The Desk Review Process

Purpose

The purpose of the desk review is two-fold:

1. Verify whether the local education agency (LEA)/campus is engaged in the Texas Accountability Intervention System (TAIS) process.
2. Evaluate whether the LEA’s/campus’ goals and strategies have addressed areas not meeting state standard, which in turn determines compliance with state and federal regulations.

This guidance document is intended to provide a series of steps for an individual to conduct a quality review of the targeted improvement plan that considers trends both within a particular area and across all program areas. Specifically, this integrated perspective ensures there are connections between the following:

- Identified root causes aligned to problem statements,
- Strategies to address identified root causes,
- Quarterly goals to ensure implementation of strategies,
- Interventions to reflect specific actions to achieve quarterly goals,
- Data sources to provide evidence of implementation and impact,
- Resources needed to implement interventions, and
- Corrective action activities in the corrective action plan (CAP), if applicable.

Review Guiding Questions

Data Analysis

1. Conduct Data Analysis review.

Section I – General Questions

- Are general questions answered appropriately as compared to LEA/campus accountability and PBMAS reports?

Section II, III, IV – Index, PBMAS, and RF Questions

- Are all applicable sections of the data analysis tab completed?
  - a) For missed indexes, do focus questions accurately reflect information from accountability report?
  - b) Were appropriate trends and patterns across PBMAS program areas identified?
  - c) Were campuses that are contributing to PBMAS performance identified?
  - d) Are all PBMAS program indicators with a 2 or 3 identified and addressed?
  - e) Do identified RF trends align with RF data?

Section V – Support Systems/Critical Success Factors
• Does the data analysis use multiple and appropriate data sources for each critical success factors and support system (LEA)?
  a) [Critical success factor data source document]
• Are there gaps in the data sources that are leading to an incomplete data analysis?

Section VI – Problem Statements
• Is each missed index (and/or system safeguard), and PBMAS indicator with a PL of 2 or 3 connected to at least one problem statement?
• Does each problem statement contain the following characteristics:
  a) Substantiated by facts/data,
  b) Uses concise language,
  c) Written objectively,
  d) Includes specific details (who, what, when, where),
  e) Focuses on a single, measurable issue,
  f) Has relevance to the LEA/campus, and
  g) Avoids causation or assigning solution?

Needs Assessment
   • Are the root causes aligned with the data analysis findings/problem statements?
     a) i.e. poor math performance may be the problem, but addressing a lack of rigor in the classroom would be the identified need/root cause.
   • Does each root cause contain the following characteristics:
     a) Contains data,
     b) Answers the “why” of the problem statement, and
     c) Does not offer a solution or suggested action.

Improvement Plan (Annual Goal, Strategies, Quarterly Planning)
1. Review annual goal.
   • Does the annual goal address the areas of low performance, program ineffectiveness, or gap in the data?
   • Is the goal S.M.A.R.T.?
     o [specific, measurable, attainable, relevant/results-based, timely]
   • Is there an alignment between the problem statement and the annual goal?
2. Review strategies.
   • Does the strategy directly address the identified root cause?
   • Is the strategy an over-arching approach to address the root cause or is it written as a specific action or intervention?
3. Review quarterly goals.
   • Are the quarterly goals focused on outcomes and impact of actions?
• Do the quarterly goals ensure the implementation of the strategy and accomplish the annual goal?

4. Review interventions.
• Do the interventions reflect specific actions that will be taken to achieve the quarterly goals?

5. Examine data collection for monitoring.
• Do the data sources provide evidence for implementation or evidence of impact?

6. Follow the ISAM documentation process in Feedback/Follow-up
• Follow-up Type – Targeted Improvement Plan