a student received DRD instruction services and accommodations.

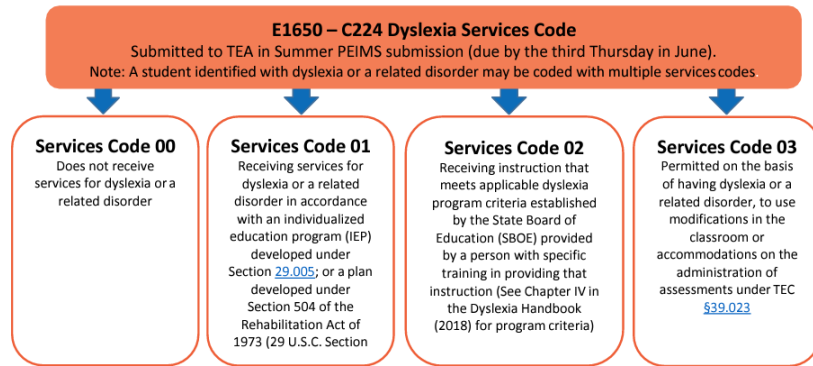
To obtain clarification on the correct usage for the Dyslexia Services Coding, Internal Audit reached out to the TEA's Dyslexia Coordinator. Per their response, a Dyslexia Services code of "00" should be used when:

- No services are provided (instruction, accommodations, or modifications) due to dyslexia and,
- Student does not have an IEP or Section 504 plan that outlines the services to be provided.

Additionally, the TEA's Dyslexia Coordinator addressed the following scenarios with their corresponding Dyslexia Services Code:

Scenario	Corresponding Dyslexia Services Code
The student is receiving only accommodations	Because the student's accommodations would be documented in the student's IEP or Section 504 plan, they would be coded with a 01 and 03
The student is under a Section 504 plan, receiving Dyslexia Services via a DRD class, and is receiving accommodations	01, 02, and 03
The student is exited from DRD class but continues to receive accommodations	If the students are receiving services (which includes having an IEP or Section 504 plan) and accommodations, then it must be documented in the IEP or Section 504 plan. The coding would be 01, 03
The student is no longer receiving accommodations and has been previously exited from DRD services	00 means they do not have an IEP or Section 504 plan and no services are provided.

See TEA's Dyslexia PEIMS Coding Overview below for how students should be coded:



Recommendations and Management's Response

2.1 We recommend the Chief Schools Officer and Chief Academic Officer work with the Executive Director of Specialized Learning Services, and the Executive Director for Whole Learner Support and Intervention to develop a plan to:

- Identify any students who have been coded as 00 but are still receiving accommodations for dyslexia and make the appropriate Dyslexia Services Code corrections.
- Develop PEIMS coding instructions and provide training to principals and appropriate staff.

In developing a plan, we recommend following up with TEA if further clarification is needed for the correct usage of Dyslexia Services codes.

Management and Leadership Response: Concurred with recommendation and incorporated into the CAP as activity number 12.

Persons Responsible: Director of Special Education Evaluation Services, and Facilitator DRD

Implementation Date: 06/30/2024



Appendix A: Background and Methodology

ASSURANCE • INSIGHT • OBJECTIVITY

Background

The Public Education Information System (PEIMS) Audit was approved by the Board of Trustees as part of the 2023-2024 Internal Audit Plan. The audit supports Lever IV of the District's Strategic Blueprint, which states "Continue to be an accountable entity that is fiscally responsible, efficient in its use of resources, and strives for transparency with public-facing information."



The PEIMS Audit provides an independent and objective risk-based assessment on the principals and special program directors' review and verification of data submitted in the PEIMS Summer Submission. The specific audit objectives are included in the [Objective and Scope](#) section of this report.

PEIMS encompasses all data requested and received by the Texas Education Agency (TEA) about public education, including student demographic and academic performance, personnel, financial, and organizational information.

Per the Texas Student Data System (TSDS) Web-Enabled Data Standards, "The data that is reported to the Public Education Information Management System (PEIMS) is used to analyze Texas public education data through data reports, evaluations, Texas Academic Performance Reports/Accountability ratings, and funding calculations."

Methodology

To achieve our audit objective(s), we:

1. Researched relevant federal/state laws and regulations, Board policies, and the department manual/guidelines.
2. Used internal control questionnaires and performed walkthroughs to obtain an understanding of the PEIMS process, administrative functions, operations, processes, and controls in place.
3. Performed a risk assessment based on our understanding of the PEIMS process and controls in place.

4. Conducted interviews to determine the responsibilities of principals, PEIMS Clerks, and Special Program staff for the PEIMS process.
5. Obtained and analyzed student data reports for the PEIMS Summer Submission. The reports selected were:
 - a. PDM3-120-007 – PEIMS Student Indicator by Grade (Economically Disadvantaged).
 - b. PDM3-120-001 – Early Reading Indicator
 - c. PDM3-120-018 – TSDS PEIMS Student Dyslexia or Related Services Roster.
 - d. PDM3-131-001 – TSDS PEIMS Roster of Pregnancy Related Services.
6. Selected a sample of 40 students from nine of the 76 District campuses as follows:
 - a. Eleven (11) students from the economically disadvantaged population.
 - b. Ten (10) students from the early reading population.
 - c. Ten (10) students from the dyslexia population.
 - d. Nine (9) students from the pregnancy related services population.

Because of the inherent limitations in a system of internal controls, there is a risk that errors or irregularities occurred and were not detected. Due professional care requires the internal auditor to conduct examinations and verifications to a reasonable extent. Accordingly, an auditor is able to obtain reasonable, but not absolute, assurance that procedures and internal controls are followed and adhered to in accordance with the federal, state, local policies, and guidelines.



El Paso ISD Board

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Internal Audit

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