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ABSTRACT

This document reproduces selected information from the U.S. Department of Education's "Twentieth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act" (1998). These selections consist of text and data tables related to two programs for young children and their families under the Individuals with Disabilities Education Act (IDEA): the Early Intervention Programs for Infants and Toddler with Disabilities, Part C of IDEA, which covers services to children from birth through age 2; and the Preschool Program (Section 619) of Part B of IDEA, which covers services to children from ages 3 to 5. Information is provided on the following areas: (1) number and percentage of children served by age and disability; (2) educational environments of children served; (3) national trends in the supply of special education teachers; (4) estimated resident population for children in different age groups; (5) funding for IDEA and state grants awarded for early intervention and preschool services; (6) number of infants and toddlers served; (7) Individualized Family Service Plan services; (8) early intervention personnel; (9) early intervention settings for children receiving services; (10) IDEA amendments of 1997; and (11) state progress in use of interagency agreements. (Each section contains references.) (CR)

Programs for Young Children with Disabilities Under IDEA

excerpts from the

Twentieth Annual Report to Congress on the Implementation of The Individuals with Disabilities Education Act

by the U.S. Department of Education (1998)

The National Early Childhood Technical Assistance System (NECTAS)

is a collaborative system, coordinated by the
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Federation for Children with Special Needs
Georgetown University Child Development Center
National Association of State Directors of Special Education (NASDSE)
ZERO TO THREE: National Center for Infants, Toddlers and Families

For more information about NECTAS,
please contact the Coordinating Office at:
500 NationsBank Plaza
137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice) * (919) 962-8300 (TDD)
Fax: (919) 966-7463
E-mail: nectas@unc.edu * URL: http://www.nectas.unc.edu/

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Principal Investigator: Pascal Trohanis
OSEP Project Officer: Peggy Cvach

February 1999

Preface

This document reproduces selected information from the U.S. Department of Education's *Twentieth Annual Report to Congress on the Implementation of The Individuals with Disabilities Education Act* (1998). These selections consist of text and data tables related to two programs for young children and their families under the Individuals with Disabilities Education Act (IDEA):

- the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of IDEA, which covers services to children from birth through age 2; and
- the Preschool Grants Program (Section 619) of Part B of IDEA, which covers services to children from ages 3 through 5.

These excerpts are reproduced without change along with the actual page number and table designations from the *Report.*

NECTAS compiled this information to provide the primary recipients of our TA services – the coordinators of state Part C and Section 619 programs, the chairs of state interagency coordinating councils, and outreach and demonstration project personnel — and others with easy access to the sections of the *Report* that are most relevant to their work.

The complete *Twentieth Annual Report to Congress* (document number GPO:1998-716-372/93547) is widely available in libraries. Based on dissemination of the previous edition, the T*wentieth Annual Report* also should be available soon at the Department of Education's Web site at the following URL:

http://www.ed.gov/offices/OSERS/OSEP/OSEP98AnlRpt/

Three previous editions are available at the following URLs:

Nineteenth Annual Report (1997) at http://www.ed.gov/offices/OSERS/OSEP/OSEP97AnlRpt/
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A limited number of printed copies of the *Report* are available free of charge from the Office of Special Education Programs (OSEP) of the U.S. Department of Education. To receive a copy:

- telephone

  Judy Holt
  OSEP Research to Practice Division
  (202) 358-3059

  or

- e-mail your request, including your name and mailing address, to

  Judith_Holt@ed.gov

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U.S. Department of Education

1998

DISCRIMINATION PROHIBITED

No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance, or be so treated on the basis of sex under most education programs or activities receiving Federal assistance.

No otherwise qualified individual with disabilities in the United States shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

EXECUTIVE SUMMARY

SECTION I

Context/Environment: This section contains background information on the setting within which special education services are provided to children and youth with disabilities. The first module in this section presents some of the changes to the Individuals with Disabilities Education Act resulting from the IDEA Amendments of 1997. The second module describes the implementation of State accountability systems.

Overview of the IDEA Amendments of 1997

- The IDEA Amendments of 1997 augment and strengthen the previous version of the Act. This module uses six principles as the framework around which education services are designed and provided to children with disabilities to describe the recent changes. These six principles are the availability of a free appropriate public education (FAPE), appropriate evaluation, development of an individualized education program (IEP). education provided in the least restrictive environment (LRE), parent and student participation in decision making, and procedural safeguards to protect the rights of parents and their child with a disability.

- The IDEA Amendments of 1997 add specific new requirements regarding the disciplining of students with disabilities. The law now specifically requires that FAPE must be made available to children who are suspended or expelled. State and local educational agencies (SEAs and LEAs) are responsible for ensuring that a student's IEP, with its goals and objectives, continues to be implemented in the LRE even though the child has been removed from school.

- The law includes a new competitive grant provision--the State Improvement Grants (SIGs). The majority of these grant funds must be spent for personnel development to fulfill the requirement for an adequate supply of qualified special education, regular education, and related services personnel.

- The law also addresses the issue of professional standards. Under the IDEA Amendments of 1997, States may allow the use of appropriately trained and supervised paraprofessionals and assistants to assist in the provision of special education and related services under certain conditions.

State Accountability Systems and Students with Disabilities

- The traditional model for general education accountability is based largely on inputs to the system. These input-oriented accountability systems are variously called accreditation, school improvement reviews, accountability reports, profiles, or district composite reports. Compliance reviews for specific categorical programs funded by either the Federal or State government also rely on inputs to the system.

- Traditional accountability in special education has been focused on compliance--on ensuring that districts were undertaking the appropriate procedures prescribed by Federal and State law in a timely fashion.

- The IDEA Amendments of 1997 shift accountability to focus on whether students are meeting the new standards, which involves shifting the orientation of accountability from inputs or processes to results and "raising the bar" on expectations for students with disabilities.

- States continue to struggle with establishing the correct mix of emphasis on accountability for process versus accountability for student results.

- Including students with disabilities in the general State accountability system extends their franchise in the general system but at no point exonerates a State from ensuring individual protections promulgated by IDEA.

SECTION II

Student Characteristics: This section contains five modules related to the characteristics of students served under IDEA and the Federal funding that States receive to serve these students.

Children Ages Birth Through Five Served Under IDEA

- Over the past 5 years, the number of infants and toddlers served under Part C has steadily increased from 145,179 on December 1, 1992, to 187,348 on December 1, 1996. The percentage of the population ages birth through 2 served under Part C rose slightly from 1.54 percent in 1995 to 1.65 percent in 1996.

- The most frequent setting in which infants and toddlers with disabilities received services was home (90,275 or 53 percent), followed by early intervention classroom (47,896 or 28 percent).

- Over the past 5 years, the number of children served under the IDEA Preschool Grants Program increased from 455,449 during the 1992-93 school year to 559,902 during the 1996-97 school year.

- During the 1995-96 school year, 51.6 percent of children ages 3-5 with disabilities were served in regular classes, approximately a 1 percent increase over the percentage served in regular classes during the previous year.

Students Ages 6 Through 21 Served Under IDEA

- Over the past few years, the number of school-age students with disabilities served has increased at a higher rate than the general school enrollment.

- Over the past 10 years, the number of students ages 6-11 with disabilities served increased 25.3 percent, the number of students ages 12-17 with disabilities increased 30.7 percent, and the number of students ages 18-21 with disabilities increased 14.7 percent.

- More than 90 percent of the school-age students served under IDEA in 1996-97 were classified in one of four disability categories: learning disabilities (51.1 percent or 2,676,299 children), speech or language impairments (20.1 percent or 1,050,975 children), mental retardation (11.4 percent or 594,025 children), and emotional disturbance (8.6 percent or 447,426 children).

- The distribution of students by disability varies across age groups. Specific learning disabilities is the largest single category for each of the three age groups, accounting for 41.2 percent of students ages 6-11, 62.3 percent of students ages 12-17, and 51.7 percent of students ages 18-21.

The Racial/Ethnic Composition of Students with Disabilities

- The disproportionate representation of racial and ethnic minorities in special education is a highly complex issue because it is difficult to isolate the effects of poverty, limited English proficiency, residence in inner cities, and race/ethnicity on special education eligibility.

- Discrepancies in disability prevalence and service provision across racial/ethnic categories are most apparent in the mental retardation category.

- The race/ethnicity data now required under the IDEA Amendments of 1997 will better enable Congress and OSEP to monitor the disproportionate representation of racial and ethnic minorities in special education and dropout rates for minority youth.

Gender as a Factor in Special Education Eligibility, Services, and Results

- Although males and females comprise equal proportions of the school-aged population, males account for approximately two-thirds of all students served in special education.

- The disproportionate representation of males in special education seems greatest in the learning disability and emotional disturbance categories, which are often considered the disability categories with the most broadly defined eligibility criteria.

- Once students are identified as eligible for special education, the services they receive do not differ greatly by gender, and teachers appear to consider an individual student when selecting instructional techniques.

- Overall, girls with and without disabilities had better in-school results than boys with and without disabilities. However, despite their better academic performance, females with disabilities have less positive

postschool results than their male peers. They are less likely to be employed, have lower wages, and are less likely to enroll in postsecondary education or training.

Students with Emotional Disturbance

- In comparison with other students, both with and without disabilities, children with emotional disturbance are more likely to be male, African American, and economically disadvantaged.

- The majority of students with emotional disturbance continue to receive most of their services in environments that separate them from students who do not have emotional disturbance. Although some students can succeed in regular classes, research suggests that many of these students and their teachers do not currently receive the supports that they need to succeed in regular class placements.

- Students with emotional disturbance fail more courses, earn lower grade point averages, miss more days of school, and are retained at grade more than students with other disabilities. Fifty-five percent leave school before graduating.

- OSEP-supported research projects have helped pinpoint problem areas in these students' development and have made significant contributions to the development of promising approaches to early intervention and school discipline. OSEP currently funds projects that focus on prevention, positive approaches to learning, cultural competence, and assessment of children with emotional disturbance.

- In fiscal year (FY) 1998, *The National Agenda for Improving Results of Children and Youth with Serious Emotional Disturbance* became a Focus Area under OSEP's Model/Demonstration priority, and three new awards were granted to support comprehensive services in conformance with the seven target areas of the Agenda.

SECTION III

School Programs and Services: This section contains five modules that examine some of the programs and services available within schools for children and youth with disabilities and their families.

Special Education Teachers: National Trends in Demand and Shortage

- Statistics from OSEP's Data Analysis System (DANS) provide convincing evidence of a national substantial chronic shortage of special education teachers who are fully certified in their positions.
- There has been dramatic growth in the number of total teaching positions nationally for students ages 3-5 with disabilities. From 1987-88 to 1995-96, demand increased by more than 100 percent from about 13,000 to about 27,000 teachers.
- In contrast with the rapid growth in teacher demand for students ages 3-5, the growth in the number of total teaching positions nationally for students ages 6-21 with disabilities has been gradual. From 1987-88 to 1995-96, demand increased by 15 percent from about 284,000 to about 328,000 teachers.
- Teaching positions in special and general education expanded by comparable percentages from 1987-88 to 1995-96; therefore, the serious chronic shortage of teachers in special education cannot be attributed to extraordinarily rapid expansion of teaching positions in contrast with general education. Evidence suggests that the number of graduates in special education teacher preparation programs is much too low to satisfy the need for fully certified special education teachers.

Using IFSPs with Preschoolers

- Twenty-five States either have a statewide policy for using individualized family service plans (IFSPs) with preschoolers (3 States) or allow IFSPs as a local option with children ages 3-5 who are eligible for special education services (22 States). Sixteen of these States have adopted guidelines, standards, or regulations for IFSP development or transition from an IFSP to an IEP.

- A National Association of State Directors of Special Education (NASDSE) study found two main factors that promote the successful use of IFSPs with preschoolers: family preference for using an IFSP and State and local support for the use of IFSPs.

- The NASDSE study also described barriers to the implementation of IFSPs with preschoolers. These include agency differences in eligibility rules and requirements, resistance to change, and the cost associated with using IFSPs with preschoolers.

Educational Environments for Students with Disabilities

- There has been gradual progress in serving larger percentages of students with disabilities in regular class environments and regular schools.

- In 1995-96, more than 95 percent of students with disabilities ages 6-21 attended schools with their nondisabled peers. Approximately 46 percent were removed from their regular classes for less than 21 percent of the day; about 29 percent received special education and related services outside regular classes for 21-60 percent of the day; and 22 percent were served outside of the regular classroom for more than 60 percent of the day.

- The environments in which students with disabilities received services varied by disability and age. Progress in serving students in more inclusive settings has also varied from State to State.

- Factors affecting the extent to which students are served with nondisabled peers include statewide student achievement, population density, per capita income, human services expenditures per capita, and expenditures per pupil.

Funding for IDEA

- Under the IDEA Amendments of 1997, in the next FY after the Federal appropriation for Part B, Section 611 reaches approximately $4.9 billion, the previous year's allocation will become the base allocation for States; 85 percent of additional funds above the base will be allocated based on population in the age ranges for which States mandate services, and 15 percent will be

based on the number of children in the State living in poverty in those age ranges.

- A NASDSE survey found that although in FY 1994 more than $7.6 million was distributed nationally to States through OSEP-sponsored competitive grants for personnel preparation, 43 States allocated $29.7 million of their set-aside for Comprehensive System of Personnel Development activities.

- The IDEA Amendments of 1997 freeze the State set-aside at FY 1997 levels, plus either an adjustment for inflation or the percentage increase in the State IDEA allocation, whichever is lower.

- Part B funding to States increased by 34 percent ($785,558) from 1996 to 1997, the largest 1-year increase in the history of the program.

State Progress in Use of Interagency Agreements

- Over the past 20 years, States have been working toward interagency collaboration to provide more comprehensive, cost-effective, and streamlined services to children with disabilities. Recent reauthorizations of IDEA have increasingly required that interagency collaboration be used to strengthen special education services.

- Interagency agreements cover a spectrum of services to school-aged students with disabilities, including school-to-work transition activities and data sharing, improving services to children in juvenile treatment centers, creating coordinated early intervention and preschool services, expanding health services access for Medicaid eligible children, and collaborating on multi-agency personnel development.

- Building on a history of interagency cooperation, SEAs, vocational education agencies, and vocational rehabilitation programs are in the process of renewing their service systems to provide youth with disabilities a smoother transition into postschool activities.

SECTION IV

Results: The six modules in this section describe some of the reforms, alternate assessments, and results for students with disabilities; OSEP's State monitoring program; OSEP's response to the Government Performance and Results Act; and the efforts of the Federal and Regional Resource Centers to improve results.

Standards-Based Reform and Students with Disabilities

- Standards-based reform encompasses four concepts: high standards, accountability, implementation of consequences as part of the accountability system, and renewed reliance on the use of assessments to measure the performance of students and their progress toward meeting standards.

- Although the use of statewide assessments as part of educational accountability systems is widespread, the specifics of the assessments are extremely variable from one State to the next. Most States administer assessments in grades 4, 8, and 11, and the subjects most frequently covered are mathematics, language arts, and writing, with science and social studies close behind.

- Currently, there is a tremendous amount of State activity related to assessments, which means that the characteristics of State assessment systems change frequently.

- In December 1997, the Department of Education was sponsoring 19 assessment-related projects. Eight of these projects were funded through the Office of Special Education Programs; eight were funded by the Office of Educational Research and Improvement. The remaining studies included a project exploring ways to increase the number of students with disabilities and limited English proficiency who participate in the National Assessment of Educational Progress (NAEP); National Center for Educational Statistics research that addresses students with disabilities and students with limited English proficiency; and a study by the National Center on Educational Outcomes that focuses on educational results for all students.

Developing Alternate Assessments for Students with Disabilities

- Although many students with disabilities currently participate in large-scale assessments, the challenge is to develop rigorous, alternate assessments for students with significant disabilities that are based on standards relevant to their postschool needs.
- There are three predominant types of large-scale assessment for students with disabilities: general assessments, general assessments with accommodations, and alternate assessments.
- Participation in alternate assessments should be used cautiously because the majority of students with disabilities can participate in large-scale assessments.
- Kentucky's Alternate Portfolio and Maryland's Independence Mastery Assessment Program are examples of alternate assessment systems for the small percentage of students who cannot participate in regular assessments.

Secondary School Completion for Students with Disabilities

- Students with disabilities who complete high school are more likely to be employed, earn higher wages, and enroll in postsecondary education and training.
- Graduation rates vary by disability. Students with speech and language impairments, specific learning disabilities, hearing impairments, and visual impairments were most likely to graduate with a diploma or certificate.
- The percentage of students with disabilities who complete high school with a diploma or certificate also varies considerably by State. In 1995-96, 151,222 students ages 17-21 with disabilities graduated with a diploma or certificate. This figure represented 29 percent of all students with disabilities and 74 percent of those exiting the system.
- State economic, demographic, and educational variables apparently affect graduation rates, but in complex and inconsistent ways.

State Improvement and Monitoring

- In working with States to ensure compliance and improved results for students with disabilities, OSEP emphasizes partnerships and technical assistance, together with a strong accountability system.
- To ensure a strong accountability system, OSEP has emphasized strong and diverse customer input in the monitoring process; effective methods for ensuring compliance with Part B, with strongest emphasis on requirements that relate most directly to continuous improvement in learner results; prompt identification and correction of deficiencies; and corrective action requirements and strategies that yield improved access and results for students.
- OSEP focused its monitoring efforts during the first half of the 1997-98 school year on working with a broad spectrum of stakeholders to ensure timely implementation of the new requirements in a manner which would support improved results for students and educational reform.

Performance Indicators for Parts B, C, and D

- To meet the mandate of the Government Performance and Results Act of 1993, OSEP developed a strategic plan based on the IDEA Amendments of 1997, OSEP's primary vehicle for improving results for children and youth with disabilities. OSEP developed a series of program logic models with goals, objectives, and performance indicators for the IDEA Amendments of 1997 as a whole, as well as for Parts B, C, and D independently.
- A primary objective of Part B is to improve educational results for children and youth with disabilities. An indicator of progress in this area is to increase the percentage of children with disabilities who are proficient in reading, math, and other academic subjects, based on measures such as State assessments and the National Assessment of Educational Progress.
- One of OSEP's strategies for reaching the Part C objective of identifying all eligible children is to work with the Federal Interagency Coordinating Council to develop ways to coordinate Child Find efforts for Federal programs serving similar populations.

- The primary goal of the Part D discretionary programs is to build a comprehensive and systematic infrastructure that is linked to States, school systems, and families and that identifies, develops, and communicates best practices to improve results for children with disabilities.

Results From RRC Technical Assistance to States

- RRCs help State educational agencies improve their systems of early intervention, special education, and transition services through the development and implementation of policies, programs, and practices to enhance educational results for children and youth with disabilities.

- As a result of an ongoing work group, information exchanges, and conferences, States are better able to implement systems for ensuring compliance that have a direct effect on the services available to children with disabilities and the results they achieve.

- The RRFC Network, its member Centers, and its major collaborator in the domain of assessment and accountability, the National Center for Educational Outcomes, have worked together to develop research, disseminate best practices, provide technical assistance, and facilitate collaborative efforts linking general and special education personnel, parents, and other stakeholders.

Overview of the IDEA Amendments of 1997[1]

In June 1997, the Individuals with Disabilities Education Act (IDEA) was amended by Public Law 105-17, the IDEA Amendments of 1997. This is the fifth set of amendments to the Act. Over the years, IDEA has fostered significant changes in the lives of children with disabilities and their families and in the roles of schools and teachers in the education of children with disabilities.

PURPOSE: To present a review of changes in IDEA resulting from the 1997 amendments to the law that were enacted to help ensure better results for students with disabilities and their families.

The basic tenets of IDEA have remained intact since the original passage of the law in 1975. However, each set of amendments has strengthened the original law. The IDEA Amendments of 1997 retain much of the previous version of the law but had some important revisions. This module does not attempt to provide a detailed explanation of all the changes to the Act; rather, it provides an overview of some areas in which the legislation has changed.

Many of the other modules in this annual report also provide specific information on the changes in the law. The complete text of the revised law can be obtained on-line at http://www.ed.gov/offices/OSERS/IDEA (case sensitive) or http://www.lrp.com/ed.

The Six Principles of IDEA

One way to conceptualize IDEA is to define six principles that provide the framework around which education services are designed and provided to students with disabilities. They are:

- free appropriate public education (FAPE);

[1] This module is, in part, based on an Office of Special Education Programs (OSEP)-sponsored project from the National Information Center for Children and Youth with Disabilities (NICHCY) and the Federal Resource Center for Special Education (FRC). Information from a two-volume notebook of training materials titled *The Individuals with Disabilities Education Act Amendments of 1997: Curriculum and Overheads* was used to write this module.

- appropriate evaluation;
- individualized education program (IEP);
- least restrictive environment (LRE);
- parent and student participation in decision making; and
- procedural safeguards.

The changes in the law will be examined within the framework of these six guiding principles.

FAPE

The IDEA Amendments of 1997 retain the original provisions of FAPE but added two new provisions. Thus, the law still requires that students with disabilities have available to them a "free appropriate public education," meaning special education and related services that:

> "(A) have been provided at public expense, under public supervision and direction, and without charge;
>
> (B) meet the standards of the State educational agency;
>
> (C) include an appropriate preschool, elementary, or secondary school education in the State involved; and
>
> (D) are provided in conformity with the individualized education program required under section 614(d)." (§602(8))

The law now also specifically requires that FAPE must be made available to children who are suspended or expelled. State educational agencies (SEAs) and local educational agencies (LEAs) are responsible for ensuring that a student's IEP with its goals and objectives continues to be implemented in the least restrictive environment even though the child has been removed from the school. (A

further review of the new discipline requirements is given in the procedural safeguards section of this overview.)

The IDEA Amendments of 1997 also place limitations on the States' obligation to serve students with disabilities in prison. Federal law does not require States to provide FAPE to individuals ages 18 through 21 who, before their incarceration in an adult correctional facility, were not considered as having a disability--that is, they had not been identified as having a disability under IDEA or did not have an IEP in place prior to incarceration.

Definitions Included in FAPE. Key terms in the FAPE provision are "special education and related services." The IDEA Amendments of 1997 maintain the definition of special education. The definition of related services was also virtually unchanged; however, "orientation and mobility services" was added to the nonexhaustive statutory list of related services. Orientation and mobility services are designed to aid students who are blind or have other visual impairments.

FAPE and the General Curriculum. What determines an appropriate education was emphasized in the IDEA Amendments of 1997. The language requiring an evaluation was strengthened (see "Appropriate Evaluation" in this module), and evaluations must include information relevant to a student's participation in the general curriculum (§614(b)(2)).

Comprehensive System of Personnel Development (CSPD) and State Improvement Plans (SIPs). The providers of services under IDEA must be effectively prepared in their knowledge, skills, and attitudes. The IDEA Amendments of 1997 include a new competitive grant provision--the State Improvement Grants (SIGs). The majority of these grant funds must be spent for personnel development. To compete for an SIG, a State must submit a State Improvement Plan. A State's CSPD must be designed to ensure an adequate supply of qualified special education, general education, and related services personnel that meets the requirements for a SIP relating to personnel development in subsections (b)(2)(B) and (c)(3)(D)

of Section 653 of the Act. In addition, capacity-building is now promoted at the local level. Adoption of promising practices is actively conducted through the SIPs and through subgrants to LEAs for capacity building and improvement (§611(f)(4)).

The new law added provisions to the CSPD, including:

- a State must have in effect a CSPD that meets the requirements of the SIP; and
- personnel must meet the requirements specified in the State's SIP.

The SIP is a powerful tool for States to use to improve their systems and to equip staff with the necessary knowledge to improve results for students with disabilities. Under the IDEA Amendments of 1997, to the maximum extent possible, the SIP must be integrated with State plans under the Elementary and Secondary Education Act of 1965 (ESEA) and the Rehabilitation Act of 1973, as appropriate. SIGs are awarded on a competitive basis after peer review, and the IDEA Amendments of 1997 set guidelines on how the funds may be used.

Professional Standards. Prior to the IDEA Amendments of 1997, each State was required to (a) ensure that personnel were appropriately and adequately trained; (b) establish and maintain professional standards that its personnel had to meet; and (c) specify the steps that it intended to take to retrain or hire personnel who did meet State standards, when current personnel did not meet the highest State standard for a specific profession or discipline. The IDEA Amendments of 1997 add two new provisions:

- States may allow the use of paraprofessionals and assistants to assist in the provision of special education and related services under certain conditions. Paraprofessionals and assistants must be appropriately trained and supervised.

- States may adopt a policy that requires LEAs to make an ongoing good faith effort to recruit and hire appropriately and adequately trained personnel to provide special education and related services. Such a policy may include that where there are shortages of qualified personnel, the recruitment and hiring of the most qualified persons available is allowed, provided that those persons who are hired are making satisfactory progress toward completing applicable course work and will in 3 years complete the courses to meet State standards.

Appropriate Evaluation

As in previous versions of the law, the IDEA Amendments of 1997 require that before a student can receive special education and related services for the first time, he or she must receive a "full and individual initial evaluation." The law also requires:

- parental consent for the initial evaluation;
- a nondiscriminatory evaluation;
- evaluation by a team in all areas of suspected disability;
- not using any single procedure to determine that a child is a child with a disability or to determine the child's educational program;
- testing in the native language or mode of communication of the child, unless it is clearly not feasible to do so; and
- that LEAs conduct reevaluations for each child with a disability if "conditions warrant a reevaluation or if the child's parents or teacher requests a reevaluation, but at least once every 3 years . . . ." (§614(a)(2)(A)).

The IDEA Amendments of 1997 amend certain aspects of the evaluation process and moved all of the provisions related to evaluation and reevaluation to one place in the

law. (See Section 614) The changes in the evaluation provisions are described below.

The Part B definition of a child with a disability was expanded to include, at the discretion of the SEA and LEA, children between the ages of 3 and 9 who are--

> "(i) experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and
>
> (ii) who, by reasons thereof, needs special education and related services." (§602(3))

Previously, use of the term developmental disabilities was limited to children ages birth through 5. According to the Committee on Labor and Human Resources Report, "use of 'developmental delay' as part of a unified approach will allow the special education and related services to be directly related to the child's needs and prevent locking the child into an eligibility category which may be inappropriate or incorrect . . . ." (pp. 6-7)

Other changes to the evaluation provisions include codification of the policy that assessment tools and strategies provide information that is instructionally useful, emphasis on participation in the general curriculum, and reduction of the paperwork burden.

The evaluation process has also been strengthened. The law now requires that a parent be included as part of the team that determines eligibility. Specifically, the evaluation process includes collecting "information provided by the parent" (§614(b)(2)(A)), reviewing existing evaluation data, including "evaluations and information provided by parents" (§614(c)(1)(A)), and requires that the "determination of whether the child is a 'child with a disability' . . . shall be made by a team of qualified professionals and the parent of the child . . . ." (§614(b)(4)(A))

Inclusion in State and Districtwide Assessment.[2] One of the far-reaching changes to IDEA is its alignment with recent educational reform legislation, including The Goals 2000: Educate America Act, the Improving America's Schools Act (IASA), and the School to Work Opportunities Act. The IDEA Amendments of 1997 require that:

> "(A) IN GENERAL.--Children with disabilities are included in general and district-wide assessment programs, with appropriate accommodations, where necessary. As appropriate, the State or local educational agency--
>
> (i) develops guidelines for the participation of children with disabilities in alternate assessments for those children who cannot participate in State and district-wide assessment programs; and
>
> (ii) develops and, beginning no later than July 1, 2000, conducts those alternate assessments.
>
> (B) REPORTS.--The State educational agency makes available to the public, and reports to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children, the following:
>
> (i) the number of children with disabilities participating in regular assessments.
>
> (ii) the number of those children participating in alternate assessments.
>
> (iii)(I) The performance of those children on regular assessments (beginning no later than July 1, 1998) and on alternate assessments (no later than July 1, 2000), if doing so would be statistically sound and

[2] For in-depth discussions of the changes in law related to the inclusion of students with disabilities in the assessment process, please see in Section I the module titled "State Accountability Systems and Students with Disabilities," and in Section IV the modules titled "Standards-Based Reform and Students with Disabilities" and "Developing Alternate Assessments for Students with Disabilities."

would not result in the disclosure of performance results identifiable to individual children.

(II) Data relating to the performance of children described under subclause (I) shall be disaggregated--(aa) for assessments conducted after July 1, 1998; and (bb) for assessments conducted before July 1, 1998, if the State is required to disaggregate such data prior to July 1 1998." (§612(a)(17))

Performance Goals and Indicators.[3] In addition to requiring that States include students with disabilities in assessment procedures, the IDEA Amendments of 1997 require States to establish performance goals for children with disabilities and to establish performance indicators to judge their progress toward these goals. States had until July 1, 1998, to establish:

- appropriate performance goals for students with disabilities that "are consistent, to the maximum extent appropriate, with other goals and standards for children established by the State;" and

- "performance indicators the State will use to assess progress toward achieving those goals that, at a minimum, address the performance of children with disabilities on assessments, drop-out rates, and graduation rates." (§612(a)(16))

Individualized Education Programs (IEPs)

IDEA requires that an IEP be written for each student with a disability receiving special education and related services. The IDEA Amendments of 1997 incorporate some new requirements pertaining to IEPs and move all provisions related to the IEP to Section 614(d). These went into effect on July 1, 1998.

[3] Section IV contains a module titled "Performance Indicators for Parts B, C, and D." This module gives a detailed description of OSEP's response to the Government Performance and Results Act of 1993 (GPRA).

The section begins by defining the term "Individualized Education Program":

> "The term 'individualized education program' or 'IEP' means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section. . . ." (§614(d)(1)(A))

Below is a summary of the provisions that modified the IEP in the IDEA Amendments of 1997.

Statement of the Child's Present Levels of Educational Performance. The IEP must state how the child with a disability is currently doing at school, emphasizing the child's strengths and weaknesses and areas that need to be addressed. The information is drawn from recent evaluations, observations, and inputs from parents and school personnel. A new area of emphasis in the IDEA Amendments of 1997 is "how the child's disability affects the child's involvement and progress in the general curriculum." (§614(d)(1)(A)(i)(I))

Statement of Measurable Annual Goals, Including Benchmarks or Short-Term Objectives. This section focuses on the IEP team's recommended educational goals that are appropriate for the student. The goals must be annual and measurable and include benchmarks or short-term objectives, and relate to "meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and meeting each of the child's other educational needs that result from the child's disability . . . ." (§614(d)(1)(A)(ii)(I) and (II))

Statement of Special Education and Related Services. Given the child's strengths, needs, and annual goals, the IEP considers the special education and related services necessary to accomplish those goals. Again, the IDEA Amendments of 1997 emphasize services necessary to enable the child to be part of the general curriculum. In fact, the IEP must include "an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class . . . ."

(§614(d)(1)(A)(iv)) Also, the IDEA Amendments of 1997 include a definition of "Supplementary Aids and Services." "Supplementary aids and services" means "aids, services, and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with section 612(a)(5) [The 1997 Amendments, provision on LRE]." (§602(29))

Statement of Any Individual Modifications in the Administration of State or Districtwide Assessment of Student Achievement.[4] The IDEA Amendments of 1997 require that students with disabilities be included in the assessment process. Modifications or adaptations must be given where appropriate. If the IEP team determines that a child will not participate in a particular State or local assessment, or any part of that assessment, then a statement of "why that assessment is not appropriate for the child and how that child will be assessed" must be included. (§614(d)(1)(A)(v)(II)(aa) and (bb))

Dates, Frequency, Location, and Duration of Services. Each student's IEP must include when the student's special education and related services will begin, how long they will go on (duration), how often they will be provided (frequency), and where they will take place (location). The location provision is new in the IDEA Amendments of 1997. (§614(d)(1)(A)(vi))

Transition Services. The requirement to provide youth with disabilities transition services was retained from the prior law. However, two new requirements were added. First, IEPs must include,

> "beginning at age 14, and updated annually, a statement of the transition service needs of the child under the applicable components of the child's IEP that focuses on the child's course of study (such as partici-

[4] For more on this topic, please see the modules titled "State Accountability Systems and Students with Disabilities" in Section I and "Standards-Based Reform and Students with Disabilities" and "Developing Alternate Assessments for Students with Disabilities" in Section IV of this report.

> pation in advanced-placement courses or a vocational education program)." (§614(d)(1)(A)(vii)(I))

This requirement was designed to augment the existing requirement which states:

> "beginning at age 16 (or younger, if determined appropriate by the IEP team), a statement of needed transition services for the child, including, when appropriate, a statement of the interagency responsibilities or any needed linkages . . . ." (§614(d)(1)(A)(vii)(II))

The second addition is that IEPs must include,

> "beginning at least one year before the child reaches the age of majority under State law, a statement that the child has been informed of his or her rights under this title, if any, that will transfer to the child on the age of reaching majority . . . ." (§614(d)(1)(A)(vii)(III))

Developing the IEP. The IDEA Amendments of 1997 maintain essentially the same process for developing an IEP. However, the new legislation increases the role general educators play on the IEP team, and related service personnel are specifically mentioned as being part of the IEP team, where appropriate, and at the discretion of the parent or school. New language was also added with regard to the responsibilities of the IEP team. Specifically, the law charged the IEP team to consider: (a) the strengths of the child and the concerns of the parents for enhancing the education of their child and (b) the results of the initial evaluation or most recent evaluation of the child. (§614(d)(3)(A))

In the process of developing the IEP, the IEP team must also consider "special factors," including:

> "(i) in the case of a child whose behavior impedes his or her learning or that of others, consider where appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior;

(ii) in the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;

(iii) in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille) that instruction in Braille is not appropriate for the child;

(iv) consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and

(v) consider whether the child requires assistive technology devices and services." (§614(d)(3)(B))

Reviewing and Revising the IEP. The IDEA Amendments of 1997 emphasize that the IEP is to be reviewed annually or more frequently if needed to determine if goals are being met. The IEP must be revised, as appropriate, to address "any lack of expected progress toward the annual goals and in the general curriculum, where appropriate; the results of any reevaluation conducted under [§614]; information about the child provided to, or by, the parents . . . ; the child's anticipated needs; or other matters." (§614(d)(4)(A)) Also, as appropriate the regular education teacher must participate in the review and revision of the IEP. (§614(d)(4)(B))

Least Restrictive Environment

Since 1975, all eligible students must receive FAPE in the least restrictive environment possible. This means that the child must receive an appropriate education designed to meet his or her needs while being educated with nondisabled peers to the maximum extent appropriate. Specifically, the law requires each State to ensure that:

> "[t]o the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (§612(a)(5)(A)).

The IDEA Amendments of 1997 add two new provisions to strengthen this commitment:

> "(i) IN GENERAL.--If the State uses a funding mechanism by which the State distributes State funds on the basis of the type of setting in which a child is served, the funding mechanism does not result in placements that violate the requirements of subparagraph (A).
>
> (ii) ASSURANCE.--If the State does not have policies and procedures to ensure compliance with clause (i), the State shall provide an assurance that it will revise the funding mechanism as soon as feasible to ensure that such mechanism does not result in such placements." (§612(a)(5)(B))

These new provisions require that States do not set up funding mechanisms that violate the LRE requirement and that if a State has in place funding mechanisms that are in violation, they be revised as soon as possible. Furthermore, as described in the IEP section, supplementary aids and services were defined, as well as other components,

such as student involvement in the general curriculum, the participation of students in State and districtwide assessment programs, and performance goals and indicators.

When students with disabilities are educated in the general education classroom, the possibility exists that a nondisabled child might benefit from the special education being provided to a child with a disability. In the past, schools were required to keep track of these incidental benefits. The new provision states:

> "(4) PERMISSIVE USE OF FUNDS.--Notwithstanding paragraph (2)(A) or section 612(a)(18)(B) (related to commingled funds), funds provided to the local educational agency under this part may be used for the following activities:
>
> > (A) SERVICES AND AIDS THAT ALSO BENEFIT NONDISABLED CHILDREN.--For the costs of special education and related services and supplementary aids and services provided in a regular class or other education-related setting to a child with a disability in accordance with the individualized education program of the child, even if one or more nondisabled children benefit from such services." (§613(a)(4))

Parent and Student Participation

IDEA strongly encouraged the participation of and communication among all parties who have a vested interest in the education of students with disabilities. On the one hand, parents have always been important players in the special education process, and their involvement is crucial to successful results for students. On the other hand, the language inviting student participation has become stronger with the past two reauthorizations of IDEA, particularly in the area of transition.

Previous versions of IDEA stipulated that:

- Public agencies must notify parents when they propose or refuse to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child.

- Parents have the right to inspect and review any education records relating to their child that the public agency collects, maintains, or uses. In addition, they have the right to inspect and review all educational records with respect to the identification, evaluation, and educational placement of the child, and the provision of FAPE to the child.

- Parental consent is required before a child may be evaluated for the first time.

- Parents have the right to obtain an independent educational evaluation (IEE) of their child; under certain circumstances, this IEE may be at public expense. If the parents obtain an IEE at private expense, results of the evaluation must be considered by the public agency in any decision made with respect to the provision of FAPE to the child.

- Parents are members of the team that develops their child's IEP.

- Parental consent is required for a child's initial special educational placement.

- Parents have the right to challenge or appeal any decision related to the identification, evaluation, or placement of their child, or the provision of FAPE to their child.

The IDEA Amendments of 1997 define "parent" and provide procedural safeguards for infants, toddlers, and children so that they continue to receive services under the Act if the parent is unable to be located.

The definition of parent as it appears in the IDEA Amendments of 1997 is:

> "The term 'parent'--
> (A) includes a legal guardian; and
> (B) except as used in sections 615(b)(2) and 639(a)(5), includes an individual assigned under either of those sections to be a surrogate parent." (§602(19)).

Section 615(b) states the procedural safeguards established for Part B; Section 615(b)(2) requires "procedures to protect the rights of the child whenever the parents of the child are not known, the agency cannot, after reasonable efforts, locate the parents, or the child is a ward of the State, including the assignment of an individual (who shall not be an employee of the State educational agency, the local educational agency, or any other agency that is involved in the education or care of the child) to act as a surrogate for the parents . . . ."

Section 639(a) states the procedural safeguards established for Part C; Section 639(a)(5) requires

> "[p]rocedures to protect the rights of the infant or toddler whenever the parents of the infant or toddler are not known or cannot be found or the infant or toddler is a ward of the State, including the assignment of an individual (who shall not be an employee of the State lead agency or other State agency, and who shall not be any person, or any employee of a person, providing early intervention services to the infant or toddler or any family member of the infant or toddler) to act as a surrogate for the parents."

The IDEA Amendments of 1997 also add several new requirements in terms of parental involvement in their child's education. The following section contains verbatim text from the IDEA Amendments of 1997 related to parental rights and responsibilities.

Notification to the Public Agency by Parents Regarding Private School Placement. "LIMITATION ON REIMBURSEMENT.--The cost of reimbursement described in clause (ii) [regarding reimbursement for private school placement] may be reduced or denied if--(aa) at the most

recent IEP meeting that the parents attended prior to the removal of the child from the public school, the parents did not inform the IEP Team that they were rejecting the placement proposed by the public agency to provide a free appropriate public education to their child, including stating their concerns and their intent to enroll their child in a private school at public expense; or (bb) 10 business days (including any holidays that occur on a business day) prior to the removal of the child from the public school, the parents did not give written notice to the public agency of the information described in division (aa); (II) if, prior to the parents' removal of the child from the public school, the public agency informed the parents, through the notice requirements described in section 615(b)(7), of its intent to evaluate the child (including a statement of the purpose of the evaluation that was appropriate and reasonable), but the parents did not make the child available for such evaluation; or (III) upon a judicial finding of unreasonableness with respect to actions taken by the parents." (§612(a)(10)(C)(iii))

"EXCEPTION.--Notwithstanding the notice requirement in clause (iii)(I), the cost of reimbursement may not be reduced or denied for failure to provide such notice if--(I) the parent is illiterate and cannot write in English; (II) compliance with clause (iii)(I) would likely result in physical or emotional harm to the child; (III) the school prevented the parent from providing such notice; or (IV) the parents had not received notice, pursuant to section 615, of the notice requirement in clause (iii)(I)." (§612 (a)(10)(C)(iv))

Input During Evaluation. "CONDUCT OF EVALUATION.--In conducting the evaluation, the local educational agency shall--(A) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a disability and the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities . . . ." (§614(b)(2))

Eligibility. "DETERMINATION OF ELIGIBILITY.--Upon completion of administration of tests and other evaluation materials--(A) the determination of whether the child is a child with a disability as defined in section 602(3) shall be made by a team of qualified professionals and the parent of the child in accordance with paragraph (5); and (B) a copy of the evaluation report and the documentation of determination of eligibility will be given to the parent." (§614(b)(4))

"SPECIAL RULE FOR ELIGIBILITY DETERMINATION.-- In making a determination of eligibility under paragraph (4)(A), a child shall not be determined to be a child with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency." (§614(b)(5))

Reevaluation. "PARENTAL CONSENT.--Each local educational agency shall obtain informed parental consent, in accordance with subsection (a)(1)(C), prior to conducting any reevaluation of a child with a disability, except that such informed parent consent need not be obtained if the local educational agency can demonstrate that it had taken reasonable measures to obtain such consent and the child's parent has failed to respond." (§614(c)(3))

Receiving Progress Reports and Revising the IEP. The IEP must contain "a statement of-- . . . (II) how the child's parents will be regularly informed (by such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress, of--(aa) their child's progress toward the annual goals . . . ; and (bb) the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year." (§614(d)(1)(A)(viii))

Regarding the revision of IEPs, the LEA must "ensure that, subject to subparagraph (B), the IEP Team--(i) reviews the child's IEP periodically, but not less than annually to determine whether the annual goals for the child are being achieved; and (ii) revises the IEP as appropriate to address--(I) any lack of expected progress toward the annual goals and in the general curriculum, where appropriate; (II) the

results of any reevaluation conducted under this section; (III) information about the child provided to, or by, the parents, as described in subsection (c)(1)(B); (IV) the child's anticipated needs; or (V) other matters." (§614(d)(4))

Placement. "EDUCATIONAL PLACEMENTS.--Each local educational agency or State educational agency shall ensure that the parents of each child with a disability are members of any group that makes decisions on the educational placement of their child." (§614(f))

Participation in All Meetings. The procedural safeguards under Part B of the IDEA Amendments of 1997 require:

> "an opportunity for the parents of a child with a disability . . . to participate in meetings with respect to identification, evaluation, and educational placement of a child, and the provision of a free appropriate public education to such child . . . ." (§615(b)(1))

Notification by Parents of Their Intent To File a Complaint. Any SEA, State agency, or LEA that receives Part B funds must institute "procedures that require the parent of a child with a disability, or the attorney representing the child, to provide notice (which shall remain confidential)--(A) to the State educational agency or local educational agency, as the case may be, in the complaint filed under paragraph (6); and (B) that shall include--(i) the name of the child, the address of the residence of the child, and the name of the school the child is attending; (ii) a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem; and (iii) a proposed resolution of the problem to the extent known and available to the parents at the time; . . ." (§615(b)(7))

Parent Involvement in Policy Making. Parents were also encouraged in many other ways in the legislation to be involved as partners with educators and policy makers. This included involvement at the national, State, and local levels.

At the national level, the IDEA Amendments of 1997 require the Department of Education to involve parents in activities related to the funding of grants in the areas of coordinated research, technical assistance, support and dissemination of information. Parents of children with disabilities must be included in the development of the comprehensive plan of activities for research grants, membership in the standing panel of experts to evaluate applications for grants and cooperative agreements, and membership in the peer review panels for particular competitions.

At the State level, parents are to be involved at two levels. First, they must be invited to participate on the State advisory panel that is set up "for the purpose of providing policy guidance with respect to special education and related services for children with disabilities in the State." (§612(a)(21)) In fact, "the majority of members of the panel shall be individuals with disabilities or parents of children with disabilities." (§612(a)(21)(C)) Second, they must be invited partners with the SEA in developing and implementing the State program improvement grants. (§652(b))

Parents are also to be involved in decision making at the local level. Specifically, they are to be involved in school-based improvement plans that the LEAs may submit. These improvement plans are designed "to permit a public school within the jurisdiction of the local education agency to design, implement, and evaluate a school-based improvement plan . . . that is designed to improve educational and transitional results for all children with disabilities . . . in that public school." (§613(g)(1)) Membership of this panel must reflect the diversity of the community in which the public school is located and must include parents of children with disabilities who attend the school.

Students as Partners in Their Education. The law acknowledges that if students are to develop into independent, productive adults and become increasingly responsible for their behaviors and accomplishments, they need to acquire the skills that promote decision making. Therefore, new provisions (discussed in the IEP section of this module) regarding transition were added to the law.

Procedural Safeguards

The procedural safeguards were designed to protect the rights of parents and their children with disabilities, as well as give families and schools a mechanism for resolving disputes. Some of the safeguards remain essentially unchanged, while others have been revised or newly added. The following safeguards have remained intact:

- access to educational records: parents have the right to inspect and review all of their child's educational records;
- parents' right to obtain an IEE of their child;
- parents' right to request a due process hearing on any matter with respect to the identification, evaluation, or placement of their child, or the provision of FAPE;
- parents' right to have a due process hearing conducted by an impartial hearing officer;
- parents' right to appeal the initial hearing decision to the SEA, if the SEA did not conduct the hearing; and
- parents' right to bring civil action in an appropriate State or Federal court to appeal a final hearing decision.

Several procedures were modified and others were added. These will be discussed in the remainder of this section.

Prior Written Notice and the Procedural Safeguard Notice. Before the IDEA Amendments of 1997, prior written notice of procedural safeguards had to be given to parents before a public agency (a) proposed to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child or (b) refused to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE (34 CFR §300.505(a)(1)). The IDEA Amendments of 1997 changed this approach to informing parents of the procedural safeguards by trying to simplify

the process. Now the full explanation of the law's procedural safeguards is provided via the "procedural safeguards notice" when:

- the child is initially referred for evaluation;
- parents are notified of an IEP meeting;
- the agency proposes to reevaluate the child; and
- upon registration of a due process complaint. (§615(d)(1))

At other times, parents are reminded of the availability of procedural safeguards through a document called "prior written notice." Prior written notice is to be given whenever the public agency proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child, and includes: "(1) a description of the action proposed or refused by the agency; (2) an explanation of why the agency proposes or refuses to take the action; (3) a description of any other options that the agency considered and the reasons why those options were rejected; (4) a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; (5) a description of any other factors that are relevant to the agency's proposal or refusal; (6) a statement that the parents of a child with a disability have protection under the procedural safeguards of this part and, if this notice is not an initial referral for evaluation, the means by which a copy of the description of the procedural safeguards can be obtained; and (7) sources for parents to obtain assistance in understanding the provisions of this part." (§615(c))

Mediation. Prior legislation permitted mediation to be used to resolve conflicts between schools and parents of a child with a disability. The IDEA Amendments of 1997 outline States' obligations for creating a mediation process in which parents and LEAs may voluntarily participate. States must ensure that the mediation process is voluntary on the part of parties, and that it is not used to deny or delay a parent's right to a due process hearing or to deny

any other rights afforded under Part B of IDEA. Mediation must be conducted by a qualified and impartial mediator who is trained in effective mediation techniques. A list of qualified mediators knowledgeable in laws and regulations relating to the provision of special education and related services must be maintained by the State, and the State must bear the cost of the mediation process. (§615(e))

Discipline. Specific requirements were added to the law regarding the discipline of children with disabilities. These requirements were based on a number of factors, including court cases, OSEP memoranda, and findings from OCR.

One of the basic tenets of the original law has become known as the "stay put" policy. This provision has served to prevent public agencies from unilaterally removing a child with a disability from his or her current educational placement and placing the child in another setting during administrative proceedings. The IDEA Amendments of 1997 carry forward this provision by stating:

> "Except as provided in subsection (k)(7) [placement during appeals], during the pendency of any proceedings conducted pursuant to this section, unless the State or local educational agency and the parents otherwise agree, the child shall remain in the then-current educational placement of such child . . . ." (§615(j))

The IDEA Amendments of 1997 add explicit new requirements regarding the discipline of students with disabilities who:

- violate a school rule or code of conduct subject to disciplinary action;
- carry a weapon to school or a school function under the jurisdiction of an SEA or LEA;
- knowingly possess or use illegal drugs or sell or solicit the sale of a controlled substance while at school or school function under the jurisdiction of an SEA or LEA; and

- if left in their current educational placement, are substantially likely to injure themselves or others.

Section 615(k) of the IDEA Amendments of 1997 divides the disciplinary process into 10 subsections. The following paragraphs briefly outline these disciplinary requirements.

The IDEA Amendments of 1997 clarify the authority of school personnel to take disciplinary action, including ordering a change in placement for a child with a disability--

> "(i) to an appropriate interim alternative educational setting, another setting, or suspension, for not more than 10 school days (to the extent such alternatives would be applied to children without disabilities); and
>
> (ii) to an appropriate interim alternative educational setting for the same amount of time that a child without a disability would be subject to discipline, but for not more than 45 days if--
>
> > (I) the child carries a weapon to school or a school function . . . ; or
> > (II) the child knowingly possesses or uses illegal drugs or sells or solicits the sale of a controlled substance while at school or a school function . . . ." (§615(k)(1)(A))

Either before or not later than 10 days after taking the disciplinary action mentioned above, if the LEA did not conduct a functional behavioral assessment and implement a behavioral intervention plan for the child before the behavior that resulted in the suspension, the agency must convene an IEP meeting to develop an assessment plan to address the behavior. If the child already has a behavioral assessment plan, the IEP team must review the plan and modify it as necessary. (§615(k)(1)(B))

The law expanded the authority of the hearing officer to place the child in an appropriate interim alternative educational setting for not more than 45 days. The hearing officer must determine that the public agency has

demonstrated that maintaining the child in the current placement is substantially likely to result in injury to the child or others. In so determining, the hearing officer must consider the appropriateness of the current placement and whether the public agency has made a reasonable effort to minimize the risk of harm in the current placement, including the use of supplementary aids and services. (§615(k)(2))

Both of these new provisions refer to placing the child with a disability in a setting which will enable the child to continue to participate in the general curriculum and to continue to receive services and modifications described in the child's IEP and enable the child to meet the goals of the IEP. The placement must be determined by the IEP team. (§615(k)(3))

The relationship between the child's disability and the misconduct must be determined through a "manifestation determination review." The IEP team may determine that the behavior was not a manifestation of the child's disability. To consider the behavior subject to the disciplinary action, all relevant information, including evaluation and diagnostic results, including other relevant information supplied by the parents of the child, observations of the child, and the child's IEP placement must be reviewed in relation to the behavior subject to the disciplinary action. The IEP team must determine that the child's IEP and placement were appropriate and the supplementary aids and services and the behavior intervention strategies were provided consistent with the child's IEP and placement, the child's disability did not impair the ability of the child to understand the impact and consequences of the behavior subject to disciplinary action, and the child's disability did not impair the ability of the child to control the behavior. (§615(k)(4)(C))

Under the IDEA Amendments of 1997, if it is determined that the misconduct was not a manifestation of the child's disability, the relevant disciplinary procedures applicable to children without disabilities may be applied to the child in the same manner in which they would be applied to children without disabilities. However, schools must

continue to provide FAPE to children with disabilities who have been suspended or expelled from school. (§615(k)(5)(A))

Parents have the right to appeal manifestation determinations. During the appeal, the "stay put" provision determines the child's placement during the appeal process. The LEA may request an expedited hearing if the school personnel maintain that it is dangerous for the child to be in the current placement. (§615(k)(6) and (7))

Also under the IDEA Amendments of 1997, a child who has not yet been found eligible for special education and who has violated any rule or code of conduct could assert the protections of the Act if the LEA had knowledge that the child had a disability before the behavior occurred. The IDEA Amendments of 1997 include a set of criteria to determine whether the LEA knew if the child had a disability. If the LEA did not have knowledge that a child has a disability, then the child may be subject to the same disciplinary actions as children without disabilities. However, if a request is made for an evaluation of a child during the time that the child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. (§615(k)(8)(C))

The IDEA Amendments of 1997 make it clear that agencies are not prohibited from reporting a crime committed by a child with a disability to the appropriate authorities. Similarly, the law does not prevent State and judicial authorities from exercising their responsibilities. (§615(k)(9))

Finally, the IDEA Amendments of 1997 provide definitions for controlled substances, illegal drugs, substantial evidence, and weapons. These definitions are critical to the interpretation and implementation of these new provisions. (§615(k)(10))

Attorneys' Fees

The IDEA Amendments of 1997 clarify circumstances under which attorneys' fees can be collected and ensures that a fair cost standard is imposed. The legislation prohibits attorneys' fees and related costs for (a) an IEP meeting, except if ordered by an administrative proceeding or judicial action, or (b) at the discretion of the State for a mediation that is conducted prior to filing a complaint. The legislation also outlines certain circumstances when attorneys' fees must be reduced. (§615(i)(3))

Conclusions

Historically, IDEA has been a strong civil rights statute. As shown throughout this module, the IDEA Amendments of 1997 build upon previous versions of IDEA to provide children with disabilities and their families with a comprehensive set of rights and responsibilities. The new law also strengthens the responsibilities of SEAs and LEAs. IDEA tries to balance parental rights and educational agencies' responsibilities. It is hoped that this balance will be achieved through technical assistance to States, increased involvement of families, and OSEP's oversight of implementation of the law.

References

Committee on Labor and Human Resources. (1997). *Report (to accompany S. 717).* Washington, DC: U.S. Government Printing Office.

Individuals with Disabilities Education Act Amendments of 1997 (IDEA), P.L. 105-17. 20 U.S.C. § 1400 *et seq.*

Children Ages Birth Through Five Served Under IDEA

The infants and toddlers program, Part H of IDEA, was adopted by Congress in 1986.[1] The 1997 reauthorization of IDEA moved the legislation to Part C of the Act. The program is designed to address the needs of infants and toddlers with disabilities ages birth through 2 through "a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families." (20 U.S.C. 1431(b)(1)) All States ensured full implementation of the Part C program for infants and toddlers with disabilities by September 30, 1994.

PURPOSE: To report the number of children served in both the Part C Program and the Preschool Grants Program and the settings in which these children receive services.

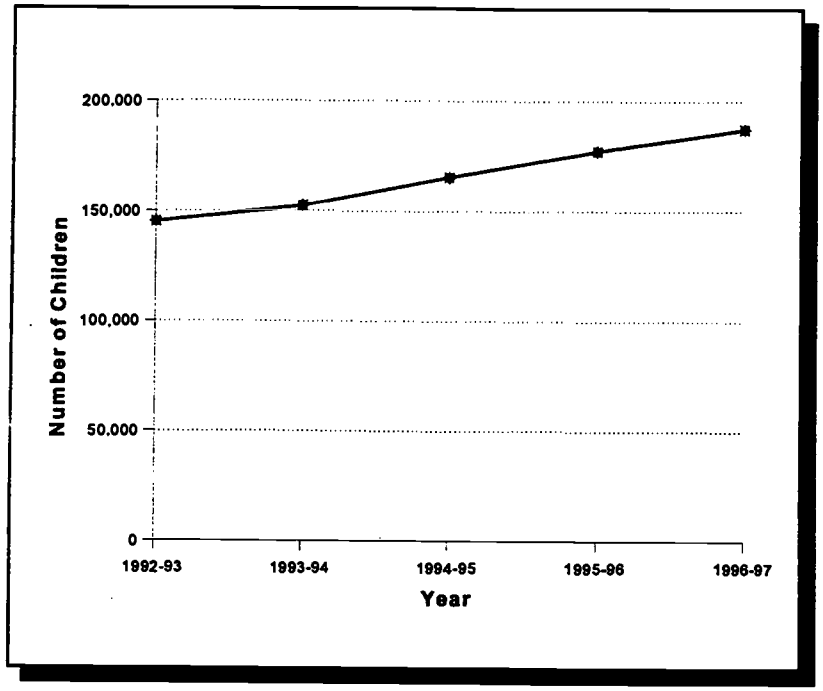
Since FY 1992, all States have been required to make a free appropriate public education (FAPE) available to all children with disabilities ages 3 through 5, in order to be eligible for an award under the Preschool Grants Program under Section 619 of IDEA and other IDEA funds targeted to children ages 3-5 with disabilities. Five States (Iowa, Maryland, Michigan, Minnesota, and Nebraska) and six jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Palau, and Puerto Rico) provide FAPE from birth, and Virginia does so at age 2 (deFosset & Carlin, 1997). All other States provide FAPE beginning at age 3.

The Number of Children Served Under IDEA, Part C

Over the past 5 years, the number of infants and toddlers served under Part C has steadily increased from 145,179 on December 1, 1992, to 187,348 on December 1, 1996 (see figure II-1 and table AA14, on page A-44). This small but consistent annual increase resulted in an overall

[1] Throughout the rest of this report, the infants and toddlers program will be referred to as Part C.

Figure II-1
Number of Infants and Toddlers Served Under IDEA, Part C, 1992 Through 1996



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

increase of 29 percent over the 5-year period, as States improved their ability to count children served while eliminating duplicate counts. During this same time period, the population estimates decreased from 11,911,554 to 11,382,432, reflecting a 4 percent decrease.

From December 1, 1995, to December 1, 1996, the total number of infants and toddlers served in the 50 States and the District of Columbia rose from 177,286 to 187,348, an overall increase of 6 percent. However, 18 States reported a decline in the numbers of infants and toddlers served, while 33 States reported an increase in their counts.

Among the States that reported a decline in the number of children served, several attributed the decrease to changes

in data collection methods. Several States have begun using improved data collection systems that will result in the reporting of unduplicated counts.

Among the States that reported an increase in the number of children served, several cited program expansion as a primary reason for the increase. In part, agencies are now providing individualized family service plans (IFSPs) to children previously served under other State programs. Other States noted that increases were related to improved public awareness efforts. These public awareness efforts probably helped the agencies find more eligible children.

The percentage of the population ages birth through 2 served under Part C rose slightly from 1.54 percent in 1995 to 1.65 percent in 1996 (see tables AA14, p. A-44, and AF2, p. A-222). During this same period, the total population of children in that age group decreased 1.6 percent, from 11,570,316 to 11,382,432. In 1996, the majority of States (33) served 1 to 2 percent of their birth to 2 population under IDEA; 6 States served less than 1 percent; 9 States served 2 to 3 percent; and 3 States served more than 3 percent (see table AH1, p. A-228). Looking at the 5-year trend, the percentage of the population served under Part C increased from 1.21 percent in 1992 to 1.65 percent in 1996 (see tables AA14, p. A-44, and AF2, p. A-222).

Early Intervention Environments for Infants and Toddlers with Disabilities

OSEP currently uses eight different settings to collect data on where infants and toddlers with disabilities receive services. These settings are early intervention classroom, family child care, home, hospital (inpatient), outpatient service facility, regular nursery school/child care, residential facility, and other. However, not every State reports or uses each category. States' use of the reporting categories for where infants and toddlers were served varies, as shown in table AH4 in Appendix A. OSEP collects data only on the primary setting (that is, the setting where the majority of services are provided to a child); many infants and toddlers receive services in multiple settings. Some

States report zero (0) for a number of services, indicating that the category is valid in the State, but that no infants and toddlers were served there. States also use a period (.) to report missing data, indicating that the State does not use that placement category. During 1995-96, home was the category with the most valid responses. Only three Outlying Areas did not use this setting to provide services. Residential facilities were not a recognized setting for infants and toddlers in 12 States; an additional 16 States reported no services provided in this setting.

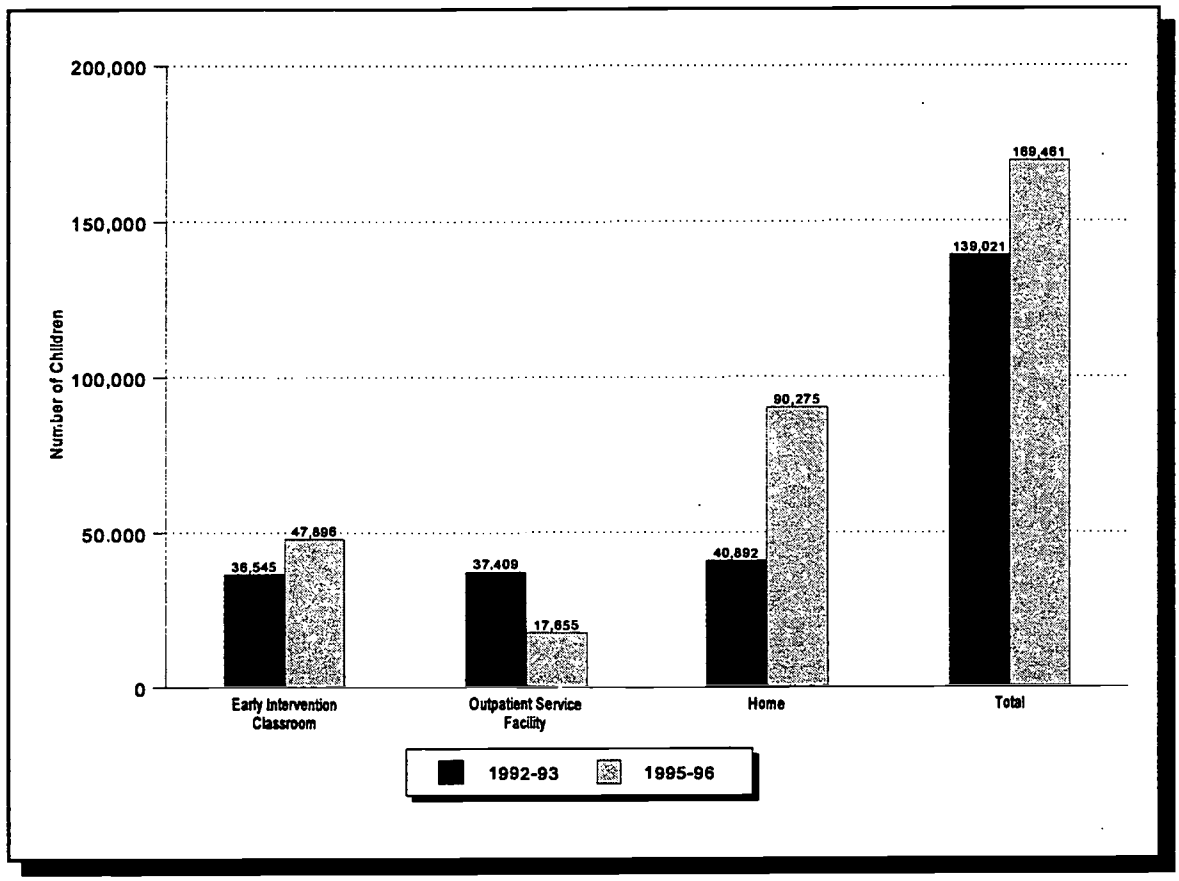
States' use of these categories also reflects the unique service delivery pattern for Part C. For example, Massachusetts served all children in the home setting, while Puerto Rico reported serving all children in outpatient service facilities. California reported an equal number of children in two settings, early intervention classroom and home.

Consistent with the findings above, it is not surprising that the largest number of infants and toddlers were served in the home (90,275 or 53 percent), followed by early intervention classroom (47,896 or 28 percent), and outpatient service facility (17,€55 or 10 percent). The remaining settings totaled 13,940 or approximately 8 percent of the total population served. Comparing the placement data from 1992 to 1995, home has been the most frequently used setting. In 1992, home was followed by the outpatient service facility setting and then early intervention classroom setting. However, the percentage of children served at home has increased by 120 percent from 1992 to 1995, and the percentage served in early intervention classrooms rose 31 percent during the same period. The percentage of children served in outpatient service facilities has decreased by 52 percent (see figure II-2).

The Number of Children Served Under the Preschool Grants Program

The Preschool Grants Program, authorized under Section 619 of IDEA, Part B, was established to provide grants to States to serve preschool children with disabilities.

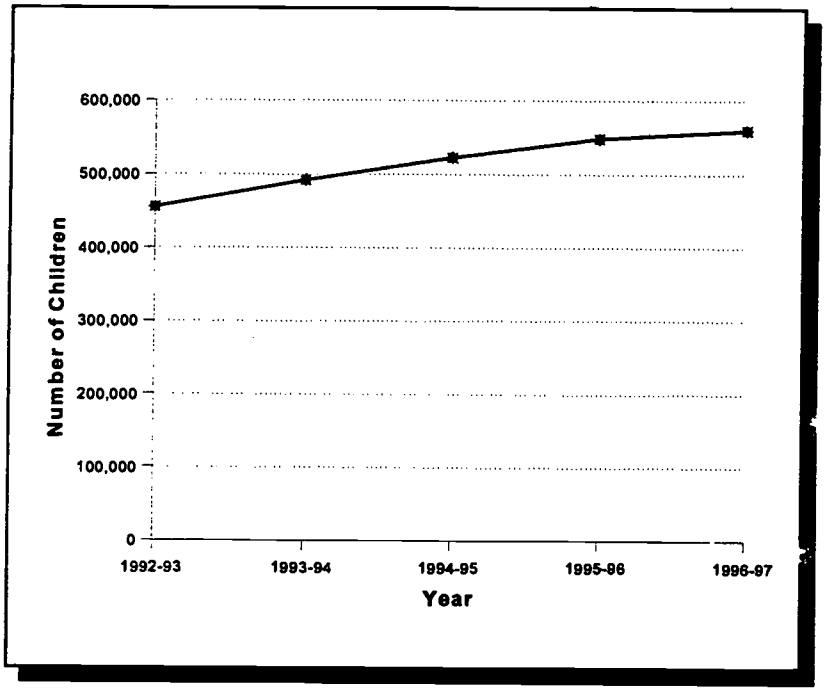
Figure II-2
Number of Infants and Toddlers Served in Different Settings, 1992-93 and 1995-96



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Over the past 5 years, the number of children served under the IDEA Preschool Grants Program increased from 455,449 during the 1992-93 school year to 559,902 during the 1996-97 school year. The steady increase that occurred during this 5-year period resulted in a total increase of 23 percent. During the 1996-97 school year, there was a modest increase of 2 percent over the 548,441 children served the previous year (see figure II-3).

Figure II-3
Number of Children Ages 3-5 Served Under the Preschool Grants Program, 1992-93 - 1996-97



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Based on the estimated resident population of children ages 3 through 5 in the 50 States and the District of Columbia, 4.6 percent of the children in this age group were served under the IDEA Preschool Grants Program. The District of Columbia served the lowest percentage of its resident population (1.5 percent), and Hawaii the second lowest (2.5 percent). Kentucky served the highest percentage (9.5 percent). The remaining States served between 3.2 percent and 7.9 percent (see table AA10, p. A-33).

Educational Environments for Preschoolers with Disabilities

Six different categories and two subcategories (private and public) are used to collect data on preschoolers with disabilities who are served under IDEA. They are regular class, resource room, separate class, separate school (public and private), residential facility (public and private), and homebound/hospital. These categories were developed with school-aged children in mind and, consequently, may not reflect educational environments for preschoolers. Therefore, OSEP provides optional instructions to States for reporting counts of preschoolers in each of the categories. Table II-1 includes a definition of each category as it applies to preschoolers with disabilities.

During the 1995-96 school year, 51.6 percent of children with disabilities ages 3-5 were served in regular classes, approximately a 1 percent increase over the percentage served in regular classes during the previous year. Comparing the data from the 1992-93 school year to the 1995-96 school year, the percentage of children served in regular class, separate class, and home/hospital environments increased, while the percentage of children served in the remaining settings decreased (see figure II-4).

Table II-1
Educational Environments for Preschoolers with Disabilities

Regular class includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate room for less than 21 percent of the time receiving services. This may include, but is not limited to, Head Start centers, public or private preschool and child care facilities, preschool classes offered to an age-eligible population by the public school system, kindergarten classes, and classes using co-teaching models (special education and general education staff coordinating activities in a general education setting).

Resource room includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate program for 21 to 60 percent of the time receiving services. This includes, but is not limited to, Head Start centers, public or private preschools or child care facilities, preschool classes offered to an age-eligible population by the public school system, and kindergarten classes.

Separate class includes children who receive services in a separate program for 61 to 100 percent of the time receiving services. It does not include children who received education programs in public or private separate day or residential facilities.

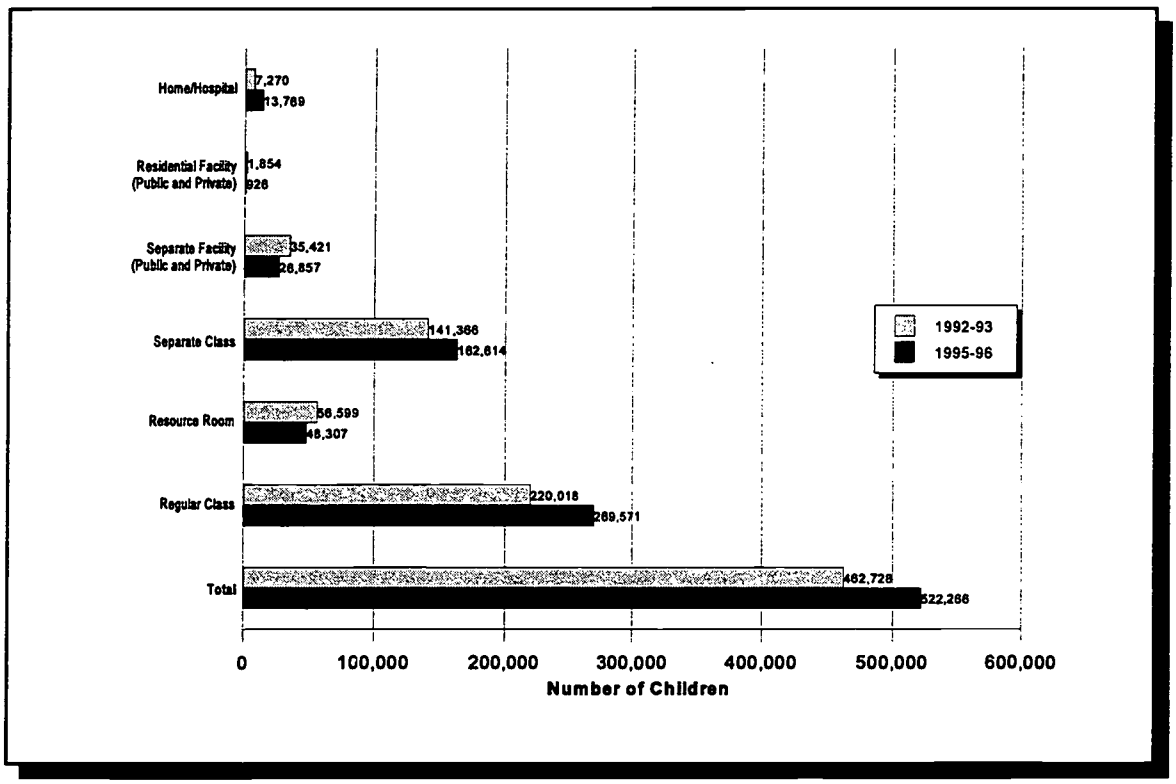
Separate school (public and private) includes children who are served in publicly or privately operated programs, set up primarily to serve children with disabilities, that are NOT housed in a facility with programs for children without disabilities. Children must receive special education and related services in the public separate day school for greater than 50 percent of the time.

Residential facility (public and private) includes children who are served in publicly or privately operated programs in which children receive care for 24 hours a day. This could include placement in public nursing care facilities or public or private residential schools.

Homebound/hospital includes children who are served in either a home or hospital setting, including those receiving special education or related services in the home and provided by a professional or paraprofessional who visits the home on a regular basis (e.g., a child development worker or speech services provided in the child's home). It also includes children 3-5 years old receiving special education and related services in a hospital setting on an inpatient or outpatient basis. However, children receiving services in a group program that is housed at a hospital should be reported in the separate school category. For children served in both a home/hospital setting and in a school/community setting, report the child in the placement that comprises the larger percentage of time receiving services.

Source: OSEP Data Dictionary, 1997. Office of Special Education Programs, U.S. Department of Education.

Figure II-4
Number of Children Ages 3-5 Served in Different Educational Environments, 1992-93 and 1995-96



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Summary

In both Part C and the Preschool Grants Program, the number of children served increased steadily over the past 5 years. Also, over this same period, there was an increase in the use of the home setting and in the use of early intervention classrooms for infants and toddlers. In the Preschool Grants Program, more preschoolers are being served in regular class settings than in any other setting. The number of children being served in the resource room category has declined.

References

deFosset, S., & Carlin, M. (1997). *Section 619 profile, eighth edition.* Chapel Hill, NC: National Early Childhood Technical Assistance System.

Special Education Teachers: National Trends in Demand and Shortage[1]

PURPOSE: To describe the trends in demand for teachers, the extent of teacher shortages in both quantity and qualifications, and the teacher shortage as it pertains to specific age groups.

There is a serious shortage of special education teachers (Boe, Cook, Bobbitt, & Terhanian, 1998; Smith-Davis & Billingsley, 1993). For example, in 1994, more than 50 percent of schools with vacancies in special education and selected other areas had difficulty filling the positions (Darling-Hammond, 1997). Congress noted in the IDEA Amendments of 1997 that "supporting high-quality, intensive professional development for all personnel who work with" children with disabilities is a critical element for ensuring the effective educatio.. of these children (§601(c)(5)(E)).

The demand for teachers in public education is commonly defined as the number of teaching positions that have been established and funded (Barro, 1992).[2] Because all States require that teaching positions be filled with fully certified teachers (Andrews, Andrews, & Pape, 1996),[3] the demand for teachers should ideally match the demand for teachers who are fully certified.

However, teaching positions are not always filled by fully certified teachers. Therefore, it is possible to distinguish between two types of teacher shortages, as follows:

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[1] This module reports in part on work conducted by Erling Boe, Ph.D., at the Center for Research and Evaluation in Social Policy, University of Pennsylvania, and George Terhanian, at the Gordon S. Black Corporation.

[2] Demand thus defined is also referred to as the "total demand" for teachers to distinguish it from the "annual demand" for individuals to be hired as newly employed teachers each year to fill open positions. This distinction will be used later in this module.

[3] Teacher certification is the most basic qualification established for teachers. While there are other important dimensions of teacher quality (Kennedy, 1992), the most readily available national information on the quality of special education teachers is their certification status for the positions to which they are assigned. For these reasons, only the certification dimension of teacher quality is considered in this module.

- a *quantity shortage* of teachers, which is a shortage in the number of individuals who are available to fill *all* established and funded teaching positions, thereby leaving some positions vacant, and/or

- a *quality shortage* of teachers, which is a shortage in the number of teachers who are fully certified for their positions *and* available to fill vacant teaching positions.

Until recently, national data have not been available on the *quantity* shortage of special education teachers because the number of vacant teaching positions has been combined with the number of employed teachers who were not fully certified (i.e., quality shortage). However, since OSEP's publication of the *Eighteenth Annual Report to Congress*, information about the number and percentage of unfilled teaching positions in special education has been reported (OSEP, 1996).

With respect to the *quality* shortage of special education teachers, national data have been reported annually to Congress on the number of teaching positions in special education that have *not* been filled with teachers who were fully certified in their positions (e.g., OSEP, 1990). These data, as well as data from other sources, have demonstrated a substantial national shortage of fully certified special education teachers (Boe, Cook, et al., 1998).

One of the fundamental responsibilities of education policy makers and administrators is to ensure that all the teaching positions in our nation's public schools are filled by teachers who are fully certified for their positions. In continuing efforts to fulfill this responsibility, policy makers and administrators could benefit from basic information about the extent to which past initiatives have failed, as quantified by sound statistics about continuing teacher shortages. Information about special education

teachers that should be useful to policy makers and administrators includes:[4]

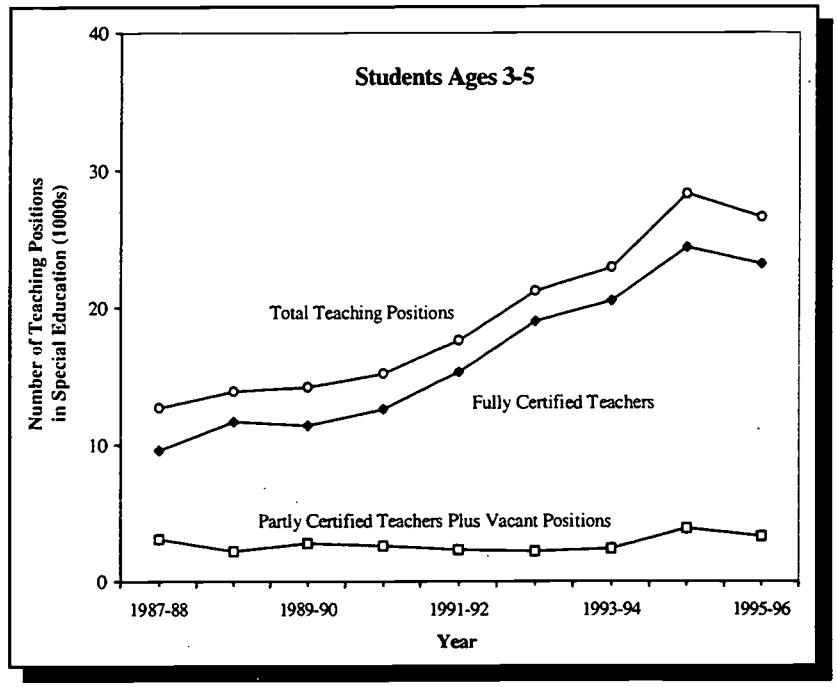
- trends over time in the growth of demand for teachers;
- trends over time in shortages of teachers;
- the extent of teacher shortages in both quantity and quantity;
- the extent of teacher shortages in relation to the age level of students served (i.e., ages 3-5 or ages 6-21); and
- the patterns and trends in retention of special education teachers.

This module discusses aspects of the national teaching force in special education for 9 school years, from 1987-88 through 1995-96, to provide a basis for better understanding the problem of teacher shortages in this field.[5] All data reported are for the U.S. and Outlying Areas. Statistics from OSEP's Data Analysis System (DANS) for school years 1987-88 through 1995-96 were abstracted and analyzed and the results presented in a series of figures showing trends over time in several aspects of teacher shortage. DANS contains population data on special education students and teachers (counted in full-time equivalent units (FTEs)) that have been reported by all States. More detailed information about the data in DANS is available from Westat (1997).

[4] In addition to the information about the demand and shortage of special education teachers identified, other detailed information about the supply of special education teachers should also be useful. Though beyond the scope of this module, national data about the supply of special education teachers can be found in Boe, Cook, Kaufman, & Danielson, 1996, and Boe, Cook, et al.,1998.

[5] School year 1987-88 was chosen as the base year because it was the first year for which data were reported separately for teachers serving students with disabilities ages 3-5 years and ages 6-21 years. School year 1995-96 is the last year for which data are currently available.

Figure III-1
Number of Teaching Positions, Fully Certified Teachers, and Partially Certified Teachers Plus Vacant Positions[a/] in Special Education for Students Ages 3-5 with Disabilities by School Year



a/ Numbers of positions and teachers are reported as FTEs.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

How Large Is the Shortage of Teachers in Special Education?

Teachers for Students Ages 3-5 with Disabilities

Dramatic growth in the number of total teaching positions nationally for students ages 3-5 with disabilities is shown in figure III-1. From 1987-88 to 1995-96, demand increased by more than 100 percent from about 13,000 to about 27,000 teachers. Figure III-1 also shows that the

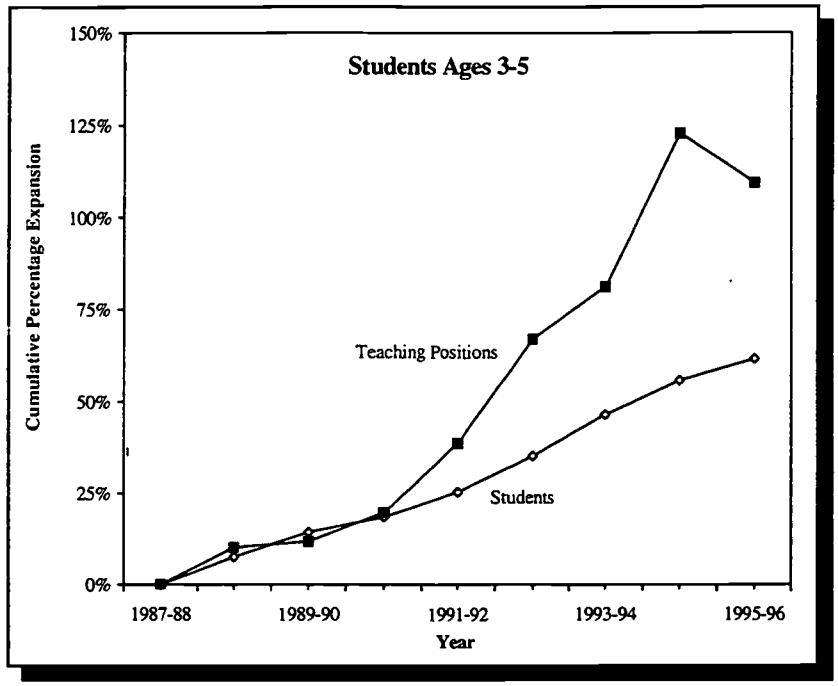
shortage of fully certified teachers during the same period fluctuated between 2,000 and 4,000. Thus, despite rapid growth in demand for teachers for students ages 3-5, the shortage did not increase correspondingly but actually decreased. This trend demonstrates that special education was reasonably successful in meeting the increasing demand for teachers for students ages 3-5.

After 8 years of rapid growth in teacher demand for students with disabilities ages 3-5, figure III-1 shows a sudden and sharp decline in demand (1,700 teaching positions) in 1995-96. This decline was not paralleled by a decline in the number of students ages 3-5; the number of these students continued to increase steadily throughout the 9-year period as shown in figure III-2. One possible explanation for the observed decline in teacher demand from 1994-95 to 1995-96 is the increasing inclusion of students with disabilities in general education classrooms. Although few data are available to support this hypothesis, future studies should address this possibility because of its significance to policies regarding teacher preparation and supply. Despite the 1-year decline in teacher demand for the 1995-96 year, it should be noted that the demand for teachers in this year was still substantially higher than it was 2 years earlier, with the peak demand observed in 1994-95. Therefore, data for years beyond 1995-96 are needed to see if the observed downturn in demand is a temporary event or a sustained trend.

Teachers for Students Ages 6-21 with Disabilities

In contrast with the rapid growth in teacher demand for students ages 3-5, the growth in the number of total teaching positions nationally for students ages 6-21 with disabilities has been gradual (figure III-3). From 1987-88 to 1995-96, demand increased by 15 percent from about 284,000 to about 328,000 teachers. Figure III-3 also shows a reasonably stable level of shortage, averaging about 27,000 fully certified teachers during this 9-year period.

Figure III-2
Cumulative Percentage of Annual Growth in the Number of Students Ages 3-5 with Disabilities Compared with the Cumulative Percentage of Annual Expansion of Teaching Positions[a/] in Special Education for These Students by School Year

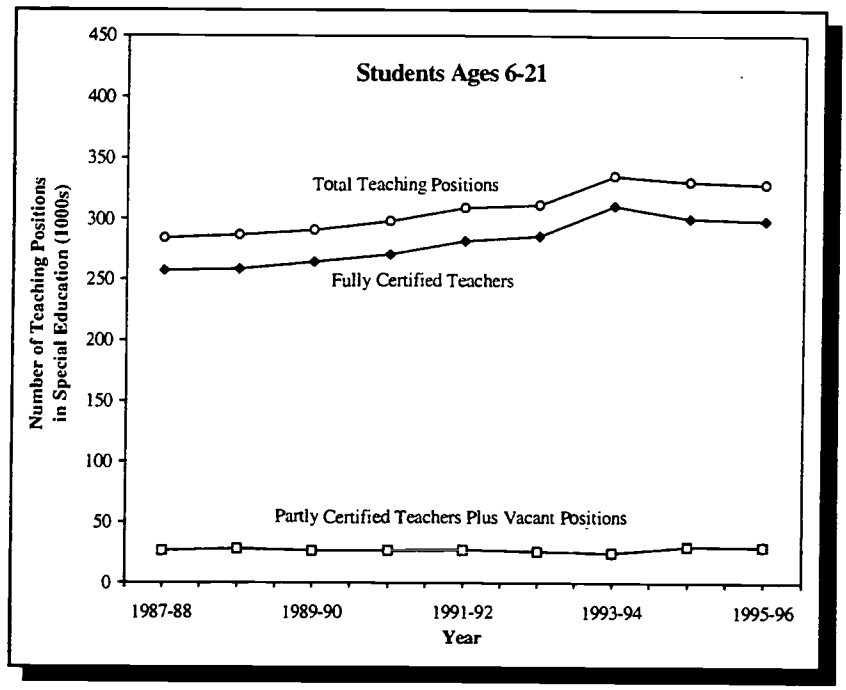


a/ Teaching positions reported as FTEs.

Source: U.S. Department of Education. Office of Special Education Programs. Data Analysis System (DANS).

Despite the gradual growth in demand for teachers for students ages 6-21, the shortage did not increase correspondingly; rather it remained relatively constant at approximately 9 percent. This finding demonstrates a long-term shortage of teachers for students ages 6-21 with disabilities and demonstrates that special education has not been successful in reducing this shortage during the 9-year period studied.

Figure III-3
Number of Teaching Positions, Fully Certified Teachers, and Partially Certified Teachers Plus Vacant Positions[a/] in Special Education for Students Ages 6-21 with Disabilities by School Year

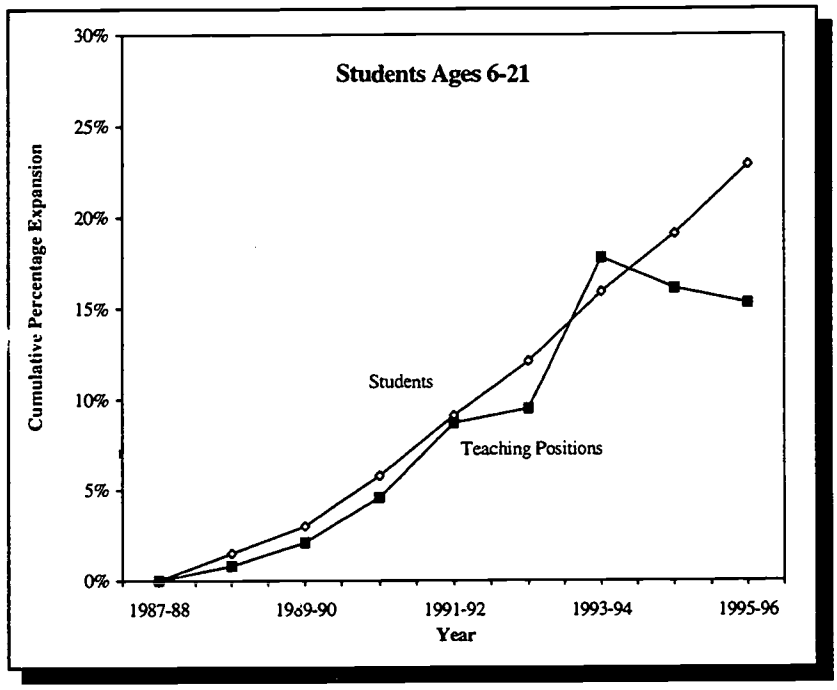


a/ Numbers of positions and teachers are reported as FTEs.

Source: U.S. Department of Education. Office of Special Education Programs. Data Analysis System (DANS).

After 7 years of steady growth in the need for teachers for students ages 6-21 from 1987-88 through 1993-94, a gradual decline in demand began in 1994-95 and continued in 1995-96, as seen in figure III-3. Specifically, the decline in demand was from about 335,000 teachers in 1993-94 to about 328,000 teachers in 1995-96 (i.e., a decline in demand for 7,000 teachers, or 2.1 percent, during the 2 most recent years studied). This decline in teacher demand was not paralleled by a decline in the number of students ages 6-21. Figure III-4 shows that the number of such students continued to increase steadily throughout the 9-year period.

Figure III-4
Cumulative Percentage of Annual Growth in the Number of Students Ages 6-21 with Disabilities Compared with the Cumulative Percentage of Annual Expansion of Teaching Positions[a/] in Special Education for These Students by School Year



a/ Teaching positions reported as FTEs.

Source: U.S. Department of Education. Office of Special Education Programs. Data Analysis System (DANS).

As is the case for teacher demand for students ages 3-5, the recent decline in teacher demand for students ages 6-21 could be explained by increasing inclusion of students with disabilities into general education classrooms. Although few data are available to support this hypothesis, States have reported to OSEP anecdotally that some or all of the decline is attributable to increasing inclusion. A chronic shortage remains of about 27,000 fully certified special education teachers as well as an annual national

demand for about 28,000 entering teacher hires in special education for students ages 6-21 (Boe, 1997).[6]

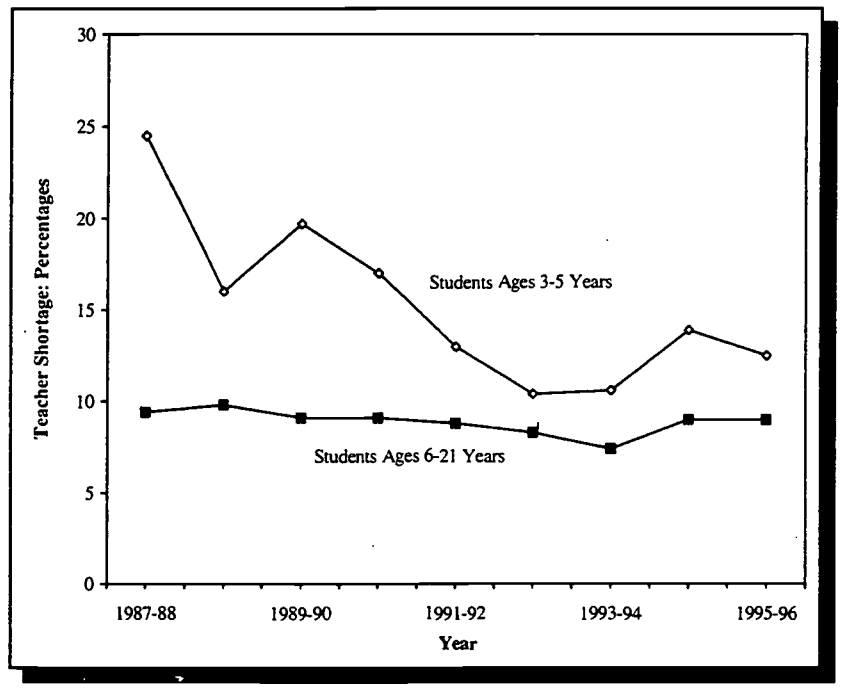
The significance of the chronic shortage of fully certified teachers for students with disabilities ages 6-21 can be viewed from at least two perspectives. The first perspective is to contrast the shortage of special education teachers with the shortage of general education teachers. Evidence suggests that, for students in grades K-12, the shortage of general education teachers averaged about 3.5 percent less than that of special education teachers (Boe, 1997).[7]

The second perspective is to relate the chronic shortage of fully certified special education teachers to the production of teacher preparation programs in special education. Such programs produced about 18,000 degree graduates (bachelor's plus master's levels) in 1993 (Snyder & Hoffman, 1995), about 6,000 of whom were already employed as teachers at the time of graduation (Boe, Bobbitt, Cook, & Paulsen, 1998). Thus, only about 12,000 graduates were available to serve as newly hired teachers. In addition, there is a demand for about 28,000 entering teacher hires each year in special education--a demand that will be filled in part by about 7,000 partly certified entering teachers. These partly certified entering teachers, along with about 20,000 partly certified continuing teachers, comprise the chronic shortage of about 27,000 fully certified teachers (1993-94 data from Boe, Bobbitt, Cook, Barkanic, & Maislin, 1998, and from Boe, 1997). It is apparent that the shortage of about 20,000 fully certified continuing teachers, as well as the need to hire another 23,000 entering teachers each year, represents a difficult

[6] The annual demand for "entering teacher hires" refers to open teaching positions that are not filled by fully certified, employed teachers who continue from 1 year to the next, even though many switch positions between school years. For example, thousands of general education teachers switch to special education each year to fill open positions. The remaining open positions in special education need to be filled by individuals entering the employed teaching force each year, thereby filling the annual demand for "entering teacher hires."

[7] The shortage percentage for general education teachers (7 percent) is based on data from the *Schools and Staffing Surveys of the National Center for Education Statistics*, U.S. Department of Education, for students in grades K-12 in public schools during the school years 1987-88, 1990-91, and 1993-94. Comparable data from these surveys indicate that the shortage of special education teachers averaged about 10.5 percent.

Figure III-5
Teacher Shortage Percentages for Students Ages 3-5 and 6-21 with Disabilities by School Year



Note: Shortage is defined as the percentages of FTE teaching positions in special education that were (1) filled by teachers who were not fully certified for the position to which they were assigned and (2) were vacant.

Source: U.S. Department of Education. Office of Special Education Programs. Data Analysis System (DANS).

hurdle for the field to overcome--a hurdle that has proven to be insurmountable thus far since the chronic shortage of teachers has persisted for so many years.

Comparison of Teacher Shortage Trends

In contrast with figures III-1 and III-3, which presented trends in the *number* of teachers who were not fully certified combined with vacant positions (i.e., the quality teacher shortage) for students ages 3-5 and 6-21 with disabilities, respectively, figure III-5 presents these shortages as percentages of total teacher demand. The shortage

of fully certified teachers for students ages 6-21 with disabilities held fairly constant at about 9 percent, while the percentage shortage of teachers for students ages 3-5 has been much higher. The shortage of teachers for the 3-5 age group has varied considerably over the 9-year period studied. It has been as high as 25 percent in 1987-88 and has never been below 10 percent (or 2,000 teachers). When the shortage of fully certified teachers for students ages 3-5 in 1995-96 is added to that for students ages 6-21, the total shortage was about 33,000 special education teachers.

Until the 1993-94 school year, data had not been available in special education to disaggregate the *quantity* shortage of teachers (i.e., the number of vacancies) from the *quality* shortage of fully certified teachers. Since 1993-94, OSEP's data collection format has been refined to quantify separately the number and percentage of vacant teaching positions for students ages 3-21. Thus, in 1993-94, 1.1 percent (or about 3,600) of teaching positions for the 6-21 age group were vacant, and this percentage remained constant in 1994-95 and 1995-96. Therefore, for the most recent school year for which statistics are available (1995-96), total teacher shortage (9 percent) comprised 1.1 percent vacant positions and 7.9 percent teaching positions that were filled by teachers who were not fully certified. While 1.1 percent vacant positions in special education may seem small, it is at least four times as large as the percentage of vacant positions in all of elementary and secondary education nationally (about 0.25 percent during the 1993-94 school year, according to Henke, Choy, Geis, & Broughman, 1996).[8]

[8] Differences in month of recording vacancies preclude exact comparisons between the number of vacant teaching positions in special education in 1993-94 from OSEP's DANS and the number of vacant teaching positions in all elementary and secondary education as indicated by the *1993-94 Schools and Staffing Survey of the National Center for Education Statistics*. U.S. Department of Education.

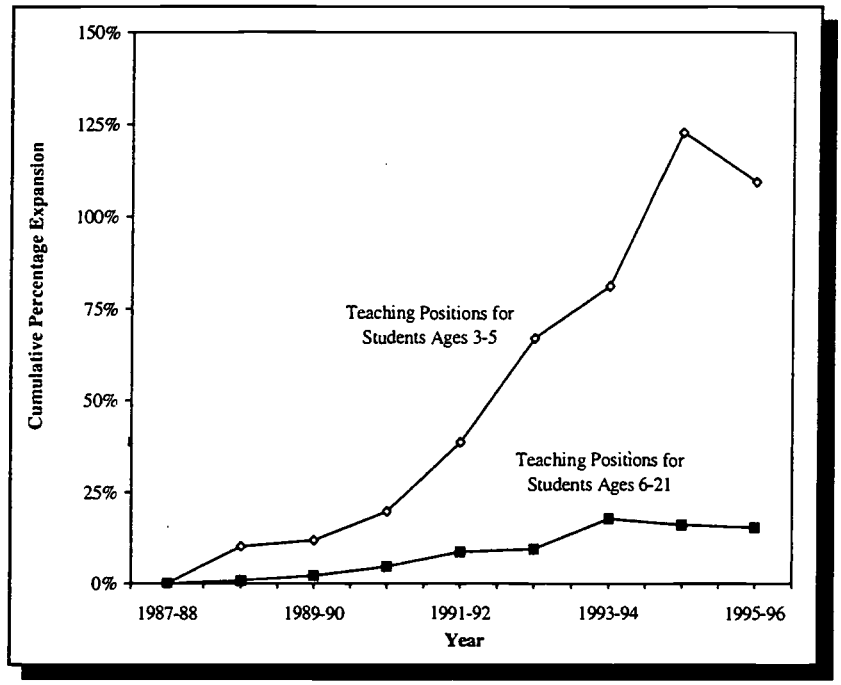
What Factors Are Associated with the Shortages of Teachers in Special Education?

Teacher Shortages and Student:Teacher Ratios

Teacher shortages might be explained, at least in part, by policies designed to reduce the student-teacher ratio. For example, as shown in figure III-2, the increase in the number of teaching positions for students with disabilities ages 3-5 was much greater over the 4-year period following 1991-92 than was the increase in the number of students. Such was not the case for teachers for students with disabilities ages 6-21, as seen in figure III-4. These findings suggest two phenomena. The first is that the ra of increase in teaching positions for students ages 3-5 was much greater than the comparable rate for students ages 6-21, as demonstrated by the trends shown in figure III-6. The second is that the ratio of students per teaching position declined for students ages 3-5, but not for students ages 6-21, as demonstrated by the trends shown in figure III-7. Specifically, the number of students per teaching position for the 3-5 age group declined from a ratio of 27:1 in 1989-90 to a ratio of 19:1 in 1994-95. In contrast, the comparable ratio for the 6-21 age group held steady at close to 15:1 throughout the 9-year period studied.

The trends in figures III-6 and III-7 clearly suggest a long-term policy to accelerate the growth of teaching positions for students ages 3-5 in order to bring the student-teacher ratio for this age group in line with that for students ages 6-21. The rapid growth of teaching positions for students ages 3-5 has contributed to the extraordinarily high shortage in percentages of fully certified teachers to fill these positions.

Figure III-6
Cumulative Percentage of Annual Expansion of Teaching Positions[a/] in Special Education for Students Ages 3-5 and 6-21 with Disabilities by School Year



a/ Teaching positions reported as FTEs.

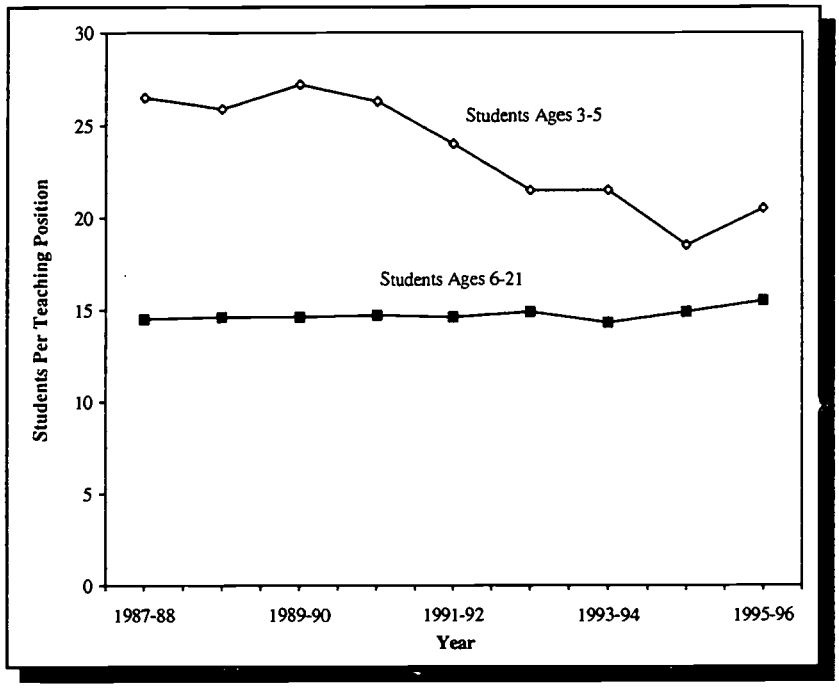
Source: U.S. Department of Education. Office of Special Education Programs. Data Analysis System (DANS)

Teacher Shortages and Expansion of Demand in Special and General Education

Evidence of the differential expansion of teaching positions in special education (for students ages 6-21) versus general education (for students in grades K-12) is presented in figure III-8 for the 9-year period of this study.[9] It appears

[9] To obtain the number of FTE teaching positions in general education, the number of FTE teaching positions in special education (as obtained from OSEP's Data Analysis System) was subtracted from the number of FTE teaching positions in all teaching fields in grades K-12 as recorded by the Common Core of Data of the National Center for Education Statistics, U.S. Department of Education (Snyder, Hoffman, & Geddes, 1996).

Figure III-7
Students Per Teaching Position by Student Age Group and School Year[a/]



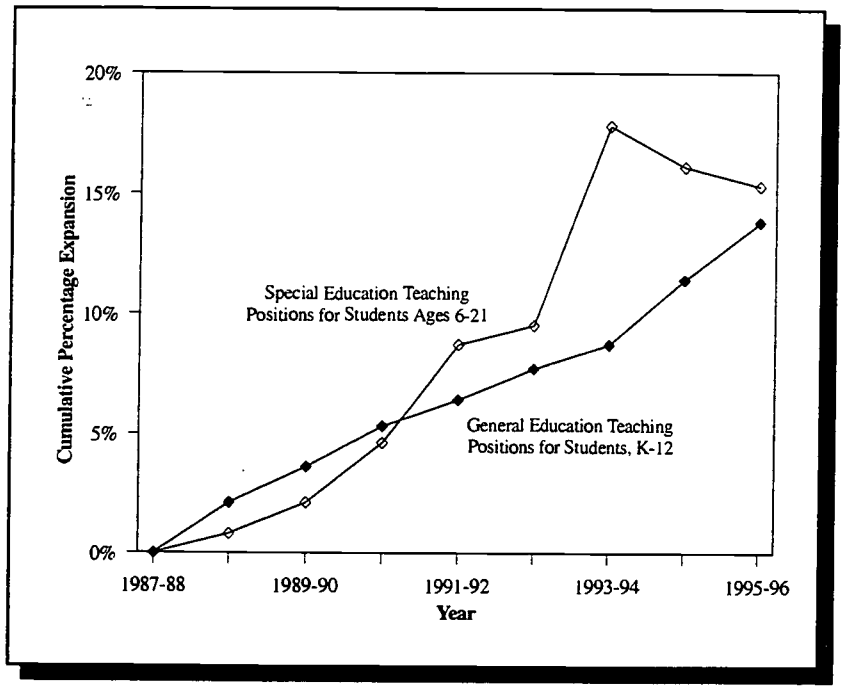
a/ Number of students with disabilities served under IDEA, Part B, and Chapter 1 Handicapped Program, divided by the number of full-time equivalent teaching positions in special education.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

that teaching positions in both special and general education expanded by similar percentages during this period (13.8 percent for general education, 15.3 percent for special education). However, the expansion in special education showed a period of rapid growth from 1991-92 to 1993-94 followed by more limited growth during the following 2 years.

Because the teaching positions in special and general education expanded by comparable percentages, the serious chronic shortage of teachers in special education cannot be attributed to extraordinarily rapid expansion of

Figure III-8
Cumulative Percentage of Annual Expansion of Teaching Positions[a/] in Special Education (for Students Ages 6-21 with Disabilities) and General Education (for Grades K through 12 in Public Schools) by School Year



a/ Teaching positions reported as FTEs.

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS) and the Common Core of Data of the National Center for Education Statistics. U.S. Department of Education.

teaching positions in contrast with general education. Instead, other evidence suggests that the number of graduates in special education teacher preparation programs is much too low to satisfy the need for fully certified special education teachers (Boe, Cook, et al., 1998).

Conclusions

Statistics from OSEP's DANS provide convincing evidence of a substantial chronic shortage of fully certified special

education teachers nationally. This conclusion pertains to both the modest number of teachers for students ages 3-5 with disabilities and to the much larger number of teachers for students ages 6-21 during the school years from 1987-88 through 1995-96.

The shortage of teachers for students with disabilities ages 3-5 has remained fairly stable (ranging between 2,000 to 4,000 teachers) despite the rapid growth in teacher demand for students at this age level. This growth in demand has been due to two major trends over time: (1) growth in the numbers of students to be served and (2) substantial reductions in the ratio of students to teaching positions (a trend that may have reversed as of school year 1995-96). Given the dual factors producing the rapid growth in teacher demand, the significant reduction in teacher shortage *percentages* for this age group of students indicates that progress has been made in producing a relatively steady supply of fully certified teachers to serve students ages 3-5.

The same conclusion cannot be drawn with respect to the substantial chronic shortage of teachers for the much larger group of students ages 6-21 with disabilities. Although the total demand for teachers for this age group has not experienced extraordinary rapid expansion (i.e., the rate of expansion has been comparable to that in general education) and the ratio of students per teaching position has remained stable, no progress has been observed in reducing the chronic shortage of fully certified teachers, which has averaged 27,000 teachers a year.

There are two reasons for the chronic shortage of teachers for students ages 6-21 with disabilities. The first reason is that the annual demand for entering teacher hires in special education (about 10 percent of total demand) is greater than in general education (about 8 percent of total demand) (Boe, 1997).[10] This demand for new hires places

[10] The high annual demand for newly hired teachers in special education, in comparison with general education, is mainly due to (a) a larger number of teachers switching from special to general education than vice versa, (b) a higher percentage of vacant teaching positions than in general education, and, until school year 1994-95, (c) a somewhat higher rate of expansion of teaching positions.

extraordinary pressure on the supply of teachers available to fill open positions. Therefore, the supply of teachers to fill open positions annually is not available to replace many employed teachers who lack full certification for their positions.

The second reason for the chronic shortage of special education teachers is that the annual supply of degree graduates of teacher preparation programs in special education has been exceptionally low in comparison with general education with respect to three important factors: the much greater shortage of fully certified teachers, the annual demand for entering teacher hires, and the total demand for teachers. As shown in table III-1, the number of degree graduates produced by teacher preparation programs was (1) 50 percent of the demand to replace teachers in special education who were not fully certified in their positions, as compared to 88 percent in general education; (2) 66 percent of the demand for entering teacher hires each year in special education, as compared to 81 percent in general education; and (3) 5 percent of total teacher demand in special education, as compared to 6 percent in general education. To further compound this imbalance, a much higher percentage of such graduates were already employed as teachers in special education upon graduation than in general education (37 percent versus 18 percent, respectively), thereby further reducing the potential number of entering teacher hires from among degree graduates produced annually by teacher preparation programs in special education (Boe, Bobbitt, Cook, & Weber, 1996).

There are two other main sources of supply of special education teachers, namely (1) the reserve pool composed in major part by former experienced teachers and (2) presently employed general education teachers. Although former experienced teachers accounted for 66 percent of all new hires into special education in 1987-88, this percentage declined to 50 percent in 1990-91 (Boe, Cook, Kaufman, & Danielson, 1996) and further declined to 33 percent by 1993-94 (Boe, unpublished data). Apparently, this source of supply is rapidly becoming depleted. In addition, available evidence shows that considerably more

Table III-1
Production of Degree Graduates by Teacher Preparation Programs in 1993-94 as a Percentage of Three Indicators of Teacher Demand in Public Schools

Indicators of Teacher Demand	Statistic	Main Teaching Field	
		Special Education	General Education
1. Demand to Replace Not Fully Certified Teachers[a/]	FTE Teachers	36,180	154,000
Degree Graduates:[b/] (Teacher Prep.)	Number	18,250	135,667
	% of Demand	50.4%	88.1%
2. Annual Demand for New Hires[c/]	FTE Teachers	27,700	168,300
Degree Graduates:[b/] (Teacher Prep.)	Number	18,250	135,667
	% of Demand	65.9%	80.6%
3. Total Teacher Demand[d/]	FTE Positions	335,000	2,169,000
Degree Graduates:[b/] (Teacher Prep.)	Number	18,250	135,667
	% of Demand	5.4%	6.3%

a/ Sources: Percentages of not fully certified teachers in special education and general education from NCES' SASS for 1993-94 (from figure 5 of Boe, 1997) *times* the number of FTE teaching positions in the respective field from Row 1 of this table.

b/ Source: NCES' Integrated Postsecondary Education Data System (IPEDS) for 1993-94 graduates (Snyder & Hoffman, 1995).

c/ Source: Table 2 (revised) of Boe, 1997.

d/ Sources: OSEP's Data Analysis System for Special Education for 1993-94; NCES' Common Core of Data (CCD) for General Education for 1993-94; from figure III-8 of this report.

special education teachers switch to general education annually than general education teachers switch to special education (a net loss to special education of 5,000 teachers in 1990-91; Boe, Cook, Bobbitt, & Weber, 1996). Research findings suggest that it would be difficult to reverse this trend (Billingsley & Cross, 1991a, 1991b).

Given all these facts about the supply of teachers to fill open positions annually in special education and to replace employed special education teachers who are not fully certified in their positions, it appears that graduates from teacher preparation programs must serve as the major source of supply in the future. Yet the current level of production of such teachers nationally is far from adequate (Boe, Cook, et al., 1998).

The evidence presented in figure III-3 suggests that steps have been taken during recent years to reduce the demand for teachers for students ages 6-21 with disabilities, although the number of such students has continued to rise, and the ratio of students to teaching positions has remained stable. One possible explanation for the recent decrease in demand is that more students with disabilities have been placed in general education classrooms than heretofore, thereby resulting in a reduction in demand for special education teachers. Nonetheless, the shortage of fully certified special education teachers did not decrease accordingly, nor has the annual demand for entering teacher hires in special education yet decreased. Thus, while reduction in demand might become an effective means for reducing the chronic shortage of special education teachers, there is little reason to expect that the need for a much larger supply of fully certified special education teachers will disappear in the near future.

To the extent that inclusion of students with disabilities into general education classrooms is achieved, responsibility for instructing them will fall largely upon general education teachers. While inclusion can be expected to decrease the demand for special education teachers to some extent, it will simultaneously increase the demand for general education teachers who are qualified to instruct students with disabilities. This could well result in a major

shift in the shortage of fully qualified teachers from special to general education. Whether this occurs, the National Commission on Teaching and America's Future (1996) observed that 2 million teachers will be hired in the decade from 1997 through 2006 and, as a group, they should be more highly qualified for their assignments than heretofore.

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Using IFSPs with Preschoolers

PURPOSE: To describe how IFSPs are being used with preschoolers and factors that may impede development of IFSPs for children ages 3-5 with disabilities.

There are many ways to achieve family-centered policies for families with young children with disabilities. In many State and local jurisdictions, preschool programs for children with disabilities have developed flexible, family-friendly services through the use of individualized education programs (IEPs), while in other States, individualized family service plans (IFSPs) are being used with children ages 3-5 with disabilities and their families. In fact, 30 States have developed and 9 States are in the process of developing specific preschool policies and strategies to ensure the involvement of parents in their child's IEP or IFSP (deFosset & Carlin, 1997).

IFSPs were developed for use in the Part C Infants and Toddlers with Disabilities program to encourage a family-centered approach for the provision of services for infants and toddlers with disabilities and their families. Twenty-five States either have a statewide policy for using IFSPs with preschoolers or allow IFSPs as a local option with children ages 3-5 who are eligible for special education services. The IFSP policies and procedures that have been developed at the State and local levels can be viewed as "a promise to children and families--a promise that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled" (Johnson, McGonigel, & Kaufmann, 1989, p. 1).

However, there are also potential challenges to the use of IFSPs with preschoolers. Analyzing data from six States, the National Association of State Directors of Special Education (NASDSE) found that using IFSPs with preschoolers may be more expensive and require a greater time commitment for agency personnel because of the need for additional meetings and paperwork. Also, a focus group of individuals implementing IFSPs with preschoolers in Minnesota concluded that conflicts may arise based on the differences in the rules and requirements of the various agencies that may serve these children (Jensen, 1996).

Regulations and Policies

With the enactment of P.L. 102-119, the IDEA Amendments of 1990, local educational agencies (LEAs) and intermediate educational units (IEUs), with the concurrence of the parents and consistent with State policy, were permitted to use an IFSP instead of an IEP to provide a free appropriate public education (FAPE) to children with disabilities ages 3-5. The amendments specifically referenced the *contents* of the IFSP as the vehicle for FAPE, and all other Part B requirements regarding development of the IEP applied. (See OSEP memorandum #14, April 1993, and Senate Report 102-84, June 18, 1991, p. 15.)

OSEP also clarified which services may be included in IFSPs for eligible children. "Depending on State standards. many of the early intervention services under Part C could be appropriately defined as 'special education' under Part B for eligible children 3-5. For example, a physical therapy activity, such as designing a 'positioning' program for a child who is enrolled in a day care facility, could be considered 'specially designed instruction' if the State defines it as such; and, therefore could be considered to be special education. In summary, a State could include early intervention services in its definition of 'special education'" (Schrag, 1990, p. 141). Parent counseling and training is defined as a related service (34 CFR §300.16(b)(6)) and may be included in an IEP if it is determined necessary to assist a child to benefit from special education.

States Using IFSPs with Preschoolers

According to the 1997 *Section 619 Profile*, 25 States used or allowed local discretion for the use of IFSPs for preschool services. Three of those States (Maine, Oregon, and Guam) have a statewide policy that requires IFSPs for all eligible preschoolers, and in 22 States, the use of IFSPs with preschoolers is a local option (deFosset & Carlin, 1997). Seven of the latter States (Arkansas, Florida, Guam, Maine, Minnesota, Oregon, and Washington) have

developed or are in the process of developing a standard IFSP form for preschool services.

Of the 25 States that require or allow IFSPs to be used for preschool services, 16 States have adopted guidelines, standards, or regulations for IFSP development or transition from an IFSP to an IEP. Four States have clarified and five States are developing procedures for transitioning from an IFSP to an IEP for eligible children and their families. Ten States have guidelines, standards, or regulations in place that address IFSP development and implementation, and two States are in the process of developing these guidelines. For example, some States have developed an explanation of pertinent regulations, how to guarantee FAPE while providing service coordination, and how to provide family-centered services.

A Closer Look at Six States

NASDSE surveyed five States that use IFSPs with eligible preschoolers (Pierce, 1997). The information was gathered from interviews and documents submitted by Preschool Grants Program coordinators in Delaware, Florida, Maine, Oregon, and Washington. In addition, a report from Minnesota's State Early Intervention Project provided information for this section.

Lead Agency and Location of the Policy

Among the States in the study, there was no relationship between the State agency that administers the Part C program and the likelihood of allowing or using IFSPs with preschoolers. In Maine, Oregon, and Minnesota, the lead agency for Part C was the Department of Education. In Florida, Washington, and Delaware, the lead agency was either the Department of Health or the Department of Social and Health Services.

Policies for using IFSPs have their basis in a variety of documents. In Maine and Oregon, the policies were based in State education statutes, regulations, and instructional

documents for teams. In Maine, the IFSP is also described in Medicaid documents. The regulations for the Florida Healthy Start program contain the policy for both infants and toddlers and children ages 3-5 and their families. Washington has prepared a resource booklet showing local teams how to create IFSPs that include IEP components for preschool-aged children, and Delaware's policies appear in the first part of a request for proposals for services to 3- and 4-year-olds.

Perceived Benefits and Ease of Implementation

Two main factors that promote the successful use of IFSPs with preschoolers emerged from the NASDSE study. These factors are family preference for using an IFSP and State and local support for this method.

The model is well-liked by families. The process is family-focused and family-driven and supports an interagency emphasis for children. In addition, service coordination for children and their families continues beyond age 3. As required, the services provided in the States that use IFSPs with preschool-aged children are based on the family's and child's needs and strengths. Examples of such services include respite care, parent training, family counseling, health exams, and referrals to other agencies. The IFSP is also perceived as a way to ease transition to preschool because it provides continuity for children and families. Transition from Part C to Part B appeared to go fairly smoothly in Maine and Oregon where there is one lead agency and statewide use of IFSPs with preschoolers. None of the six States reported problems with transition from preschool to elementary school, and none reported using the IFSP beyond age 5.

Successful use of IFSPs is also promoted through local support. For example, a focus group of Minnesota's Interagency Early Intervention Committee (IEIC) members described the following advantages of their system.[1] One

[1] Minnesota's IEIC includes directors, coordinators, supervisors of the Department of Education, Health, and Human Services, and other interagency collaborative members.

advantage was State policymakers' commitment to and provision of leadership on the use of IFSPs. The focus group members also perceived a high degree of administrative support for a single plan and interest in and support for a variety of collaborative efforts; one such support is funding for specific initiatives. In addition, they believed the Minnesota IEIC provided the necessary administrative structure for supporting the IFSP process (Jensen, 1996).

Perceived Barriers

The individuals interviewed by NASDSE and the members of the focus group in Minnesota also described barriers to the implementation of IFSPs with preschoolers. One reported barrier was differences in eligibility rules and requirements of the involved agencies and their services. For example, agencies may have different eligibility requirements. There were also reports of "turf" issues that arose in dealing with multiple agencies. In part, some of these issues may be a result of a lack of interagency agreements that would formalize the nature of agency involvement.

A second barrier, one that is commonly described when systematic reform takes place, is resistance to change. Some of the participants noted that they or their colleagues were unhappy about "learning yet a new way of doing things" (Jensen, 1996). However, the participants expressed satisfaction with the training that they received.

A third possible barrier is the cost associated with using IFSPs with preschoolers. State representatives interviewed agreed that the use of the IFSP increased special education costs through additional meetings and the required paperwork. Maine accessed other State and Federal funds to support family services provided through the preschool IFSP. A few States expressed concern about the cost of family services and offered referrals to other agencies instead of trying to provide the service within their agency. Some State representatives said that Medicaid was mentioned as sharing preschool IFSP costs.

Summary

States and local jurisdictions are trying to provide family-focused services for preschool children with special needs. Some are providing services through IEPs, and others are using IFSPs. A variety of mechanisms have been established to offer services through use of the IFSP. The IFSP is well-liked by families and works best at the preschool level when there are administrative supports in place at multiple levels. However, there are also barriers to the implementation of IFSPs with preschoolers. Lack of interagency cooperation and agreement, resistance to change, and the increased costs associated with IFSP use were cited as primary barriers.

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Funding for IDEA

During the most recent reauthorization of IDEA in June 1997, Congress revised the formulas for the distribution of funds for the IDEA, Part B programs. A new formula for allocating Part B funds under Section 611 of IDEA will go into effect when the Section 611 appropriation reaches approximately $4.9 billion. A new formula for allocating preschool education funds under Section 619 of IDEA is effective for funds appropriated under that section beginning with Federal fiscal year (FY) 1998.

PURPOSE: To describe the new formulas for the Part B Grants to States Program (§611) and the Preschool Grants Program (§619). The module also highlights data collected by the National Association of State Directors of Special Education (NASDSE) on State use of set-aside funds.

Appropriation of Funds for Part B of IDEA

Under the Section 611 Grants to States Program, grants are determined by a December 1 child count, or at a State's discretion, a count taken as of the last Friday in October, that is submitted by States to OSEP. The grants are based on the total number of students ages 3-21 with disabilities reported by the States as receiving special education and related services. This count is used to determine the State's IDEA, Part B, Section 611 grant for funds that become available the following July 1. Under the IDEA Amendments of 1997, grants will continue to be based on counts of children served until the year for which Federal appropriation for Part B, Section 611 reaches approximately $4.9 billion. At that time, State allocations for the year prior to that year become the base allocations for distributing funds in that year and all subsequent years. Eighty-five percent of additional funds above the base will be allocated based on population in the age ranges for which States mandate services, and 15 percent will be based on the number of children in the State living in poverty in those age ranges.

The legislation amended the Preschool Grants Program funding formula in similar ways. Under the new formula, each State's base allocation would be the amount it received in FY 1997. Eighty-five percent of additional funds beyond the base are allocated based on the popula-

tion of children ages 3 through 5, and 15 percent are based on the number of 3- through 5-year-old children in the State living in poverty. However, unlike the Grants to States Program, the new funding formula for the Preschool Grants Program takes effect for funds appropriated for Federal FY 1998.

Table III-2 summarizes the amount of IDEA, Part B Section 611 Grants to States Program funding appropriated to States for FY 1977 through FY 1997. The funds appropriated have increased from $251,770,000 in 1977 to $3,109,395,000 in 1997. During the same period, the per-child allocation rose from $71 to $535. The increase from 1996 to 1997 was $785,558,000 or 34 percent. This is the largest 1-year increase in the history of the program.

The State Set-Aside Funds

In this section, information from a recent NASDSE survey of States on their use of set-aside funds is discussed. Because this survey was conducted before the 1997 reauthorization of IDEA, the grants provided to States were based on the following formula for Part B, Section 611 Grants to States.

Within the amount allocated to each State:

- A maximum of 25 percent, less amounts used for administration below, could be retained by the State educational agencies (SEAs) for discretionary/set-aside for providing direct and support services for children and youth with disabilities or for paying the administrative costs for monitoring and complaint investigations, to the extent that such administrative costs exceeded the costs of administration incurred during FY 1985.

- A maximum of 5 percent of the State's allocation (or $450,000, whichever is greater) could be retained by the SEA for administrative costs in carrying out Part B, Section 611 of the Act.

Table III-2
IDEA, Part B Section 611 Grants to States Program: Funds Appropriated, 1977-97

Appropriation Year	IDEA, Part B Section 611 Grants to States[a/]	Per Child Allocation[b/]
1977	$ 251,770,000	$ 71
1978	566,030,000	156
1979	804,000,000	215
1980	874,500,000	227
1981	874,500,000	219
1982	931,008,000	230
1983	1,017,900,000	248
1984	1,068,875,000	258
1985	1,135,145,000	272
1986	1,163,282,000	279
1987	1,338,000,000	316
1988	1,431,737,000	332
1989	1,475,449,000	336
1990	1,542,610,000	343
1991	1,854,186,000	400
1992	1,976,095,000	410
1993	2,052,728,000	411
1994	2,149,686,000	413
1995	2,322,915,000[c/]	418
1996	2,323,837,000	413[d/]
1997	3,109,395,000	535

a/ The figures from 1977 through 1994 include amounts appropriated to the Federated States of Micronesia and the Republic of the Marshall Islands. Since 1995, those entities have not received appropriations.

b/ The per-child allocation excludes children and funds for the Outlying Areas and Bureau of Indian Affairs (BIA).

c/ This amount includes $82,878,000 added to the Grants to States appropriation because of the elimination of the Chapter 1 Handicapped Program.

d/ Starting in 1996, this allocation was derived by dividing the total appropriations for the 50 States, District of Columbia, Puerto Rico, Outlying Areas, and BIA by the total number of children served in all of those areas.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS) and the Office of the Under Secretary, U.S. Department of Education.

- A minimum of 75 percent was required to be flowed through to local educational agencies (LEAs) based on local child counts.

Allocations for Part B, Section 619 Preschool Grants were distributed in a similar fashion.

In January 1997, NASDSE mailed a survey to all States and jurisdictions to gather information about the use of their set-aside funds from the Part B grant awards issued on July 1, 1994. States were allowed to use these funds from July 1, 1994, through September 30, 1996. With 48 of 50 States responding, the following results were found.

Nine States used less than the allowable amount for administration. Approximately $257.2 million was used for direct and support services across all reporting States. Of this amount, approximately 56 percent was used to support statewide resource centers and support staff development, offset local education expenditures for student placements, and provide services to students with low-incidence disabilities. Because of flexibility allowed under the law, States also were able to use the remaining amount for other important activities. The following six activities were cited in the survey: school reform and restructuring, training mediators and hearing officers, extended school-year programs, model program development, infant and preschool services, and student transportation to offset LEA expenditures.

The greatest proportion of the direct and support monies was used to support resource centers (25.7 percent) followed by Comprehensive System of Personnel Development (CSPD) activities (11.6 percent). In all, 32 States used their set-aside monies to support resource centers. Table III-3 shows, in descending order, the functions carried out at these centers. States reported that without State set-aside money it would be extremely difficult to replicate these activities.

Personnel development is a critical component of State support to LEAs. As required by IDEA, each State must develop a CSPD plan. Although in FY 1994 more than $7.6

Table III-3
Rank Order of Most Frequently Cited Functions of the Resource Centers

1. Personnel development for special and general educators and related service personnel.
2. Support services to low-incidence populations.
3. Material development and distribution (e.g., braille and large print text, library resources).
4. Parent training.
5. Assistive technology devices and services.
6. Student evaluation and assessment.

Source: NASDSE. 1997.

Table III-4
Most Frequently Cited CSPD Activities

1. Inservice for special and general educators and related service personnel.
2. Material development and distribution (i.e., professional development, recruitment, retention, and dissemination).
3. Training for paraprofessionals.
4. Collection, evaluation, and dissemination of promising practices.
5. Needs assessments pertaining to professional development.

Source: NASDSE. 1997.

million was distributed nationally to SEAs through OSEP-sponsored competitive grants for personnel preparation, 43 States used $29.7 million of their set-aside for CSPD activities. In fact, 11 States used between 26 and 45 percent of their set-aside funds for this purpose. Combining the amount from the competitive grants with the set-aside grants, eight States devoted more than $1 million to personnel development. The most frequently cited CSPD activities funded through set-aside monies in FY 1994 are shown in table III-4, in descending order.

Finally, States reported flowing through more than $1.6 billion to local school districts. Although IDEA requires that a minimum of 75 percent of the grant award be flowed through to the local level, 32 of the States that responded to the survey reported a flowthrough of 76 to 95 percent. Eight States have developed policies through legislative, State-board, or State-plan-based mandates to flow more than the minimum amount to local districts (NASDSE, 1997).

The IDEA Amendments of 1997

Starting in Federal FY 1998, the IDEA Amendments of 1997 authorize States to set aside funds under Part B Section 611 at fiscal year 1997 authorized levels, plus either adjustments for inflation or the percentage increases in the State IDEA allocation, whichever is lower.

Up to 20 percent of the amount available for States to set aside or $500,000 (adjusted by the cumulative rate for inflation), whichever is greater, may be used for State administration activities (20 U.S.C. 1411(f)(2)(A)(i)). These funds may also be used for the administration of Part C if the SEA is also the lead agency for that part of the Act. Currently 18 States have SEAs as their Part C lead agency. In two of the 18 States, the SEA is a co-lead agency.

Each State may use any of the retained funds that it does not use for administrative purposes for other State-level activities, including:

- To provide support and direct services, including technical assistance and personnel development and training;

- To offset administrative costs of monitoring and complaint investigation, but only to the extent that those costs exceed the costs incurred for those activities during FY 1985;

- To establish and implement the mediation process, including providing the costs of mediators and support personnel;

- To assist LEAs in meeting personnel shortages;

- To develop a State Improvement Plan;

- To support activities at the State and local levels to meet the performance goals established by the State and to support implementation of the State Improvement Plan;

- To supplement other amounts used to develop and implement a statewide coordinated services system designed to improve results for children and families, including children with disabilities and their families, but not to exceed 1 percent of the amount received by the State under this section. This system shall be coordinated with and, to the extent appropriate, build upon the system of coordinated services developed by the State under Part C of this Act; and

- To supplement subgrants to LEAs for capacity building and improvement.

The IDEA Amendments of 1997 also require that SEAs award subgrants to LEAs for capacity building and improvement. In any fiscal year in which the percentage increase in a State's allocation exceeds the rate of inflation, the State must make subgrants to LEAs unless that amount is less than $100,000, to assist them in providing direct services and in making systematic change to improve the results for children with disabilities (20 U.S.C.

1411(f)(4)(A)). The amount of these subgrants must be at least an amount equal to the difference between the State's maximum set aside from the prior year inflated and the State's maximum set aside from the prior year multiplied by the percentage increase in the State's total allocation.

Summary

Since the inception of IDEA in 1977, Congress has increased the annual appropriations for Part B. Funds for the Part B Section 611 Grants to States Program are distributed based on a count of all children ages 3 through 21 receiving special education services. However, the new legislation will change the funding formula from a child count-based formula to one that is based on a combination of prior funding, census data, and poverty data. A similar funding formula takes effect for funds appropriated for the Preschool Grants Program, beginning in FY 1998.

To learn how States were using their Part B Grants to States set-aside funds, NASDSE conducted a national survey. The study found that nine States used less than the total amount allowed for administration. The monies allocated for direct and support services were used for a variety of purposes. However, the greatest proportion of funds was used to support resource centers and CSPD activities. States flowed through more than the minimum amounts to LEAs.

Under the IDEA Amendments of 1997 for the Part B State Grants Program and the Preschool Grants Program, the percentages allowed for administration and other State-level activities are based on the maximum amounts that a State could set aside for Federal FY 1997 increased annually by the lesser of the rate of inflation or the rate by which a State's total allocation increases. The list of allowed State-level activities has been expanded, providing more flexibility for States to meet their individual needs.

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State Progress in Use of Interagency Agreements

Over the past 20 years, States have been working toward interagency collaboration to provide more comprehensive, cost-effective, and streamlined services to children with disabilities. Recent reauthorizations of IDEA have increasingly required that interagency collaboration be used to strengthen special education services. Although States have encountered some barriers in this process, emerging evidence suggests that many States are making significant progress in establishing interagency cooperation.

PURPOSE: To review the components of IDEA that guide coordination of services for children with disabilities and explore States' progress in the use of service coordination to align service provision.

Overview of Interagency Cooperation

In addition to meeting students' educational needs, schools have been assuming more responsibility for addressing the mental, physical, and emotional health of children. More recent reforms have followed the philosophy that one agency alone cannot provide all necessary services (Zetlin & Boyd, 1995). The early 1980s marked an increase in the use of interagency collaboration in providing children with disabilities with appropriate educational services, as financial and other resources began to decrease. To pool limited resources, fill service gaps, and avoid duplication of services, State agencies and service providers made efforts to work together. Changes in IDEA reflected this shift toward interagency collaboration. For example, early collaborative projects between State educational agencies (SEAs) and vocational rehabilitation and vocational education agencies influenced IDEA's coordination of transition services for youth with disabilities entering postschool activities.

"Increasingly, legislation links governmental agencies together with their logical interagency partners through required cooperation, coordination, and collaboration (Cashman, 1995, p. 105)." IDEA sets forth interagency agreements and coordinating councils as the primary tools

for designing cohesive service systems. States are creating interagency agreements between SEAs and other State and local organizations that pay for services for children with disabilities--from infants and toddlers to adult life. These agreements coordinate services, delegate financial responsibilities, and arbitrate disputes between the various public, nonprofit, and private entities. Part C of IDEA provides guidance on creating and implementing interagency agreements for services for infants and toddlers. Part B also addresses methods of ensuring needed services for school-aged children, particularly transition services.

Interagency Coordination for Infants and Toddlers

Interagency collaboration and cooperation efforts have been intensified by early childhood educators and advocates. Much of the available literature regarding interagency efforts focuses on the birth through 2 age groups; however, many of the principles are generalizable to other age groups.

In 1986, Congress endorsed a multiagency commitment to administering programs for young children with disabilities and their families through the introduction of Part C of IDEA. This program requires States to implement a statewide system of comprehensive, multidisciplinary, interagency coordinated programs to make available early intervention services to all infants and toddlers with disabilities and their families. The belief underlying Part C is that services provided at an earlier age will promote greater educational and intellectual benefits for the child and possibly mean greater economic savings in the long run (Florian, 1995). A unique feature of this legislation is that a primary purpose of funding for lead agencies is to develop policies that support integrated, coordinated services at the State and local levels. States may also use funds for direct services, but only for services that are not otherwise provided by other public or private sources or to expand and improve services that are otherwise available. The interagency coordination design for infants and

toddlers revolves around State Interagency Coordinating Councils (SICC) and interagency agreements.

Interagency Coordinating Councils. The SICC is a cornerpiece of the Part C legislation. This is a representative group comprising representatives from State agencies, the State legislature, parents, program directors, and personnel training programs. They have the responsibility for advising and assisting the lead agency in:

- identification of sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and promotion of interagency agreements;
- preparation of applications regarding early intervention;
- transition of toddlers with disabilities to preschool and other appropriate services; and
- preparing and submitting an annual report to the Governor and Secretary on the status of early intervention programs. (20 U.S.C. 1441(e)(1))

The IDEA Amendments of 1997 make minor changes to SICCs, including the composition of councils and the authorized activity. Specifically, the composition of the SICC (1) no longer requires that parent representatives include minority parents and (2) adds a representative from a Head Start agency or program in the State and a representative from a State agency responsible for child care (20 U.S.C. 1441(b)(1)). The IDEA Amendments of 1997 also allow the council to advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State (20 U.S.C. 1441(e)(2)).

The intent of the original legislation was to form an advisory group that had the freedom and power to make recommendations and promote coordination. The multiconstituency and multidisciplinary composition of the

group also enables it to approach the issues from different perspectives with a breadth of knowledge and experience (Harbin & Van Horn, 1990). Building upon this model, many States require or encourage communities to create local interagency councils to facilitate smoother and more tailored services.

Interagency Agreements. The need for interagency agreements is reemphasized and further defined within Part C. The lead agency is responsible for entering into formal interagency agreements with other State-level agencies involved in the State's early intervention program. These agreements must outline financial responsibility, procedures for resolving disputes, and additional components necessary to ensure effective cooperation and coordination.

The strength and clarity of interagency agreements within Part C are augmented by further specifications regarding policies related to payment for services, resolution of disputes, delivery of service in a timely manner, policy for contracting or otherwise arranging for service, and payor of last resort. Historically, assignment of financial responsibilities has been the impetus behind interagency efforts, and language regarding financial responsibilities is woven throughout the interagency sections of IDEA. The proposed regulations further clarify the appropriate method for payment of services.

State Implementation Efforts in Coordinating Services for Infants and Toddlers

Policy makers have communicated a vision of a comprehensive, user-friendly service delivery system for young children with disabilities. However, over the past decade, States have encountered numerous roadblocks in implementing this vision.

Barriers

Agencies serving children with and without disabilities often have different requirements for providing services. Interagency coordination requires these entities to join to create new ways of providing services to infants and toddlers with disabilities. This shift to developing comprehensive services has revealed numerous barriers for State agencies, including agency rigidity and "turfism," competition for financial resources, lack of specificity in assigning fiscal responsibilities, individual participants' lack of understanding of the process, and conflicting State and Federal policies and eligibility requirements.

Harbin (1996) examined the issues of turfism and lack of coordinated communication and found that State agencies are qualitatively and fundamentally different from each other. Agency differences include diverse missions, roles, target populations, administrative structures, approaches to decision making, levels of authority over providers, degree of formality (e.g., verbal agreements versus documented agreements), specificity of policies, geographic jurisdictions, professional backgrounds, terminology, philosophy of agencies, resources, priorities, and experience with innovation. These differences made integration of State policies around interagency coordination difficult.

Many States have struggled to achieve a balance between planning a cohesive system while continuing to provide services. For example, New York noted that certain local communities were providing extensive services to families with infants and toddlers with disabilities, while other communities had not yet formed these natural coalitions, and collaborative services were virtually nonexistent. Responding to pressure to create a comprehensive, equitable State system, the regional planning teams were dismantled, and county coordinators were hired to bridge services across the State. This action had the unfortunate effect of squelching local leadership and silencing parent involvement (Apter, 1994). If political pressure had been lifted, more time allotted for planning, or other State models of implementation available at the time, a stronger

system that capitalized on local efforts might have been created.

Interagency coordination was considered highly desirable by educators and administrators nationwide, but they did not think it likely to occur (Hales & Carlson, 1992). They perceived a lack of resources to help guide interagency groups through conflict resolution (Wischnowski & McCollum, 1995), lack of follow-through, limited understanding that interagency responsibilities are a new way of working rather than add-on responsibilities, and misunderstanding of laws and regulations that each agency is required to follow (Fields & Pierce, 1997).

Breakthroughs

Recently, some States have shown that interagency agreement and coordination are attainable. Interagency efforts promote resource sharing, which is needed under growing budget constraints. Since the early years of the Part C program, a wide variety of funding sources have been used to provide services, with health-related sources (e.g., Medicaid private health insurance, State health funds) the most common payors. By 1991, two-thirds of States indicated some level of financial coordination; this usually meant coordination of an average of five sources (Clifford, 1991). By 1993, States reported improvements in efficiency and effectiveness in accessing Medicaid and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds (Clifford, Bernier, & Harbin, 1993). Responsibility for coordination of financing services has mostly been assumed at the State level rather than at the local level, and this coordination has been made possible primarily through formally written interagency agreements (Clifford et al., 1993).

Today, a majority of SEAs report having an average of one or two agreements with other State agencies and one agreement with private entities (Fields & Pierce, 1997). SEAs are writing interagency agreements with a wide range of public and private entities. SEAs' most common partners include departments of health or health and the

Table III-5
Number of SEA Interagency Agreements

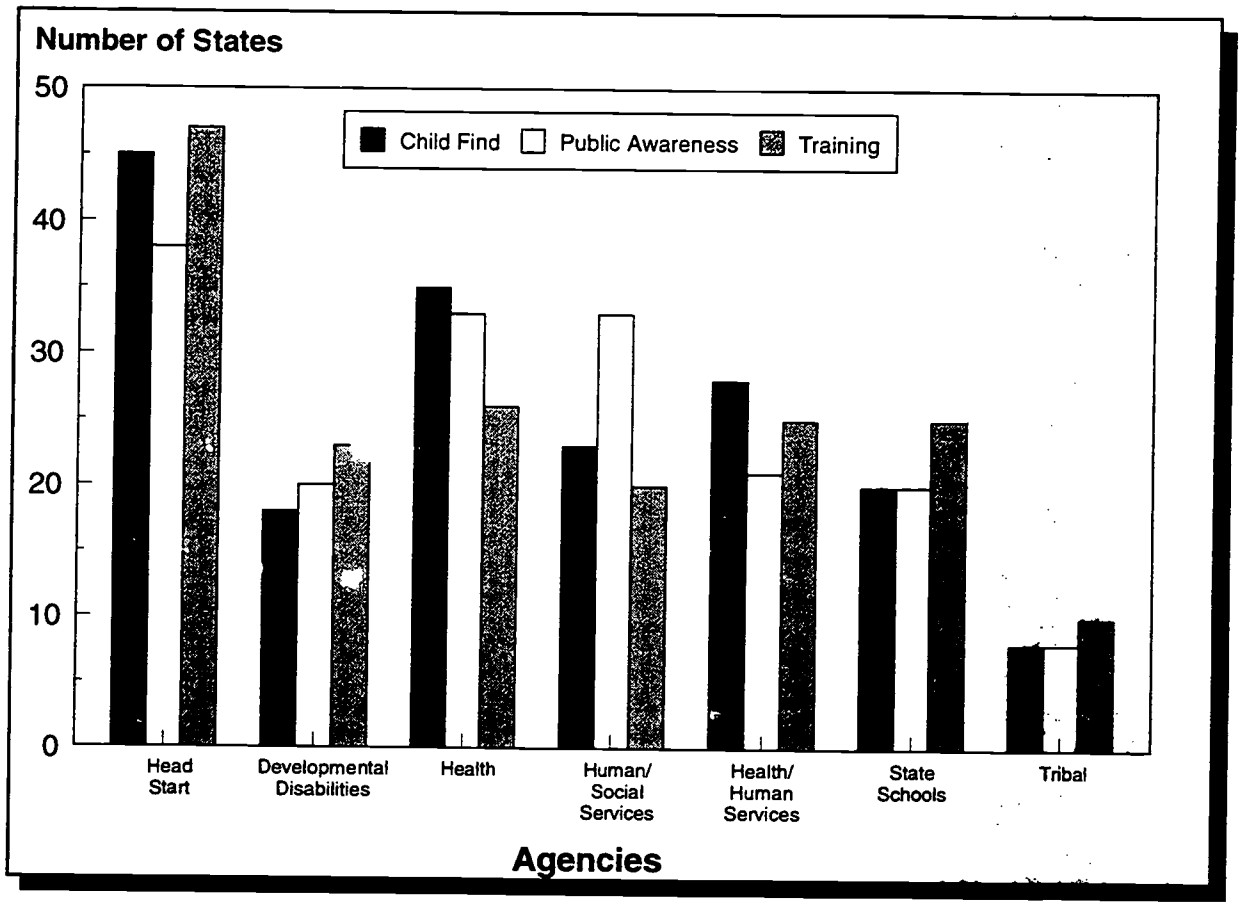
Agencies That Had One or More Agreements with SEAs	Number of SEAs (Out of 30 States)
Developmental Disabilities Services	5
Departments of Health or Health and the Environment	19
Departments of Human Services or Social Services	11
Head Start	12
Departments of Corrections	10
State Vocational Rehabilitation Services	4
State Mental Health and Mental Retardation Services	11

Other partners mentioned: Juvenile Justice, Departments of Labor, Departments of Transportation, the Family Independence Agency, Offices of Children and Families, and Consumer and Industry Services.

Source: Fields & Pierce, 1997.

environment, departments of human services or social services, and Head Start (Fields & Pierce, 1997; deFosset, Hardison, & Ward-Newton, 1996). (See table III-5 for a listing of partners and number of agreements; see figure III-10 for a listing of partners and collaboration topics.) DeFosset and colleagues (1996) report that most SEAs are collaborating with other agencies on child find, public awareness, and training activities (see figure III-10). These agreements have cemented relationships between agencies and provided structure where little has existed before.

Figure III-10
Number of Interagency Collaborative Efforts Between SEAs and Other Agencies



Source: deFosset, Hardison, & Ward-Newton, 1996.

Interagency agreements have also clarified agency roles and actions. Establishing agreements helps to create mechanisms for dispute resolution, identify the payor of last resort, align systems to offer shared eligibility requirements for clients, share resources, and share case-level information (Fields & Pierce, 1997). It also creates stronger, more effective child find systems (Bernstein, 1993).

Despite qualitative and fundamental differences among agencies, some States have been able to achieve cohesion with a common interagency mission and a shared vision of a coordinated service system. States approach this in different ways, through development of a separate interagency entity with State-sanctioned powers or use of a variety of structures that facilitate coordination of preexisting agencies. There are, however, common threads: (1) the inclusion of all key individuals and constituencies in the SICC and various task forces, (2) skillful leadership in creating or taking advantage of a positive climate, (3) skillful use of political process, and (4) effective management of the inevitable critical events and systems changes (Harbin, 1996). These common threads are general building blocks for providing services for other age groups under IDEA.

Interagency Coordination Among Agencies Serving School-Age Children

Once a child with an identified need enters school, special education services are made available through the school or are contracted to other public, community, or private entities. In calling for a coordinated service delivery system, Part B language focuses on methods of ensuring services, interagency agreements, and transition periods in the student's life. Each State must develop and implement interagency agreements or other mechanisms between the SEA and each noneducational public agency to ensure that a free appropriate public education (FAPE) is provided. These agreements must include:

- **Agency financial responsibility.** An identification of, or a method for defining, the financial responsibility of each agency for providing services to ensure FAPE to children with disabilities;

- **Conditions and terms of reimbursement.** The conditions, terms, and procedures under which a local educational agency (LEA) must be reimbursed by other agencies;

- **Interagency disputes.** Procedures for resolving interagency disputes under the agreement or other mechanism to secure reimbursement from other agencies or otherwise implement the provisions of the agreement or mechanism; and

- **Coordination of services procedures.** Policies and procedures for agencies to determine and identify the interagency coordination responsibilities of each agency to promote the coordination and timely and appropriate delivery of services. (20 U.S.C. 1412(a)(12))

The language of interagency agreements is strengthened in the IDEA Amendments of 1997, particularly on issues regarding payment of services. The State's Chief Executive Officer must now ensure that an interagency agreement or other mechanisms for interagency coordination is in effect between each noneducational public agency and the SEA. In specifying the financial responsibility for each agency, the State Medicaid agency and other public insurers of children with disabilities must be included. The LEA is the payor of last resort.

State Implementation Efforts in Coordinating Services for School-Age Children

While Part B providers have experienced the same barriers as those encountered in the planning and implementation of Part C, progress is being made in offering school-aged children more coordinated services. Today, interagency agreements cover a spectrum of services to school-aged students with disabilities, including school-to-work transition activities and data sharing, improving services to children in juvenile treatment centers, creating coordination between early intervention and preschool services, expanding health services access for Medicaid eligible children, and collaborating on multi-agency personnel development (Fields & Pierce, 1997). A State representative in Kentucky lauds interagency agreements as providing ". . . better use of dollars, broader range of services available to children, better employment outcomes, improved transition planning, better implementation of LRE (least

restrictive environment) and FAPE . . ." (Fields & Pierce, 1997, p. 5).

Of special note is the increased focus on interagency collaboration in serving students with emotional disturbance. Historically, services from schools and community mental health and child welfare agencies have been fragmented and uncoordinated for these children (Nelson & Pearson, 1991; Cumblad, Epstein, Keeney, Marty, & Soderlund, 1996). Often, adequate services were only provided through out-of-State residential treatment facilities (Peterson, 1995). In response to academic, social, vocational, and behavioral trends among youth with emotional disturbance (Cumblad et al., 1996), and in an attempt to provide appropriate services in-State (Peterson, 1995), a number of recent initiatives, including grants, cooperative agreements, and legislation, have been aimed at coordinating services among education, health, and social service agencies to address the needs of this population.

Another area that has received significant attention in coordinating services among State agencies and other service providers is the major transition periods of a student's life. Under IDEA, States are directed to ensure that a smooth transition takes place while the student is served through Part B or ready to exit any or all Part B services (20 U.S.C. 1412(a)(9) and 20 U.S.C. 1401(30)). The next section highlights issues related to transition.

Collaboration on Transition Services for Students with Disabilities

Transition to Preschool

When a child with a disability reaches age 3, the State must ensure a smooth transition of services from Part C to Part B (20 U.S.C. 1412(a)(9)). These requirements promote increased collaboration between early intervention providers and public schools as decisions are made on when to (1) transition a child from the IFSP (individualized family

services plan) to an IEP (individualized education program) and (2) transfer payment of services from Part C to Part B.

In applying for funds under Part C, States must describe their policies and procedures to be used to:

- ensure a smooth transition for toddlers receiving early intervention services to preschool or other appropriate services;[1]
- review the child's program options for the child's third birthday through the remainder of the school year; and
- establish a transition plan. (20 U.S.C. 1437(a)(8))

States have varied in their implementation of transition services. By 1994, evidence suggested that Part C coordinators, Part B Section 619 coordinators, and SICC chairpersons still viewed transition as an internal plan for their agency or program, rather than a collaborative endeavor (Shotts, Rosenkoetter, Streufert, & Rosenkoetter, 1994). However, interagency agreements were found to be instrumental in creating smoother transitions (Shotts et al., 1994; DeStefano & Wermuth, 1992). Parent representatives, service providers, and State coordinators were less concerned and confused about transition issues when more State or local planning had occurred. By 1994, 30 States indicated that written State transition plans were in place or in draft form (Shotts et al., 1994). Eleven States have extended eligibility to FAPE to below age 3. By 1997, 23 States had developed or were developing policies allowing preschool funds to be used for children before their third birthday; 26 States had policies that allowed the use of Part C funds for children past their third birthday. Thirty-eight States had transition agreements that provided for collaborative activities at the local level (deFosset & Carlin, 1997).

[1] States may provide special education and related services to 2-year-old children with disabilities who will turn 3 during the school year. (§619(a)(2)).

Transition From Preschool to Primary School

Less information is available regarding children with disabilities transitioning from preschool to primary school. This may be because the education agency is responsible for both preschool and primary services, and therefore the transition relies more heavily on intra-agency efforts. By 1997, however, 17 States had developed or were developing agreements for transitions from preschool to kindergarten/first grade (deFosset & Carlin, 1997).

Transition Into Adult Life

One of the primary purposes of IDEA is to ensure that all children with disabilities have an education that prepares them for employment and independent living (20 U.S.C. 1400(d)(1)(A)). This is particularly important because only 57 percent of all youth with disabilities are employed, compared with 69 percent of the general population (SRI International, 1993). Without interagency cooperation, students with disabilities have often encountered an abrupt end to support services when they leave school, and these young adults are not always equipped to independently coordinate the transition (Groves & Thomas, 1995).

The IDEA Amendments of 1997 expand transition services so that they are designed within an outcome-oriented process that promotes movement from school to postschool activities, including postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation (20 U.S.C. 1401(30)). Beginning at age 14, each student's IEP must include a statement of his or her transition service needs. The plan is to be updated annually (20 U.S.C.1414(d)(1)(A)(vii)(I)). By the age of 16, younger if determined appropriate by the IEP team, each student's IEP must include a statement of needed transition services, including, if appropriate, a statement of the interagency responsibilities or any needed linkages (20 U.S.C. 1414(d)(1)(A)(vii)(II)).

Notably, other Federal legislation underpins IDEA's focus on this transition, including the Carl D. Perkins Vocational Education and Applied Technology Education Act of 1990 (P.L. 101-392), the Rehabilitation Act Amendments of 1992 (P.L. 102-569), and the School-to-Work Opportunities Act of 1994 (P.L. 103-239). These ". . . pieces of Federal legislation stress the need for coordinated interagency transition policy development, implementation and service provision" (Wermuth & Grayson, 1995, p. 2). It should be noted that each piece of legislation and its corresponding rules and regulations are administered through different Federal agencies or different offices within the U.S. Department of Education (Szymanksi, Hanley-Maxwell, & Asselin, 1992). Integrating the legislation has been difficult for some States.

Building on a history of collaboration in education, vocational education, and vocational rehabilitation, some States are taking advantage of the national focus on career preparation to renew and extend their services to youth with disabilities. In reviewing recent career development programs for youths with disabilities, 60 percent of the exemplary transition programs used interagency and interdisciplinary collaboration (Kohler, DeStefano, Wermuth, Grayson, & McGinty, 1994). Concerned about the fragmented service delivery to students with disabilities exiting the school system, California launched a comprehensive project to redesign the State postschool preparation system. Nine different State-level agencies have come together; after 4 years of planning, they initiated State legislative and policy changes. As a result, the State has recently expanded its definition for transition to include follow-up services that provide ". . . specific outcomes for meaningful employment and quality of adult life" (Hegenauer, 1995, p.120). Essentially, the State has taken responsibility for following and supporting students with disabilities beyond the exit from public education. This is a prime example of a collaborative interagency effort that is beginning to map out a new way of providing needed services to students with disabilities.

Summary

In the past 20 years, there has been general agreement that interagency efforts promote coordinated services for children with disabilities. IDEA has helped to guide and support these efforts. Early efforts met with numerous barriers because State agencies were designed for distinct purposes. States encountered resistance to change because of agency rigidity, individuals' misperceptions, and cloudy specifications for payment of services. State agencies serving infants and toddlers have taken significant steps in breaking down many of those barriers and provided numerous models of interagency collaboration. Presently, most SEAs have created interagency agreements with a variety of other entities that cover a range of services. In particular, serving youth with emotional disturbance through coordinating school, mental health, and social services has become a recent focus. The transition of young children into schools has been improved through interagency efforts. Finally, building on a history of interagency cooperation, SEAs, vocational education agencies, and vocational rehabilitation programs are in the process of renewing their service system to provide youth with disabilities a smoother transition into postschool activities.

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Data Tables

- Part B Data Tables
- State Grants
- Total Population Tables
- Part C Data Tables
- Data Notes

Table AA1

Number of Children Served Under IDEA, Part B by Age Group

During the 1996-97 School Year

STATE	AGE GROUP 3-5	6-11	12-17	6-17	18-21	3-21
ALABAMA	8,199	42,755	41,651	84,406	5,098	97,703
ALASKA	1,847	8,454	6,602	15,056	688	17,591
ARIZONA	7,753	38,281	30,122	68,403	3,339	79,495
ARKANSAS	7,882	21,765	23,285	45,050	2,522	55,454
CALIFORNIA	55,722	277,998	227,938	505,936	22,337	583,995
COLORADO	7,255	31,295	29,851	61,146	3,129	71,530
CONNECTICUT	7,919	35,759	34,124	69,883	3,695	81,497
DELAWARE	1,837	7,678	5,512	13,190	653	15,680
DISTRICT OF COLUMBIA	347	2,785	3,064	5,849	483	6,679
FLORIDA	27,048	159,119	123,914	283,033	12,729	322,810
GEORGIA	14,293	72,169	50,138	122,307	4,549	141,149
HAWAII	1,433	7,788	7,177	14,965	534	16,932
IDAHO	3,213	12,045	9,168	21,213	771	25,197
ILLINOIS	27,976	122,875	105,959	228,834	10,581	267,391
INDIANA	13,075	67,296	52,012	119,308	5,905	138,288
IOWA	5,865	29,422	29,521	58,943	3,218	68,026
KANSAS	6,368	25,169	21,575	46,744	2,241	55,353
KENTUCKY	15,020	38,384	28,518	66,902	3,130	85,052
LOUISIANA	9,495	38,731	39,823	78,554	4,723	92,772
MAINE	3,693	14,442	13,396	27,838	1,524	33,055
MARYLAND	9,790	49,564	41,453	91,017	3,823	104,630
MASSACHUSETTS	14,535	69,392	67,185	136,577	7,911	159,023
MICHIGAN	18,411	88,845	76,939	165,784	9,435	193,630
MINNESOTA	10,918	45,050	41,141	86,191	4,162	101,271
MISSISSIPPI	6,227	29,681	26,904	56,585	2,695	65,507
MISSOURI	8,744	58,046	53,285	111,331	5,561	125,636
MONTANA	1,732	8,483	7,603	16,086	793	18,611
NEBRASKA	3,311	19,283	15,837	35,120	1,455	39,886
NEVADA	3,261	14,095	11,666	25,761	950	29,972
NEW HAMPSHIRE	2,289	11,164	11,681	22,845	1,286	26,420
NEW JERSEY	16,765	97,590	78,986	176,576	9,059	202,400
NEW MEXICO	4,684	21,268	21,256	42,524	1,916	49,124
NEW YORK	49,673	168,989	170,903	339,892	23,193	412,758
NORTH CAROLINA	16,622	77,797	54,498	132,295	4,718	153,635
NORTH DAKOTA	1,156	5,761	5,206	10,967	587	12,710
OHIO	18,279	103,524	92,032	195,556	12,122	225,957
OKLAHOMA	5,292	33,785	31,421	65,206	3,360	73,858
OREGON	5,634	31,332	24,427	55,759	2,353	63,746
PENNSYLVANIA	20,495	93,090	90,381	183,471	11,482	215,448
PUERTO RICO	4,474	18,817	19,621	38,438	3,148	46,060
RHODE ISLAND	2,456	12,130	10,680	22,810	1,334	26,600
SOUTH CAROLINA	10,492	46,030	31,068	77,098	3,171	90,761
SOUTH DAKOTA	2,153	7,264	5,004	12,268	630	15,051
TENNESSEE	10,092	56,344	52,697	109,041	6,231	125,364
TEXAS	32,984	204,341	201,150	405,491	23,368	461,843
UTAH	5,217	25,864	20,809	46,673	1,986	53,876
VERMONT	1,234	4,821	5,213	10,034	500	11,768
VIRGINIA	13,414	66,563	58,502	125,065	6,170	144,649
WASHINGTON	12,003	50,479	40,151	90,630	4,399	107,032
WEST VIRGINIA	5,119	21,730	18,213	39,943	2,255	47,317
WISCONSIN	13,924	47,063	44,322	91,385	5,104	110,413
WYOMING	1,532	5,896	4,901	10,797	546	12,875
AMERICAN SAMOA	43	124	191	315	12	370
GUAM	171	793	827	1,620	143	1,934
NORTHERN MARIANAS	46	127	123	250	22	318
PALAU	7	54	52	106	3	116
VIRGIN ISLANDS	173	586	597	1,183	88	1,444
BUR. OF INDIAN AFFAIRS	310	4,310	3,321	7,631	251	8,192
U.S. AND OUTLYING AREAS	559,902	2,654,285	2,323,596	4,977,881	258,071	5,795,854
50 STATES, D.C. & P.R.	559,152	2,648,291	2,318,485	4,966,776	257,552	5,783,480

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA6

Number of Children Served Under IDEA, Part B by Disability and Age

During the 1996-97 School Year

DISABILITY	3 YEARS OLD	4 YEARS OLD	5 YEARS OLD	6 YEARS OLD	7 YEARS OLD	8 YEARS OLD	9 YEARS OLD
SPECIFIC LEARNING DISABILITIES	.	.	.	38,794	94,469	169,414	233,947
SPEECH OR LANGUAGE IMPAIRMENTS	.	.	.	215,966	211,073	183,999	144,186
MENTAL RETARDATION	.	.	.	24,005	32,451	40,107	44,733
EMOTIONAL DISTURBANCE	.	.	.	9,331	16,025	22,954	29,079
MULTIPLE DISABILITIES	.	.	.	8,797	8,252	7,959	7,983
HEARING IMPAIRMENTS	.	.	.	4,488	5,112	5,577	5,936
ORTHOPEDIC IMPAIRMENTS	.	.	.	5,916	6,039	5,973	5,986
OTHER HEALTH IMPAIRMENTS	.	.	.	8,744	11,495	14,825	16,546
VISUAL IMPAIRMENTS	.	.	.	1,783	1,843	1,995	2,120
AUTISM	.	.	.	4,619	3,989	3,679	3,340
DEAF-BLINDNESS	.	.	.	91	89	88	91
TRAUMATIC BRAIN INJURY	.	.	.	454	557	648	710
ALL DISABILITIES	112,556	194,623	252,723	322,988	391,394	457,218	494,657

DISABILITY	10 YEARS OLD	11 YEARS OLD	12 YEARS OLD	13 YEARS OLD	14 YEARS OLD	15 YEARS OLD	16 YEARS OLD
SPECIFIC LEARNING DISABILITIES	271,003	286,636	281,421	273,305	259,699	241,284	216,389
SPEECH OR LANGUAGE IMPAIRMENTS	105,471	70,119	41,465	27,388	18,361	12,583	9,282
MENTAL RETARDATION	48,050	49,964	49,939	50,541	51,687	50,134	47,637
EMOTIONAL DISTURBANCE	34,429	38,628	41,921	46,000	50,514	51,291	47,211
MULTIPLE DISABILITIES	7,703	7,865	6,931	6,732	6,626	6,482	6,357
HEARING IMPAIRMENTS	5,927	5,871	5,490	5,482	5,419	5,263	5,074
ORTHOPEDIC IMPAIRMENTS	6,009	5,701	5,251	4,936	4,678	4,264	3,970
OTHER HEALTH IMPAIRMENTS	16,745	16,078	14,083	13,302	12,656	11,705	10,782
VISUAL IMPAIRMENTS	2,087	2,045	2,148	2,072	2,103	1,969	1,988
AUTISM	3,025	2,813	2,187	1,995	1,741	1,585	1,346
DEAF-BLINDNESS	73	96	99	96	96	88	102
TRAUMATIC BRAIN INJURY	822	868	805	835	877	851	878
ALL DISABILITIES	501,344	486,684	451,740	432,684	414,457	387,499	351,016

DISABILITY	17 YEARS OLD	18 YEARS OLD	19 YEARS OLD	20 YEARS OLD	21 YEARS OLD	22 YEARS OLD
SPECIFIC LEARNING DISABILITIES	176,527	101,974	24,637	5,282	1,518	140
SPEECH OR LANGUAGE IMPAIRMENTS	6,617	3,218	826	303	118	25
MENTAL RETARDATION	41,926	30,861	16,455	10,252	5,283	2,102
EMOTIONAL DISTURBANCE	35,065	16,914	5,343	1,996	725	112
MULTIPLE DISABILITIES	5,730	4,519	3,557	2,676	1,469	442
HEARING IMPAIRMENTS	4,518	2,885	1,155	415	154	30
ORTHOPEDIC IMPAIRMENTS	3,429	2,170	1,070	657	351	127
OTHER HEALTH IMPAIRMENTS	8,448	3,769	1,069	406	171	10
VISUAL IMPAIRMENTS	1,818	1,042	468	238	115	23
AUTISM	1,156	983	731	571	341	205
DEAF-BLINDNESS	85	70	62	36	24	2
TRAUMATIC BRAIN INJURY	881	641	312	166	73	6
ALL DISABILITIES	286,200	169,046	55,685	22,998	10,342	3,224

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA7

Number of Children Served Under IDEA, Part B by Age

During the 1996-97 School Year

ALL DISABILITIES

STATE	3 YEARS OLD	4 YEARS OLD	5 YEARS OLD	6 YEARS OLD	7 YEARS OLD	8 YEARS OLD
ALABAMA	1,080	2,462	4,657	6,035	6,465	7,380
ALASKA	385	660	802	999	1,293	1,499
ARIZONA	1,473	2,915	3,365	4,210	5,209	6,489
ARKANSAS	2,021	3,291	2,570	2,962	3,223	3,610
CALIFORNIA	11,533	21,187	23,002	29,881	38,597	48,034
COLORADO	1,494	2,731	3,030	3,547	4,278	5,161
CONNECTICUT	1,924	2,735	3,260	3,779	4,966	6,121
DELAWARE	349	572	916	1,070	1,290	1,431
DISTRICT OF COLUMBIA	72	107	168	208	264	410
FLORIDA	5,132	8,273	13,643	19,795	24,157	27,760
GEORGIA	2,378	4,708	7,207	9,624	11,429	12,441
HAWAII	281	500	652	843	1,118	1,364
IDAHO	745	1,190	1,278	1,479	1,826	2,113
ILLINOIS	5,022	9,294	13,660	16,161	19,569	21,625
INDIANA	2,491	4,148	6,436	8,776	11,128	12,652
IOWA	1,134	1,981	2,750	3,308	4,109	5,080
KANSAS	1,347	2,291	2,730	2,972	3,504	4,470
KENTUCKY	2,878	5,609	6,533	6,178	6,119	6,354
LOUISIANA	1,617	3,228	4,650	5,446	6,196	6,360
MAINE	803	1,501	1,389	1,620	2,000	2,412
MARYLAND	1,957	3,377	4,456	5,708	6,961	8,265
MASSACHUSETTS	3,325	5,799	5,411	7,744	10,408	12,005
MICHIGAN	3,812	6,208	8,391	10,826	12,849	14,703
MINNESOTA	2,530	3,834	4,554	5,187	6,266	7,727
MISSISSIPPI	744	1,693	3,790	5,314	5,428	4,868
MISSOURI	1,618	2,961	4,165	5,679	7,790	10,157
MONTANA	300	590	842	1,021	1,220	1,534
NEBRASKA	742	1,121	1,448	1,977	2,684	3,423
NEVADA	615	1,160	1,486	1,505	1,954	2,485
NEW HAMPSHIRE	500	862	927	989	1,364	1,846
NEW JERSEY	2,747	4,183	9,835	14,640	17,509	17,919
NEW MEXICO	1,109	1,849	1,726	2,161	2,854	3,401
NEW YORK	14,027	19,820	15,826	19,640	20,389	26,801
NORTH CAROLINA	2,912	5,550	8,160	10,753	12,752	13,549
NORTH DAKOTA	194	362	600	738	840	1,000
OHIO	3,251	5,656	9,372	12,302	15,702	18,457
OKLAHOMA	927	1,777	2,588	3,907	4,831	5,944
OREGON	1,327	2,062	2,245	2,931	4,163	5,688
PENNSYLVANIA	4,789	7,845	7,861	9,849	13,435	16,642
PUERTO RICO	861	1,652	1,961	2,298	2,579	3,122
RHODE ISLAND	427	846	1,183	1,535	1,862	2,173
SOUTH CAROLINA	1,297	3,414	5,781	7,078	8,231	8,252
SOUTH DAKOTA	375	778	1,000	1,068	1,279	1,368
TENNESSEE	1,413	2,939	5,740	7,517	8,923	9,768
TEXAS	5,917	10,753	16,314	22,313	28,095	33,806
UTAH	1,238	1,957	2,022	2,991	4,068	4,876
VERMONT	331	458	445	542	618	733
VIRGINIA	2,609	4,453	6,352	8,690	9,979	11,096
WASHINGTON	2,379	4,122	5,502	5,892	7,199	8,995
WEST VIRGINIA	818	1,551	2,750	3,244	3,559	3,939
WISCONSIN	2,838	4,888	6,198	6,639	7,224	7,832
WYOMING	385	564	583	715	872	1,089
AMERICAN SAMOA	11	16	16	11	14	17
GUAM	45	55	71	68	99	127
NORTHERN MARIANAS	8	17	21	12	9	22
PALAU	1	3	3	0	3	2
VIRGIN ISLANDS	18	65	90	78	67	85
BUR. OF INDIAN AFFAIRS	0	0	310	533	575	736
U.S. AND OUTLYING AREAS	112,556	194,623	252,723	322,988	391,394	457,218
50 STATES, D.C. & P.R.	112,473	194,467	252,212	322,286	390,627	456,229

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA10

Percentage (Based on Estimated Resident Population) of Children Served Under IDEA, Part B by Age Group, During the 1996-97 School Year

ALL DISABILITIES

STATE	AGE GROUP 3-5	6-17	18-21	3-17	3-21
ALABAMA	4.51	11.73	2.02	10.28	8.47
ALASKA	5.88	12.14	1.73	10.88	9.01
ARIZONA	3.81	9.26	1.34	8.08	6.67
ARKANSAS	7.34	10.06	1.72	9.53	7.90
CALIFORNIA	3.26	9.12	1.31	7.74	6.52
COLORADO	4.37	9.10	1.49	8.17	6.83
CONNECTICUT	5.72	13.24	2.47	11.68	9.99
DELAWARE	5.97	11.39	1.76	10.25	8.53
DISTRICT OF COLUMBIA	1.53	8.66	2.11	6.87	5.91
FLORIDA	4.52	12.51	1.91	10.84	9.15
GEORGIA	4.25	9.50	1.09	8.41	6.92
HAWAII	2.53	7.63	0.78	6.48	5.27
IDAHO	5.82	8.84	0.95	8.28	6.70
ILLINOIS	5.02	11.14	1.66	9.83	8.23
INDIANA	5.23	11.87	1.76	10.55	8.70
IOWA	5.22	11.80	1.96	10.59	8.77
KANSAS	5.82	9.94	1.51	9.16	7.61
KENTUCKY	9.46	10.19	1.34	10.05	8.10
LOUISIANA	4.68	9.38	1.71	8.46	7.05
MAINE	7.94	13.12	2.34	12.19	10.21
MARYLAND	4.33	10.72	1.57	9.38	7.93
MASSACHUSETTS	5.78	14.44	2.78	12.62	10.73
MICHIGAN	4.35	9.64	1.79	8.59	7.25
MINNESOTA	5.54	9.98	1.66	9.16	7.72
MISSISSIPPI	4.97	11.09	1.52	9.89	8.06
MISSOURI	3.81	11.73	1.90	10.19	8.54
MONTANA	4.93	9.74	1.49	8.90	7.35
NEBRASKA	4.78	11.51	1.49	10.26	8.45
NEVADA	4.43	9.61	1.24	8.49	7.17
NEW HAMPSHIRE	4.78	11.20	2.37	9.98	8.63
NEW JERSEY	4.70	13.65	2.35	11.71	9.94
NEW MEXICO	5.54	12.62	1.86	11.20	9.36
NEW YORK	6.01	11.56	2.51	10.34	8.80
NORTH CAROLINA	5.20	10.91	1.18	9.72	7.96
NORTH DAKOTA	4.60	9.23	1.47	8.42	6.91
OHIO	3.88	10.14	1.98	8.91	7.50
OKLAHOMA	3.72	10.78	1.72	9.44	7.84
OREGON	4.34	10.10	1.36	9.00	7.45
PENNSYLVANIA	4.26	9.32	1.90	8.32	7.06
PUERTO RICO	.	.	.	.	.
RHODE ISLAND	6.13	14.42	2.80	12.74	10.82
SOUTH CAROLINA	6.53	12.26	1.46	11.09	9.02
SOUTH DAKOTA	6.77	8.63	1.39	8.29	6.87
TENNESSEE	4.50	12.36	2.12	10.77	8.95
TEXAS	3.47	11.41	2.03	9.73	8.17
UTAH	4.72	10.28	1.23	9.19	7.42
VERMONT	5.37	9.72	1.65	8.93	7.52
VIRGINIA	4.76	11.56	1.68	10.16	8.36
WASHINGTON	5.00	9.35	1.46	8.49	7.09
WEST VIRGINIA	7.70	13.65	2.04	12.55	10.07
WISCONSIN	6.61	9.78	1.76	9.20	7.70
WYOMING	7.82	11.33	1.72	10.73	8.78
AMERICAN SAMOA	.	.	.	.	.
GUAM	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.
PALAU	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
50 STATES AND D.C.	4.64	10.78	1.76	9.51	7.96

Please see data notes for an explanation of individual State differences.

Percentage of children served is based on U.S. Census Bureau Estimated Resident Population, by State, for July, 1996.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA14

Number of Children Served Under IDEA by Disability and Age Group During the 1987-88 Through 1996-97 School Years

AGE GROUPS 0-2, 3-5

	1987-88	1988-89	1989-90	1990-91	1991-92
AGE GROUP 0-2	29,717	34,270	37,014	50,924	145,313
AGE GROUP 3-5	335,771	360,281	385,587	394,766	420,403

AGE GROUP 6-11

DISABILITY	1987-88	1988-89	1989-90	1990-91	1991-92
SPECIFIC LEARNING DISABILITIES	811,250	850,907	881,858	922,444	960,876
SPEECH OR LANGUAGE IMPAIRMENTS	838,315	853,599	863,302	875,618	882,392
MENTAL RETARDATION	215,267	216,428	216,136	214,884	218,247
EMOTIONAL DISTURBANCE	131,020	134,661	137,405	140,172	141,708
MULTIPLE DISABILITIES	38,742	42,151	43,966	50,595	50,124
HEARING IMPAIRMENTS	26,848	28,022	28,397	29,013	29,780
ORTHOPEDIC IMPAIRMENTS	23,806	24,520	25,491	26,457	27,773
OTHER HEALTH IMPAIRMENTS	21,271	23,949	25,955	28,297	29,292
VISUAL IMPAIRMENTS	10,414	10,623	10,956	11,347	11,635
AUTISM	.	.	.	.	3,046
DEAF-BLINDNESS	593	647	684	651	608
TRAUMATIC BRAIN INJURY	.	.	.	.	79
ALL DISABILITIES	2,117,526	2,185,507	2,234,150	2,299,478	2,355,560

AGE GROUP 12-17

DISABILITY	1987-88	1988-89	1989-90	1990-91	1991-92
SPECIFIC LEARNING DISABILITIES	1,036,628	1,042,348	1,073,453	1,115,445	1,176,035
SPEECH OR LANGUAGE IMPAIRMENTS	111,014	105,969	106,604	108,144	112,136
MENTAL RETARDATION	302,549	281,861	271,228	264,624	266,240
EMOTIONAL DISTURBANCE	220,761	217,703	222,543	229,093	236,431
MULTIPLE DISABILITIES	30,202	30,925	32,042	35,014	36,210
HEARING IMPAIRMENTS	25,029	24,378	24,829	25,622	26,335
ORTHOPEDIC IMPAIRMENTS	18,942	18,430	18,392	18,812	19,593
OTHER HEALTH IMPAIRMENTS	21,390	22,466	22,962	24,177	25,701
VISUAL IMPAIRMENTS	10,546	10,124	9,980	10,350	10,530
AUTISM	.	.	.	.	1,749
DEAF-BLINDNESS	552	525	624	587	594
TRAUMATIC BRAIN INJURY	.	.	.	.	127
ALL DISABILITIES	1,777,613	1,754,729	1,782,657	1,831,868	1,911,681

AGE GROUP 18-21

DISABILITY	1987-88	1988-89	1989-90	1990-91	1991-92
SPECIFIC LEARNING DISABILITIES	94,426	101,931	106,765	106,128	110,093
SPEECH OR LANGUAGE IMPAIRMENTS	4,239	5,817	4,350	4,016	4,376
MENTAL RETARDATION	80,954	78,382	76,538	71,949	68,775
EMOTIONAL DISTURBANCE	20,599	20,838	21,691	21,499	22,072
MULTIPLE DISABILITIES	10,079	11,404	11,949	12,020	12,074
HEARING IMPAIRMENTS	4,995	4,717	4,680	4,576	4,612
ORTHOPEDIC IMPAIRMENTS	4,218	4,245	4,167	4,071	4,023
OTHER HEALTH IMPAIRMENTS	3,395	3,906	3,816	3,875	3,756
VISUAL IMPAIRMENTS	1,861	1,714	1,930	1,985	1,918
AUTISM	.	.	.	.	620
DEAF-BLINDNESS	309	322	325	286	225
TRAUMATIC BRAIN INJURY	.	.	.	.	39
ALL DISABILITIES	225,075	233,276	236,211	230,405	232,583

Data from the 1987-88 through 1993-94 for all age groups include children with disabilities served under Chapter 1 of ESEA (SOP). Beginning in 1994-95, all services to children and youth with disabilities were provided only through IDEA, Parts B and H. Infants and toddlers were first served under Part H in 1987-88; however, the data collection was unreliable in the early years of the program. Consequently, counts of children served under Part H are included in the totals presented only for 1991-92 forward.

Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA14

Number of Children Served Under IDEA by Disability and Age Group During the 1987-88 Through 1996-97 School Years

AGE GROUPS 0-2, 3-5

	1992-93	1993-94	1994-95	1995-96	1996-97
AGE GROUP 0-2	145,179	152,287	165,351	177,286	187,348
AGE GROUP 3-5	455,449	491,685	522,709	548,593	559,902

AGE GROUP 6-11

DISABILITY	1992-93	1993-94	1994-95	1995-96	1996-97
SPECIFIC LEARNING DISABILITIES	997,580	1,009,541	1,041,816	1,073,215	1,094,263
SPEECH OR LANGUAGE IMPAIRMENTS	888,935	900,962	905,223	910,788	930,814
MENTAL RETARDATION	209,487	220,301	229,453	235,490	239,310
EMOTIONAL DISTURBANCE	137,269	140,603	144,595	147,368	150,446
MULTIPLE DISABILITIES	52,472	55,073	43,889	46,150	48,559
HEARING IMPAIRMENTS	29,363	31,178	31,464	32,501	32,911
ORTHOPEDIC IMPAIRMENTS	29,138	31,644	33,521	34,530	35,624
OTHER HEALTH IMPAIRMENTS	33,487	43,493	56,856	71,649	84,433
VISUAL IMPAIRMENTS	11,210	11,723	11,557	11,870	11,873
AUTISM	8,914	11,158	13,716	17,666	21,465
DEAF-BLINDNESS	554	564	524	547	528
TRAUMATIC BRAIN INJURY	1,507	2,111	2,871	3,929	4,059
ALL DISABILITIES	2,399,916	2,458,351	2,515,485	2,585,703	2,654,285

AGE GROUP 12-17

DISABILITY	1992-93	1993-94	1994-95	1995-96	1996-97
SPECIFIC LEARNING DISABILITIES	1,252,188	1,296,829	1,347,294	1,398,602	1,448,625
SPEECH OR LANGUAGE IMPAIRMENTS	104,904	112,581	110,859	111,833	115,696
MENTAL RETARDATION	258,619	269,321	279,214	286,953	291,864
EMOTIONAL DISTURBANCE	242,319	251,524	260,891	267,786	272,002
MULTIPLE DISABILITIES	38,368	42,083	34,231	36,365	38,858
HEARING IMPAIRMENTS	26,966	29,037	29,545	30,983	31,246
ORTHOPEDIC IMPAIRMENTS	19,594	21,321	23,069	24,591	26,528
OTHER HEALTH IMPAIRMENTS	29,150	35,886	46,054	57,714	70,976
VISUAL IMPAIRMENTS	10,641	11,357	11,445	11,864	12,098
AUTISM	4,893	5,832	6,760	8,796	10,010
DEAF-BLINDNESS	599	585	600	619	566
TRAUMATIC BRAIN INJURY	1,844	2,559	3,486	4,558	5,127
ALL DISABILITIES	1,990,085	2,078,915	2,153,448	2,240,664	2,323,596

AGE GROUP 18-21

DISABILITY	1992-93	1993-94	1994-95	1995-96	1996-97
SPECIFIC LEARNING DISABILITIES	116,719	121,295	121,114	130,087	133,411
SPEECH OR LANGUAGE IMPAIRMENTS	4,210	4,442	4,248	4,263	4,465
MENTAL RETARDATION	64,256	64,197	61,850	63,132	62,851
EMOTIONAL DISTURBANCE	22,064	22,824	22,563	24,011	24,978
MULTIPLE DISABILITIES	12,439	12,561	11,500	12,020	12,221
HEARING IMPAIRMENTS	4,287	4,450	4,195	4,555	4,609
ORTHOPEDIC IMPAIRMENTS	3,856	3,887	3,877	4,035	4,248
OTHER HEALTH IMPAIRMENTS	3,426	3,700	4,223	4,798	5,415
VISUAL IMPAIRMENTS	1,693	1,724	1,711	1,756	1,863
AUTISM	1,773	2,068	2,188	2,614	2,626
DEAF-BLINDNESS	241	220	207	221	192
TRAUMATIC BRAIN INJURY	609	725	902	1,092	1,192
ALL DISABILITIES	235,573	242,093	238,578	252,584	258,071

Data from the 1987-88 through 1993-94 for all age groups include children with disabilities served under Chapter 1 of ESEA (SOP). Beginning in 1994-95, all services to children and youth with disabilities were provided only through IDEA, Parts B and H. Infants and toddlers were first served under Part H in 1987-88; however, the data collection was unreliable in the early years of the program. Consequently, counts of children served under Part H are included in the totals presented only for 1991-92 forward.

Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB3

Number of Children Ages 3-5 Served in Different Educational Environments Under IDEA, Part B, During the 1995-96 School Year

ALL DISABILITIES

STATE	NUMBER							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	7,040	775	425	110	33	22	12	151
ALASKA	361	1,066	275	0	18	0	0	0
ARIZONA	3,291	2,135	2,164	121	77	105	0	0
ARKANSAS	3,297	1,136	1,512	27	1,140	0	18	390
CALIFORNIA	28,287	2,755	21,250	1,943	293	58	17	192
COLORADO	3,995	1,096	1,680	163	0	3	3	206
CONNECTICUT	3,725	491	2,903	95	94	0	2	28
DELAWARE	882	635	257	122	3	0	0	6
DISTRICT OF COLUMBIA	211	27	14	57	78	0	0	0
FLORIDA	24,062	2,517	11,073	610	305	21	0	191
GEORGIA	6,700	3,575	2,474	257	56	17	8	227
HAWAII	274	61	926	6	0	0	0	0
IDAHO	1,386	811	300	733	2	9	3	17
ILLINOIS	12,076	947	10,157	1,898	178	16	0	160
INDIANA	4,921	616	6,292	324	0	2	0	106
IOWA	3,417	474	1,559	280	0	13	4	91
KANSAS	2,941	235	2,944	25	19	0	1	3
KENTUCKY	13,141	841	369	154	96	10	1	71
LOUISIANA	4,392	523	4,369	247	0	24	0	33
MAINE	1,746	241	213	144	796	0	1	412
MARYLAND	4,525	1,894	2,067	544	223	56	0	177
MASSACHUSETTS	12,544	356	1,156	25	68	.	1	91
MICHIGAN	5,469	573	5,988	3,153	.	9	0	3,048
MINNESOTA	4,410	2,349	2,126	1,590	13	12	0	281
MISSISSIPPI	4,308	441	1,404	306	59	17	0	112
MISSOURI	2,315	2,447	2,627	8	87	2	0	9
MONTANA	1,034	303	348	30	30	9	2	5
NEBRASKA	743	105	976	441	8	4	1	1,026
NEVADA	1,103	106	1,814	132	0	0	0	11
NEW HAMPSHIRE	1,123	146	669	99	15	0	6	112
NEW JERSEY	6,887	2,190	5,338	1,230	827	18	0	69
NEW MEXICO	1,837	237	2,242	135	2	22	0	88
NEW YORK	7,548	771	5,729	1,193	530	18	29	51
NORTH CAROLINA	11,580	794	2,871	627	393	138	31	237
NORTH DAKOTA	567	77	321	158	14	2	3	27
OHIO	7,000	1,576	6,862	452	0	22	0	2,392
OKLAHOMA	2,863	399	1,784	187	12	19	13	35
OREGON	3,030	276	1,144	246	180	1	2	166
PENNSYLVANIA	8,473	1,685	8,797	60	360	13	17	1,275
PUERTO RICO	1,610	590	820	124	134	18	0	249
RHODE ISLAND	1,045	335	807	13	129	0	1	3
SOUTH CAROLINA	7,835	528	1,572	151	39	.	0	188
SOUTH DAKOTA	515	496	1,148	3	4	2	8	0
TENNESSEE	7,280	1,080	1,586	98	67	0	0	40
TEXAS	16,393	1,338	11,568	317	10	0	0	248
UTAH	1,853	1,478	901	236	0	0	0	4
VERMONT	779	26	189	27	27	0	0	167
VIRGINIA	5,724	867	5,310	288	75	19	1	1,000
WASHINGTON	4,477	1,881	4,988	762	134	15	5	108
WEST VIRGINIA	2,736	643	1,200	14	0	7	1	241
WISCONSIN	5,297	1,288	6,670	254	3	5	0	28
WYOMING	281	27	22	1	1	1	0	0
AMERICAN SAMOA	53	0	0	0	0	0	0	0
GUAM	109	46	38	4	1	0	0	7
NORTHERN MARIANAS	43	0	0	0	0	0	0	3
PALAU	0	0	0	0	0	0	0	7
VIRGIN ISLANDS	37	2	576	0	0	0	8	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	269,571	48,307	162,814	20,224	6,633	729	199	13,789
50 STATES, D.C. & P.R.	269,329	48,259	162,200	20,220	6,632	729	191	13,772

Please see data notes for an explanation of individual State differences.

A crosswalk was used to report placement data for 3-5 year olds in the OSEP placement categories. See the data notes for how preschool placements were recorded and for more detail on States that used these categories.

SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB3

Percentage of Children Ages 3-5 Served in Different Educational Environments Under IDEA, Part B, During the 1995-96 School Year

ALL DISABILITIES

STATE	PERCENTAGE							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	82.17	9.05	4.96	1.28	0.39	0.26	0.14	1.76
ALASKA	20.99	61.98	15.99	0.00	1.05	0.00	0.00	0.00
ARIZONA	41.70	27.05	27.42	1.53	0.98	1.33	0.00	0.00
ARKANSAS	43.84	15.11	20.11	0.36	15.16	0.00	0.24	5.19
CALIFORNIA	51.62	5.03	38.78	3.55	0.53	0.11	0.03	0.35
COLORADO	55.91	15.34	23.51	2.28	0.00	0.04	0.04	2.88
CONNECTICUT	50.76	6.69	39.56	1.29	1.28	0.00	0.03	0.38
DELAWARE	46.30	33.33	13.49	6.40	0.16	0.00	0.00	0.31
DISTRICT OF COLUMBIA	54.52	6.98	3.62	14.73	20.16	0.00	0.00	0.00
FLORIDA	62.05	6.49	28.55	1.57	0.79	0.05	0.00	0.49
GEORGIA	50.32	26.85	18.58	1.93	0.42	0.13	0.06	1.70
HAWAII	21.63	4.81	73.09	0.47	.	0.00	0.00	0.00
IDAHO	42.50	24.87	9.20	22.48	0.06	0.28	0.09	0.52
ILLINOIS	47.48	3.72	39.94	7.46	0.70	0.06	0.00	0.63
INDIANA	40.14	5.02	51.32	2.64	0.00	0.02	0.00	0.86
IOWA	58.53	8.12	26.70	4.80	.	0.22	0.07	1.56
KANSAS	47.68	3.81	47.73	0.41	0.31	0.00	0.02	0.05
KENTUCKY	89.50	5.73	2.51	1.05	0.65	0.07	0.01	0.48
LOUISIANA	45.81	5.45	45.57	2.58	0.00	0.25	0.00	0.34
MAINE	49.14	6.78	5.99	4.05	22.40	0.00	0.03	11.60
MARYLAND	47.70	19.97	21.79	5.73	2.35	0.59	0.00	1.87
MASSACHUSETTS	88.08	2.50	8.12	0.18	0.48	.	0.01	0.64
MICHIGAN	29.98	3.14	32.83	17.29	.	0.05	0.00	16.71
MINNESOTA	40.91	21.79	19.72	14.75	0.12	0.11	0.00	2.61
MISSISSIPPI	64.81	6.63	21.12	4.60	0.89	0.26	0.00	1.68
MISSOURI	30.89	32.65	35.05	0.11	1.16	0.03	0.00	0.12
MONTANA	58.72	17.21	19.76	1.70	1.70	0.51	0.11	0.28
NEBRASKA	22.49	3.18	29.54	13.35	0.24	0.12	0.03	31.05
NEVADA	34.84	3.35	57.30	4.17	0.00	0.00	0.00	0.35
NEW HAMPSHIRE	51.75	6.73	30.83	4.56	0.69	0.00	0.28	5.16
NEW JERSEY	41.59	13.23	32.24	7.43	4.99	0.11	0.00	0.42
NEW MEXICO	40.26	5.19	49.13	2.96	0.04	0.48	0.00	1.93
NEW YORK	47.56	4.86	36.10	7.52	3.34	0.11	0.18	0.32
NORTH CAROLINA	69.46	4.76	17.22	3.76	2.36	0.83	0.19	1.42
NORTH DAKOTA	48.50	6.59	27.46	13.52	1.20	0.17	0.26	2.31
OHIO	38.24	8.61	37.49	2.47	0.00	0.12	0.00	13.07
OKLAHOMA	53.90	7.51	33.58	3.52	0.23	0.36	0.24	0.66
OREGON	60.06	5.47	22.68	4.88	3.57	0.02	0.04	3.29
PENNSYLVANIA	40.97	8.15	42.54	0.29	1.74	0.06	0.08	6.17
PUERTO RICO	45.42	16.64	23.13	3.50	3.78	0.51	0.00	7.02
RHODE ISLAND	44.79	14.36	34.59	0.56	5.53	0.00	0.04	0.13
SOUTH CAROLINA	75.97	5.12	15.24	1.46	0.38	.	0.00	1.82
SOUTH DAKOTA	23.67	22.79	52.76	0.14	0.18	0.09	0.37	0.00
TENNESSEE	71.72	10.64	15.62	0.97	0.66	0.00	0.00	0.39
TEXAS	54.87	4.48	38.72	1.06	0.03	0.00	0.00	0.83
UTAH	41.44	33.05	20.15	5.28	0.00	0.00	0.00	0.09
VERMONT	64.12	2.14	15.56	2.22	2.22	0.00	0.00	13.74
VIRGINIA	43.09	6.53	39.97	2.17	0.56	0.14	0.01	7.53
WASHINGTON	36.19	15.21	40.32	6.16	1.08	0.12	0.04	0.87
WEST VIRGINIA	56.51	13.28	24.78	0.29	0.00	0.14	0.02	4.98
WISCONSIN	39.11	9.51	49.24	1.88	0.02	0.04	0.00	0.21
WYOMING	84.38	8.11	6.61	0.30	0.30	0.30	0.00	0.00
AMERICAN SAMOA	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	53.17	22.44	18.54	1.95	0.49	0.00	0.00	3.41
NORTHERN MARIANAS	93.48	0.00	0.00	0.00	0.00	0.00	0.00	6.52
PALAU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
VIRGIN ISLANDS	5.94	0.32	92.46	0.00	0.00	0.00	1.28	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	51.62	9.25	31.17	3.87	1.27	0.14	0.04	2.64
50 STATES, D.C. & P.R.	51.66	9.26	31.11	3.88	1.27	0.14	0.04	2.64

Please see data notes for an explanation of individual State differences.

A crosswalk was used to report placement data for 3-5 year olds in the OSEP placement categories. See the data notes for how preschool placements were recorded and for more detail on States that used these categories.

SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB7

Number of Children Served in Different Educational Environments Under IDEA, Part B by Age Group During the 1986-87 Through 1995-96 School Years

AGE GROUP 3-5

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1986-87	116,898	55,529	78,227	20,526	18,962	1,098	440	5,703	297,383
1987-88	122,864	43,158	87,316	25,100	20,101	1,066	480	6,178	306,263
1988-89	140,364	53,706	87,595	26,106	16,698	1,080	338	6,573	332,460
1989-90	159,554	42,630	98,879	25,954	20,198	1,059	443	7,635	356,352
1990-91	163,723	47,946	99,233	30,020	18,897	969	348	7,252	368,388
1991-92	173,364	41,436	108,507	17,984	26,251	931	250	4,394	373,117
1992-93	220,018	56,599	141,566	22,199	13,222	1,541	313	7,270	462,728
1993-94	237,470	44,175	151,088	22,453	20,529	983	555	9,045	486,298
1994-95	243,226	44,657	152,000	19,539	7,070	633	245	12,474	479,844
1995-96	269,571	48,307	162,814	20,224	6,633	729	199	13,789	522,266

AGE GROUP 6-11

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1986-87	756,194	795,[illegible]	429,431	42,677	22,347	5,634	3,141	10,518	2,065,902
1987-88	832,284	747,080	431,042	47,685	23,191	4,509	2,784	6,266	2,094,841
1988-89	898,693	762,537	449,059	45,567	22,026	5,582	2,601	7,348	2,193,413
1989-90	937,329	748,115	463,525	45,186	24,156	6,144	2,626	6,303	2,233,384
1990-91	992,884	727,000	497,003	42,739	24,773	5,402	2,545	7,370	2,299,716
1991-92	1,075,455	726,035	463,267	37,018	27,467	5,872	2,098	5,141	2,342,353
1992-93	1,164,427	617,476	477,765	37,856	25,419	7,159	2,269	7,194	2,339,565
1993-94	1,313,089	606,776	472,899	33,112	14,456	4,416	2,295	6,429	2,455,472
1994-95	1,364,545	610,920	475,664	31,959	15,000	4,057	2,161	6,226	2,510,532
1995-96	1,424,309	624,095	478,400	32,978	15,539	4,113	2,321	6,308	2,588,063

AGE GROUP 12-17

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1986-87	287,018	852,796	507,702	59,822	24,302	11,658	9,714	17,254	1,770,266
1987-88	315,192	803,174	502,486	70,286	26,079	12,151	7,545	19,409	1,756,322
1988-89	335,057	779,691	487,524	63,144	26,071	12,918	7,210	22,532	1,734,147
1989-90	360,143	769,427	517,752	64,885	26,183	15,695	7,355	15,950	1,777,390
1990-91	400,416	783,562	526,763	59,118	27,034	14,701	7,259	14,038	1,832,891
1991-92	445,691	821,318	517,011	54,895	29,264	16,786	7,317	13,815	1,906,097
1992-93	609,919	759,618	530,137	54,342	25,825	15,179	7,655	14,517	2,017,192
1993-94	687,004	725,572	534,931	51,246	25,446	13,663	8,030	17,304	2,063,196
1994-95	745,534	731,410	548,839	50,958	27,919	14,249	8,219	18,621	2,145,749
1995-96	793,334	755,901	542,838	53,347	28,719	13,219	8,687	18,379	2,214,424

Beginning in 1987-88, data on youth with disabilities served in correctional facilities were collected as duplicated counts of data reported under one of the other environments. Prior to this time, a separate unduplicated count was collected for students served in correctional facilities. These students are excluded from the totals in the years prior to 1987-88.

Beginning in 1989-90, States were instructed to report students in regular class, resource room, and separate class placements based on the percent of time they recieved services OUTSIDE the regular class (<21, 21-60, and >60, respectively) instead of the percent of time they received special education.

Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92.

RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AC1

Total Number of Teachers Employed, Vacant Funded Positions (In Full-Time Equivalency), and Number of Teachers Retained to Provide Special Education and Related Services for Children and Youth with Disabilities, Ages 3-5 During the 1995-96 School Year

STATE	EMPLOYED: FULLY CERTIFIED	EMPLOYED: NOT FULLY CERTIFIED	VACANT POSITIONS	TOTAL POSITIONS (EMPLOYED + VACANT)	RETAINED TEACHERS: FULLY CERTIFIED	RETAINED TEACHERS: NOT FULLY CERTIFIED
ALABAMA	708	28	15	751	504	20
ALASKA	64	2	0	66	54	2
ARIZONA	137	144	12	292	131	140
ARKANSAS	148	161	6	315	107	108
CALIFORNIA	1,728	148	7	1,883	1,655	76
COLORADO	118	40	1	160	94	24
CONNECTICUT	0	0	0	0	0	0
DELAWARE	140	17	2	158	122	16
DISTRICT OF COLUMBIA	65	0	0	65	65	0
FLORIDA	1,374	107	48	1,528	1,239	65
GEORGIA	500	17	5	523	452	7
HAWAII	221	17	1	239	211	2
IDAHO	183	5	0	188	151	2
ILLINOIS	941	10	24	975	785	0
INDIANA	400	34	2	436	380	21
IOWA	229	27	3	259	201	3
KANSAS	319	.	5	324	264	.
KENTUCKY	1,549	105	24	1,678	1,434	159
LOUISIANA	466	320	4	790	419	238
MAINE	206	9	0	215	189	4
MARYLAND	273	19	5	297	258	16
MASSACHUSETTS	463	.	5	467	441	.
MICHIGAN	636	68	0	704	553	46
MINNESOTA	672	50	7	729	615	21
MISSISSIPPI	262	26	5	292	238	12
MISSOURI	446	78	3	527	266	78
MONTANA	82	4	9	95	19	0
NEBRASKA	82	20	0	102	66	19
NEVADA	236	16	3	255	204	16
NEW HAMPSHIRE	94	5	0	99	86	5
NEW JERSEY	951	0	7	958	872	0
NEW MEXICO	169	25	6	200	135	18
NEW YORK	1,857	825	78	2,760	1,634	501
NORTH CAROLINA	539	82	21	642	506	62
NORTH DAKOTA	77	3	1	81	69	2
OHIO	1,111	0	133	1,244	729	0
OKLAHOMA	235	9	1	245	222	6
OREGON	376	.	31	408	.	.
PENNSYLVANIA	1,152	0	2	1,154	963	0
PUERTO RICO	90	0	0	90	0	0
RHODE ISLAND	117	3	2	122	117	2
SOUTH CAROLINA	477	23	14	514	419	13
SOUTH DAKOTA	93	2	0	95	79	2
TENNESSEE	314	1	3	318	314	1
TEXAS	.	.	.	.	.	.
UTAH	141	31	5	176	129	28
VERMONT	87	0	1	89	83	0
VIRGINIA	1,232	214	31	1,477	1,144	147
WASHINGTON	584	22	3	609	517	19
WEST VIRGINIA	150	35	1	186	136	24
WISCONSIN	658	3	25	686	679	1
WYOMING	68	4	1	73	67	2
AMERICAN SAMOA	2	11	0	13	2	10
GUAM	7	0	0	7	6	0
NORTHERN MARIANAS	2	.	0	2	2	.
PALAU	1	1	0	2	1	1
VIRGIN ISLANDS	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	23,232	2,770	561	26,564	20,025	1,936
50 STATES, D.C. & P.R.	23,220	2,758	561	26,540	20,014	1,925

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF1

Estimated Resident Population for Children Ages 3-21

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE IN NUMBER	
	1987-88	1995-96	1996-97	1996-97 LESS 1987-88	1996-97 LESS 1995-96	1996-97 LESS 1987-88	1996-97 LESS 1995-96
ALABAMA	1,197,000	1,150,915	1,153,915	-43,085	3,000	-3.60	0.26
ALASKA	170,000	196,068	195,244	25,244	-824	14.85	-0.42
ARIZONA	946,000	1,205,860	1,192,102	246,102	-13,758	26.02	-1.14
ARKANSAS	689,000	692,638	702,335	13,335	9,697	1.94	1.40
CALIFORNIA	7,499,000	8,789,680	8,961,485	1,462,485	171,805	19.50	1.95
COLORADO	909,000	1,022,934	1,047,003	138,003	24,069	15.18	2.35
CONNECTICUT	822,000	812,562	815,883	-6,117	3,321	-0.74	0.41
DELAWARE	174,000	183,985	183,763	9,763	-222	5.61	-0.12
DISTRICT OF COLUMBIA	143,000	113,786	113,024	-29,976	-762	-20.96	-0.67
FLORIDA	2,857,000	3,446,387	3,526,651	669,651	80,264	23.44	2.33
GEORGIA	1,852,000	2,000,021	2,041,126	189,126	41,105	10.21	2.06
HAWAII	304,000	319,543	321,444	17,444	1,901	5.74	0.59
IDAHO	318,000	371,227	376,010	58,010	4,783	18.24	1.29
ILLINOIS	3,212,000	3,202,755	3,248,120	36,120	45,365	1.12	1.42
INDIANA	1,580,000	1,574,040	1,590,189	10,189	16,149	0.64	1.03
IOWA	785,000	773,440	775,657	-9,343	2,217	-1.19	0.29
KANSAS	680,000	727,299	727,664	47,664	365	7.01	0.05
KENTUCKY	1,082,000	1,046,770	1,049,445	-32,555	2,675	-3.01	0.26
LOUISIANA	1,375,000	1,306,464	1,316,190	-58,810	9,726	-4.28	0.74
MAINE	329,000	326,437	323,753	-5,247	-2,684	-1.59	-0.82
MARYLAND	1,211,000	1,294,912	1,318,971	107,971	24,059	8.92	1.86
MASSACHUSETTS	1,471,000	1,468,153	1,481,596	10,596	13,443	0.72	0.92
MICHIGAN	2,643,000	2,639,055	2,669,483	26,483	30,428	1.00	1.15
MINNESOTA	1,170,000	1,296,731	1,311,589	141,589	14,858	12.10	1.15
MISSISSIPPI	841,000	810,186	812,349	-28,651	2,163	-3.41	0.27
MISSOURI	1,387,000	1,448,782	1,470,851	83,851	22,069	6.05	1.52
MONTANA	233,000	254,106	253,327	20,327	-779	8.72	-0.31
NEBRASKA	445,000	469,442	471,964	26,964	2,522	6.06	0.54
NEVADA	259,000	398,807	418,302	159,302	19,495	61.51	4.89
NEW HAMPSHIRE	287,000	303,974	306,059	19,059	2,085	6.64	0.69
NEW JERSEY	1,982,000	2,005,821	2,035,825	53,825	30,004	2.72	1.50
NEW MEXICO	460,000	517,956	524,613	64,613	6,657	14.05	1.29
NEW YORK	4,689,000	4,638,906	4,689,390	390	50,484	0.01	1.09
NORTH CAROLINA	1,780,000	1,886,207	1,930,310	150,310	44,103	8.44	2.34
NORTH DAKOTA	196,000	183,951	183,922	-12,078	-29	-6.16	-0.02
OHIO	3,025,000	3,006,441	3,013,226	-11,774	6,785	-0.39	0.23
OKLAHOMA	938,000	933,349	942,323	4,323	8,974	0.46	0.96
OREGON	723,000	838,426	855,357	132,357	16,931	18.31	2.02
PENNSYLVANIA	3,094,000	3,045,163	3,053,348	-40,652	8,185	-1.31	0.27
PUERTO RICO	.	.	.	.	.	.	.
RHODE ISLAND	253,000	244,783	245,903	-7,097	1,120	-2.81	0.46
SOUTH CAROLINA	1,015,000	1,004,188	1,006,713	-8,287	2,525	-0.82	0.25
SOUTH DAKOTA	203,000	219,185	219,189	16,189	4	7.97	0.00
TENNESSEE	1,351,000	1,382,530	1,400,474	49,474	17,944	3.66	1.30
TEXAS	5,104,000	5,557,264	5,653,549	549,549	96,285	10.77	1.73
UTAH	628,000	712,654	725,765	97,765	13,111	15.57	1.84
VERMONT	153,000	154,759	156,566	3,566	1,807	2.33	1.17
VIRGINIA	1,591,000	1,696,903	1,730,879	139,879	33,976	8.79	2.00
WASHINGTON	1,228,000	1,479,476	1,510,566	282,566	31,090	23.01	2.10
WEST VIRGINIA	539,000	469,318	469,919	-69,081	601	-12.82	0.13
WISCONSIN	1,352,000	1,429,603	1,434.360	82,360	4,757	6.09	0.33
WYOMING	151,000	147,971	146,634	-4,366	-1,337	-2.89	-0.90
AMERICAN SAMOA	.	.	.	.	.	.	.
GUAM	.	.	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.	.	.
PALAU	.	.	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
50 STATES AND D.C.	67,325,000	71,201,813	72,104,325	4,779,325	902,512	7.10	1.27

Population counts are July estimates from the U.S. Bureau of the Census.

Data as of October 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF2

Estimated Resident Population for Children Birth Through Age 2

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE IN NUMBER	
	1987-88	1995-96	1996-97	1996-97 LESS 1987-88	1996-97 LESS 1995-96	1996-97 LESS 1987-88	1996-97 LESS 1995-96
ALABAMA	172,606	178,938	175,355	2,749	-3,583	1.59	-2.00
ALASKA	37,208	30,918	28,983	-8,225	-1,935	-22.11	-6.26
ARIZONA	172,487	211,782	208,055	35,568	-3,727	20.62	-1.76
ARKANSAS	100,626	101,744	104,156	3,530	2,412	3.51	2.37
CALIFORNIA	1,368,685	1,653,825	1,609,309	240,624	-44,516	17.58	-2.69
COLORADO	160,714	158,555	160,314	-400	1,759	-0.25	1.11
CONNECTICUT	132,444	133,704	131,703	-741	-2,001	-0.56	-1.50
DELAWARE	28,214	30,404	29,456	1,242	-948	4.40	-3.12
DISTRICT OF COLUMBIA	24,519	23,678	19,412	-5,107	-4,266	-20.83	-18.02
FLORIDA	484,667	570,069	562,291	77,624	-7,778	16.02	-1.36
GEORGIA	286,346	328,305	328,671	42,325	366	14.78	0.11
HAWAII	51,375	57,587	53,577	2,202	-4,010	4.29	-6.96
IDAHO	49,656	52,798	53,394	3,738	596	7.53	1.13
ILLINOIS	513,295	550,204	543,374	30,079	-6,830	5.86	-1.24
INDIANA	235,109	242,079	243,350	8,241	1,271	3.51	0.53
IOWA	116,393	108,246	107,503	-8,890	-743	-7.64	-0.69
KANSAS	115,245	108,405	107,727	-7,518	-678	-6.52	-0.63
KENTUCKY	152,383	154,715	153,244	861	-1,471	0.57	-0.95
LOUISIANA	222,590	200,473	192,981	-29,609	-7,492	-13.30	-3.74
MAINE	50,141	42,529	40,871	-9,270	-1,658	-18.49	-3.90
MARYLAND	203,299	216,000	211,217	7,918	-4,783	3.89	-2.21
MASSACHUSETTS	240,986	242,830	224,807	-16,179	-18,023	-6.71	-7.42
MICHIGAN	411,296	399,821	393,598	-17,698	-6,223	-4.30	-1.56
MINNESOTA	197,575	188,289	186,462	-11,113	-1,827	-5.62	-0.97
MISSISSIPPI	122,260	124,547	120,753	-1,507	-3,794	-1.23	-3.05
MISSOURI	221,960	216,420	215,302	-6,658	-1,118	-3.00	-0.52
MONTANA	38,628	32,982	32,551	-6,077	-431	-15.73	-1.31
NEBRASKA	73,462	67,434	67,760	-5,702	326	-7.76	0.48
NEVADA	47,714	71,186	74,972	27,258	3,786	57.13	5.32
NEW HAMPSHIRE	46,783	43,838	44,135	-2,648	297	-5.66	0.68
NEW JERSEY	314,837	339,133	335,928	21,091	-3,205	6.70	-0.95
NEW MEXICO	78,989	81,641	79,677	688	-1,964	0.87	-2.41
NEW YORK	746,118	802,969	774,377	28,259	-28,592	3.79	-3.56
NORTH CAROLINA	264,118	302,603	301,593	37,475	-1,010	14.19	-0.33
NORTH DAKOTA	32,469	24,961	24,731	-7,738	-230	-23.83	-0.92
OHIO	468,488	455,084	447,690	-20,798	-7,394	-4.44	-1.62
OKLAHOMA	149,832	134,940	133,709	-16,123	-1,231	-10.76	-0.91
OREGON	115,566	123,168	126,210	10,644	3,042	9.21	2.47
PENNSYLVANIA	472,131	459,259	444,361	-27,770	-14,898	-5.88	-3.24
PUERTO RICO	.	.	.	.	.	.	.
RHODE ISLAND	39,648	39,298	36,997	-2,651	-2,301	-6.69	-5.86
SOUTH CAROLINA	151,004	153,738	148,150	-2,854	-5,588	-1.89	-3.63
SOUTH DAKOTA	34,713	30,695	30,267	-4,446	-428	-12.81	-1.39
TENNESSEE	193,667	216,078	215,634	21,967	-444	11.34	-0.21
TEXAS	872,626	946,613	947,908	75,282	1,295	8.63	0.14
UTAH	107,865	110,504	114,433	6,568	3,929	6.09	3.56
VERMONT	24,148	21,538	20,445	-3,703	-1,093	-15.33	-5.07
VIRGINIA	256,225	276,609	268,466	12,241	-8,143	4.78	-2.94
WASHINGTON	208,831	226,071	227,539	18,708	1,468	8.96	0.65
WEST VIRGINIA	68,128	62,516	62,775	-5,353	259	-7.86	0.41
WISCONSIN	216,949	201,715	197,899	-19,050	-3,816	-8.78	-1.89
WYOMING	25,405	18,878	18,360	-7,045	-518	-27.73	-2.74
AMERICAN SAMOA	.	.	.	.	.	.	.
GUAM	.	.	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.	.	.
PALAU	.	.	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
50 STATES AND D.C.	10,920,423	11,570,316	11,382,432	462,009	-187,884	4.23	-1.62

Population counts are July estimates from the U.S. Bureau of the Census.

Data as of October 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF3

Estimated Resident Population for Children Ages 3-5

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE IN NUMBER	
	1976-77	1995-96	1996-97	1996-97 LESS 1976-77	1996-97 LESS 1995-96	1996-97 LESS 1976-77	1996-97 LESS 1995-96
ALABAMA	175,341	182,430	181,753	6,412	-677	3.66	-0.37
ALASKA	24,068	33,676	31,429	7,361	-2,247	30.58	-6.67
ARIZONA	120,127	215,394	203,447	83,320	-11,947	69.36	-5.55
ARKANSAS	101,569	107,170	107,454	5,885	284	5.79	0.26
CALIFORNIA	909,219	1,708,349	1,708,168	798,949	-181	87.87	-0.01
COLORADO	120,145	166,491	166,049	45,904	-442	38.21	-0.27
CONNECTICUT	113,358	143,093	138,557	25,199	-4,536	22.23	-3.17
DELAWARE	25,241	31,933	30,753	5,512	-1,180	21.84	-3.70
DISTRICT OF COLUMBIA	27,938	24,173	22,640	-5,298	-1,533	-18.96	-6.34
FLORIDA	344,352	601,820	597,915	253,563	-3,905	73.63	-0.65
GEORGIA	249,132	335,940	336,261	87,129	321	34.97	0.10
HAWAII	45,097	56,983	56,702	11,605	-281	25.73	-0.49
IDAHO	44,631	55,248	55,174	10,543	-74	23.62	-0.13
ILLINOIS	499,178	553,497	557,606	58,428	4,109	11.70	0.74
INDIANA	246,507	249,176	249,849	3,342	673	1.36	0.27
IOWA	118,766	114,898	112,292	-6,474	-2,606	-5.45	-2.27
KANSAS	96,784	112,873	109,451	12,667	-3,422	13.09	-3.03
KENTUCKY	162,249	159,784	158,803	-3,446	-981	-2.12	-0.61
LOUISIANA	198,917	203,620	202,797	3,880	-823	1.95	-0.40
MAINE	47,644	49,250	46,486	-1,158	-2,764	-2.43	-5.61
MARYLAND	164,831	230,286	226,122	61,291	-4,164	37.18	-1.81
MASSACHUSETTS	213,304	258,913	251,434	38,130	-7,479	17.88	-2.89
MICHIGAN	3,467	432,377	422,831	9,364	-9,546	2.26	-2.21
MINNESOTA	166,645	202,751	197,034	30,389	-5,717	18.24	-2.82
MISSISSIPPI	130,900	125,857	125,202	-5,698	-655	-4.35	-0.52
MISSOURI	205,393	231,076	229,502	24,109	-1,574	11.74	-0.68
MONTANA	35,214	36,684	35,126	-88	-1,558	-0.25	-4.25
NEBRASKA	69,511	71,440	69,196	-315	-2,244	-0.45	-3.14
NEVADA	27,838	72,409	73,646	45,808	1,237	164.55	1.71
NEW HAMPSHIRE	34,881	50,254	47,840	12,959	-2,414	37.15	-4.80
NEW JERSEY	290,746	357,962	357,056	66,310	-906	22.81	-0.25
NEW MEXICO	64,122	85,077	84,562	20,440	-515	31.88	-0.61
NEW YORK	702,865	833,359	827,184	124,319	-6,175	17.69	-0.74
NORTH CAROLINA	252,156	318,378	319,547	67,391	1,169	26.73	0.37
NORTH DAKOTA	30,231	26,082	25,129	-5,102	-953	-16.88	-3.65
OHIO	470,129	480,489	470,717	588	-9,772	0.13	-2.03
OKLAHOMA	126,173	144,087	142,310	16,137	-1,777	12.79	-1.23
OREGON	98,561	131,491	129,945	31,384	-1,546	31.84	-1.18
PENNSYLVANIA	460,377	494,109	481,047	20,670	-13,062	4.49	-2.64
PUERTO RICO	.	.	.	.	.	.	.
RHODE ISLAND	35,362	42,822	40,057	4,695	-2,765	13.28	-6.46
SOUTH CAROLINA	144,888	164,669	160,734	15,846	-3,935	10.94	-2.39
SOUTH DAKOTA	32,481	32,923	31,798	-683	-1,125	-2.10	-3.42
TENNESSEE	192,024	224,491	224,388	32,364	-103	16.85	-0.05
TEXAS	634,321	943,507	951,887	317,566	8,380	50.06	0.89
UTAH	81,356	109,997	110,474	29,118	477	35.79	0.43
VERMONT	20,524	24,054	22,996	2,472	-1,058	12.05	-4.40
VIRGINIA	216,877	282,845	281,752	64,875	-1,093	29.91	-0.39
WASHINGTON	147,905	242,001	239,841	91,936	-2,160	62.16	-0.89
WEST VIRGINIA	84,025	65,894	66,454	-17,571	560	-20.91	0.85
WISCONSIN	192,191	217,658	210,511	18,320	-7,147	9.53	-3.28
WYOMING	19,946	20,495	19,592	-354	-903	-1.78	-4.41
AMERICAN SAMOA	.	.	.	.	.	.	.
GUAM	.	.	.	.	.	.	.
NORTHERN MARIANAS	.	.	.	.	.	.	.
PALAU	.	.	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
50 STATES AND D.C.	9,429,510	12,060,235	11,949,500	2,519,990	-110,735	26.72	-0.92

Population counts are July estimates form the U.S. Bureau of the Census.

The 1976-77 data were estimated from the 3-21 year old group.

Data as of October 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AG1

State Grant Awards Under IDEA, Part B, Preschool Grant Program and Part H

APPROPRIATION YEAR 1996
ALLOCATION YEAR 1996-1997

STATE	IDEA, PART B	PRESCHOOL GRANT PROGRAM	PART H
ALABAMA	40,895,889	5,640,150	4,483,470
ALASKA	7,445,561	1,322,423	1,545,710
ARIZONA	30,926,630	5,149,246	5,306,409
ARKANSAS	21,767,818	4,947,109	2,549,297
CALIFORNIA	228,622,421	36,022,407	41,438,233
COLORADO	28,189,964	4,694,437	3,972,753
CONNECTICUT	31,009,767	5,254,252	3,378,163
DELAWARE	6,415,559	1,273,857	1,545,710
DISTRICT OF COLUMBIA	3,133,152	253,984	1,545,710
FLORIDA	125,183,617	17,772,314	14,722,619
GEORGIA	54,500,058	8,737,835	8,226,009
HAWAII	6,468,961	857,114	1,569,551
IDAHO	9,586,202	2,011,527	1,545,710
ILLINOIS	103,277,776	16,385,574	13,785,909
INDIANA	54,064,193	8,046,763	6,065,530
IOWA	26,735,870	3,830,760	2,712,211
KANSAS	21,632,619	4,026,335	2,716,195
KENTUCKY	33,452,225	9,636,295	3,876,538
LOUISIANA	36,749,462	6,292,502	5,023,051
MAINE	12,862,856	2,331,796	1,545,710
MARYLAND	40,707,760	6,228,185	6,148,806
MASSACHUSETTS	64,529,602	9,346,216	8,621,533
MICHIGAN	76,182,721	11,971,373	10,017,913
MINNESOTA	39,676,213	7,075,455	4,873,116
MISSISSIPPI	26,960,663	4,336,103	3,120,649
MISSOURI	48,997,264	5,509,548	5,422,619
MONTANA	7,447,163	1,189,852	1,545,710
NEBRASKA	15,863,867	2,173,630	1,689,626
NEVADA	11,381,723	2,077,812	1,783,636
NEW HAMPSHIRE	10,206,502	1,424,148	1,545,710
NEW JERSEY	79,530,001	10,919,997	8,497,315
NEW MEXICO	19,201,461	2,994,648	2,045,597
NEW YORK	159,349,369	31,853,656	20,119,188
NORTH CAROLINA	59,357,530	10,940,998	7,582,020
NORTH DAKOTA	5,044,365	767,202	1,545,710
OHIO	91,825,830	11,947,090	11,402,583
OKLAHOMA	29.633 498	3,486,209	3,381,056
OREGON	26,241,486	4,001,396	3,086,097
PENNSYLVANIA	86,078,620	13,510,371	12,702,122
PUERTO RICO	18,127,953	2,326,545	4,549,818
RHODE ISLAND	10,118,522	1,531,123	1,568,805
SOUTH CAROLINA	34,921,251	6,775,530	3,852,059
SOUTH DAKOTA	6,432,855	1,428,085	1,545,710
TENNESSEE	51,036,950	6,661,992	5,414,050
TEXAS	178,197,295	21,173,206	23,718,333
UTAH	21,172,943	3,190,222	2,768,788
VERMONT	4,539,452	797,391	1,545,710
VIRGINIA	57,509,947	8,676,144	6,930,714
WASHINGTON	43,138,514	8,246,275	5,664,434
WEST VIRGINIA	18,358,789	3,177,753	1,798,698
WISCONSIN	42,946,007	8,889,438	5,553,755
WYOMING	5,064,508	1,021,186	1,545,710
AMERICAN SAMOA	2,546,094	34,783	514,925
GUAM	6,151,324	122,726	1,140,327
NORTHERN MARIANAS	1,570,112	23,626	342,733
PALAU	552,502	5,120	78,014
VIRGIN ISLANDS	4,663,611	87,286	671,647
BUR. OF INDIAN AFFAIRS	28,408,765		3,864,276
U.S. AND OUTLYING AREAS	2,316,593,632	360,409,000	315,754,000
50 STATES, D.C. & P.R.	2,272,701,224	360,135,459	309,142,078

State grants awards are initial allocations for the 1996 appropriation.

Data as of October 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH1

Number of Infants and Toddlers Receiving Early Intervention Services
December 1, 1996

STATE	0-1	1-2	2-3	BIRTH THROUGH 2 TOTAL	POPULATION	PERCENTAGE OF POPULATION
ALABAMA	208	571	820	1,599	175,355	0.91
ALASKA	62	128	280	470	28,983	1.62
ARIZONA	202	599	803	1,604	208,055	0.77
ARKANSAS	359	720	942	2,021	104,156	1.94
CALIFORNIA	3,269	6,987	9,824	20,080	1,609,309	1.25
COLORADO	546	788	1,128	2,462	160,314	1.54
CONNECTICUT	448	828	1,639	2,915	131,703	2.21
DELAWARE	120	245	376	741	29,456	2.52
DISTRICT OF COLUMBIA	69	134	177	380	19,412	1.96
FLORIDA	3,744	3,598	4,555	11,897	562,291	2.12
GEORGIA	533	1,214	1,616	3,363	328,671	1.02
HAWAII	1,266	1,076	1,076	3,418	53,577	6.38
IDAHO	185	299	447	931	53,394	1.74
ILLINOIS	1,173	2,731	3,903	7,807	543,374	1.44
INDIANA	829	1,542	2,008	4,379	243,350	1.80
IOWA	117	325	592	1,034	107,503	0.96
KANSAS	275	488	729	1,492	107,727	1.38
KENTUCKY	303	738	1,044	2,085	153,244	1.36
LOUISIANA	238	677	1,040	1,955	192,981	1.01
MAINE	49	169	405	623	40,871	1.52
MARYLAND	523	1,120	2,180	3,823	211,217	1.81
MASSACHUSETTS	1,797	2,867	4,395	9,059	224,807	4.03
MICHIGAN	1,051	1,683	2,408	5,142	393,598	1.31
MINNESOTA	427	774	1,457	2,658	186,462	1.43
MISSISSIPPI	118	205	331	654	120,753	0.54
MISSOURI	420	719	1,089	2,228	215,302	1.03
MONTANA	94	177	237	508	32,551	1.56
NEBRASKA	71	229	392	692	67,760	1.02
NEVADA	184	329	428	941	74,972	1.26
NEW HAMPSHIRE	147	326	699	1,172	44,135	2.66
NEW JERSEY	535	1,255	2,062	3,852	335,928	1.15
NEW MEXICO	363	709	1,084	2,156	79,677	2.71
NEW YORK	1,050	3,606	10,493	15,149	774,377	1.96
NORTH CAROLINA	556	1,576	2,505	4,637	301,593	1.54
NORTH DAKOTA	44	109	128	281	24,731	1.14
OHIO	2,874	5,240	9,241	17,355	447,690	3.88
OKLAHOMA	362	632	749	1,743	133,709	1.30
OREGON	220	593	984	1,797	126,210	1.42
PENNSYLVANIA	1,162	2,358	3,526	7,046	444,361	1.59
PUERTO RICO	606	1,708	2,352	4,666	.	.
RHODE ISLAND	118	219	417	754	36,997	2.04
SOUTH CAROLINA	319	685	1,022	2,026	148,150	1.37
SOUTH DAKOTA	57	139	238	434	30,267	1.43
TENNESSEE	542	1,125	1,641	3,308	215,634	1.53
TEXAS	1,695	3,601	5,522	10,818	947,908	1.14
UTAH	537	643	792	1,972	114,433	1.72
VERMONT	28	91	189	308	20,445	1.51
VIRGINIA	422	1,020	749	2,191	268,466	0.82
WASHINGTON	234	725	1,236	2,195	227,539	0.96
WEST VIRGINIA	442	640	693	1,775	62,775	2.83
WISCONSIN	456	1,247	2,291	3,994	197,899	2.02
WYOMING	59	126	238	423	18,360	2.30
AMERICAN SAMOA	10	14	21	45	.	.
GUAM	42	62	61	165	.	.
NORTHERN MARIANAS	18	19	24	61	.	.
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	7	23	34	64	.	.
U.S. AND OUTLYING AREAS	31,585	60,451	95,312	187,348	11,382,432	1.65
50 STATES, D.C. & P.R.	31,508	60,333	95,172	187,013	11,382,432	1.64

Please see data notes for an explanation of individual State differences.

Population figures are July estimates from the Bureau of the Census.

No census data are available for Outlying Areas.

Data based on the December 1, 1996 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord With Part H December 1, 1995

STATE	ASSISTIVE TECHNOLOGY SERVICES/ DEVICES	AUDIOLOGY	FAMILY TRAINING COUNSELING AND HOME VISITS	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	104	300	666	80	238	382
ALASKA	1	121	6	123	204	95
ARIZONA	15	93	211	29	75	68
ARKANSAS	263	483	47	85	954	85
CALIFORNIA	1,842	553	1,371	3,381	884	1,514
COLORADO	264	462	1,073	385	508	127
CONNECTICUT	195	167	122	0	14	62
DELAWARE	64	49	95	120	409	284
DISTRICT OF COLUMBIA	16	62	156	105	93	203
FLORIDA	271	904	7,818	443	2,490	2,688
GEORGIA	191	371	209	111	224	190
HAWAII	52	222	2,641	46	90	912
IDAHO	94	107	50	20	230	89
ILLINOIS	362	712	1,667	360	317	953
INDIANA	149	328	1,008	271	242	117
IOWA	12	78	280	56	44	96
KANSAS	267	312	626	249	124	102
KENTUCKY	212	60	0	0	0	16
LOUISIANA	64	405	477	326	516	172
MAINE	28	15	52	46	20	0
MARYLAND	8	467	107	5	13	212
MASSACHUSETTS	.	425	9,059	9,059	0	779
MICHIGAN	116	221	1,402	808	558	794
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	21	35	324	23	118	42
MISSOURI	291	228	953	2	1,242	325
MONTANA	47	114	500	85	125	25
NEBRASKA	59	37	47	6	18	6
NEVADA	22	42	839	.	639	.
NEW HAMPSHIRE	.	0	243	2	5	3
NEW JERSEY	59	151	265	27	79	144
NEW MEXICO	140	711	984	652	952	286
NEW YORK	248	648	4,323	3	88	275
NORTH CAROLINA	297	100	4,336	419	215	.
NORTH DAKOTA	49	56	254	24	65	38
OHIO	177	360	2,783	675	1,443	1,008
OKLAHOMA	0	3	166	1	0	63
OREGON	41	54	851	54	.	.
PENNSYLVANIA	95	244	1,517	29	20	442
PUERTO RICO	30	1,085	590	203	4,150	4,150
RHODE ISLAND	53	230	727	65	104	46
SOUTH CAROLINA	57	129	414	64	307	63
SOUTH DAKOTA	7	13	74	3	3	9
TENNESSEE	172	897	1,512	393	913	818
TEXAS	1,723	1,271	5,316	318	957	1,430
UTAH	98	195	1,298	377	61	926
VERMONT	5	51	57	.	64	26
VIRGINIA	57	125	223	21	104	61
WASHINGTON	272	113	856	274	324	332
WEST VIRGINIA	451	318	1,072	91	375	137
WISCONSIN	183	348	826	30	72	526
WYOMING	22	118	253	168	98	102
AMERICAN SAMOA	5	2	30	0	31	31
GUAM	0	96	201	1	55	14
NORTHERN MARIANAS	3	20	14	1	8	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	.	22	8	5	19	8
U.S. AND OUTLYING AREAS	9,274	14,733	60,999	20,124	20,901	21,276
50 STATES, D.C. & P.R.	9,266	14,593	60,746	20,117	20,788	21,223

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord With Part H December 1, 1995

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPITE CARE	SOCIAL WORK SERVICES
ALABAMA	331	951	1,176	100	1,300	491
ALASKA	99	140	127	6	29	37
ARIZONA	89	959	1,004	12	659	23
ARKANSAS	137	510	617	177	193	47
CALIFORNIA	484	4,288	2,638	1,930	6,893	230
COLORADO	162	738	560	89	440	242
CONNECTICUT	44	752	1,036	13	0	100
DELAWARE	111	207	205	30	12	123
DISTRICT OF COLUMBIA	168	229	170	50	3	182
FLORIDA	250	2,412	2,622	674	151	2,840
GEORGIA	194	1,118	1,420	61	517	183
HAWAII	576	458	422	395	314	1,584
IDAHO	111	345	158	192	63	402
ILLINOIS	364	981	1,013	399	268	1,348
INDIANA	829	1,276	1,477	84	105	413
IOWA	29	265	280	72	28	88
KANSAS	361	627	558	250	137	371
KENTUCKY	0	384	392	0	252	20
LOUISIANA	320	514	551	10	56	78
MAINE	0	145	224	0	0	34
MARYLAND	8	840	1,449	59	7	61
MASSACHUSETTS	443	924	888	516	0	1,1c
MICHIGAN	410	1,094	1,001	155	165	1,680
MINNESOTA	.	.	.	.	.	.
MISSISSIPPI	60	35	144	44	.	109
MISSOURI	59	1,097	1,296	3	.	33
MONTANA	99	150	148	42	244	76
NEBRASKA	.	342	378	22	.	26
NEVADA	105	229	284	640	2	38
NEW HAMPSHIRE	10	313	293	4	11	84
NEW JERSEY	37	1,216	1,514	32	14	394
NEW MEXICO	535	782	830	127	424	433
NEW YORK	80	5,243	5,589	320	441	906
NORTH CAROLINA	283	299	517	47	162	174
NORTH DAKOTA	75	139	93	51	52	44
OHIO	977	1,786	2,005	100	340	1,346
OKLAHOMA	20	268	410	16	0	2
OREGON	.	356	405	2	.	9
PENNSYLVANIA	74	2,641	3,113	366	0	1,064
PUERTO RICO	418	868	979	685	17	1,765
RHODE ISLAND	126	221	282	194	8	195
SOUTH CAROLINA	443	378	531	26	16	42
SOUTH DAKOTA	16	160	179	1	.	4
TENNESSEE	738	702	1,085	156	66	1,434
TEXAS	1,412	3,724	3,446	286	180	1,834
UTAH	230	789	498	52	15	284
VERMONT	36	89	123	9	47	20
VIRGINIA	51	708	1,175	16	232	106
WASHINGTON	0	753	694	104	44	403
WEST VIRGINIA	141	452	815	421	57	941
WISCONSIN	300	1,880	1,634	54	.	849
WYOMING	61	213	200	24	69	107
AMERICAN SAMOA	27	14	12	1	1	7
GUAM	10	19	69	188	.	27
NORTHERN MARIANAS	11	40	18	0	0	1
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	1	23	38	.	.	15
U.S. AND OUTLYING AREAS	11,955	46,086	48,785	9,307	14,034	25,136
50 STATES, D.C. & P.R.	11,906	45,990	48,648	9,118	14,033	25,086

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord With Part H December 1, 1995

STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE PATHOLOGY	TRANSPOR-TATION	VISION SERVICES	OTHER EARLY INTERVEN-TION SERVICES
ALABAMA	838	1,241	223	258	16
ALASKA	432	171	5	65	.
ARIZONA	1,112	1,021	162	61	90
ARKANSAS	1,254	1,003	651	119	0
CALIFORNIA	26,399	3,441	2,544	315	2,168
COLORADO	1,240	781	225	143	454
CONNECTICUT	1,171	1,240	169	115	399
DELAWARE	194	263	77	62	464
DISTRICT OF COLUMBIA	149	183	101	11	21
FLORIDA	1,052	2,906	1,360	112	8,269
GEORGIA	1,492	1,389	976	111	5
HAWAII	1,144	561	613	11	717
IDAHO	476	369	142	48	866
ILLINOIS	2,493	1,330	410	301	492
INDIANA	3,588	1,705	1,147	71	344
IOWA	712	265	71	26	25
KANSAS	1,059	998	295	252	191
KENTUCKY	428	508	188	264	.
LOUISIANA	1,315	410	68	275	665
MAINE	232	307	227	0	0
MARYLAND	2,134	1,661	549	132	7
MASSACHUSETTS	1,911	996	2,355	806	0
MICHIGAN	1,839	875	537	134	1,042
MINNESOTA	.	.	.	.	.
MISSISSIPPI	299	66	55	.	87
MISSOURI	1,119	1,381	578	227	.
MONTANA	117	185	50	54	500
NEBRASKA	381	436	68	4	56
NEVADA	828	233	.	22	.
NEW HAMPSHIRE	131	383	16	63	404
NEW JERSEY	2,296	1,885	161	102	104
NEW MEXICO	857	832	463	478	.
NEW YORK	8,500	10,535	5,165	248	.
NORTH CAROLINA	4,336	546	237	152	130
NORTH DAKOTA	178	165	17	75	68
OHIO	1,351	2,209	748	140	3,629
OKLAHOMA	386	514	3	1	72
OREGON	389	443	90	73	67
PENNSYLVANIA	4,621	3,561	964	343	7,075
PUERTO RICO	8	478	2	393	0
RHODE ISLAND	347	359	218	61	138
SOUTH CAROLINA	813	418	10	150	200
SOUTH DAKOTA	256	223	105	6	376
TENNESSEE	1,601	1,421	593	335	201
TEXAS	7,299	5,371	1,287	610	462
UTAH	834	601	401	113	32
VERMONT	241	153	17	25	0
VIRGINIA	1,164	944	192	86	73
WASHINGTON	1,076	935	304	92	668
WEST VIRGINIA	1,332	892	486	166	1
WISCONSIN	2,563	2,767	1,387	99	.
WYOMING	279	322	210	13	59
AMERICAN SAMOA	39	26	23	8	33
GUAM	201	120	12	1	.
NORTHERN MARIANAS	36	30	14	3	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	5	37	.	5	.
U.S. AND OUTLYING AREAS	96,547	62,095	26,971	7,840	30,670
50 STATES, D.C. & P.R.	96,266	61,882	26,922	7,823	30,637

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	ALL STAFF		AUDIOLOGISTS		FAMILY THERAPISTS	
	EMPLOYED	NEEDED	EMPLOYED	NEEDED	EMPLOYED	NEEDED
ALABAMA	154	51	0	0	2	0
ALASKA	126	55	6	.	0	.
ARIZONA	281	21	0	0	3	0
ARKANSAS	1,014	.	4	.	1	.
CALIFORNIA	2,721	.	0	.	1	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	349	14	3	0	3	0
DELAWARE	456	80	5	0	3	7
DISTRICT OF COLUMBIA	157	30	2	0	2	1
FLORIDA	347	.	15	.	10	.
GEORGIA	506	219	13	8	8	8
HAWAII	394	92	1	0	1	2
IDAHO	135	174	0	5	0	.
ILLINOIS	518	105	6	1	12	2
INDIANA	560	138	8	2	7	6
IOWA	178	182	5	5	0	0
KANSAS	247	49	2	2	0	1
KENTUCKY	140	.	4	.	2	.
LOUISIANA	269	61	1	1	2	1
MAINE	400	.	50	.	10	.
MARYLAND	385	4	7	.	0	.
MASSACHUSETTS	949	1,025	0	0	0	0
MICHIGAN	737	0	8	0	10	0
MINNESOTA	1,171	.	5	.	25	.
MISSISSIPPI	146	35	5	2	.	.
MISSOURI	174	.	6	.	1	.
MONTANA	74	3	0	0	7	0
NEBRASKA	210	2	0	0	0	0
NEVADA	82	5	2	0	0	0
NEW HAMPSHIRE	106	6	0	0	2	1
NEW JERSEY	356	45	1	0	0	0
NEW MEXICO	277	25	2	2	3	0
NEW YORK	8,872	912	133	15	.	.
NORTH CAROLINA	1,137	224	4	3	20	12
NORTH DAKOTA	29	0	0	.	0	.
OHIO	.	.	.	.	.	.
OKLAHOMA	154	52	2	3	.	.
OREGON	139	24	1	0	4	0
PENNSYLVANIA	1,109	238	6	2	1	1
PUERTO RICO	71	45	2	0	0	0
RHODE ISLAND	70	40	1	.	0	0
SOUTH CAROLINA	.	.	.	.	.	.
SOUTH DAKOTA	65	.	1	.	2	.
TENNESSEE	752	67	16	1	17	0
TEXAS	1,384	101	4	0	1	0
UTAH	112	14	0	0	8	2
VERMONT	55	10	1	0	0	0
VIRGINIA	415	92	5	1	0	0
WASHINGTON	384	.	3	.	6	.
WEST VIRGINIA	252	.	0	.	2	.
WISCONSIN	430	.	.	.	.	.
WYOMING	164	88	5	0	0	0
AMERICAN SAMOA	54	.	1	.	4	.
GUAM	21	1	1	0	.	.
NORTHERN MARIANAS	11	2	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	8	.	1	.	.	.
U.S. AND OUTLYING AREAS	29,308	4,331	346	52	181	43
50 STATES, D.C. & P.R.	29,214	4,328	344	52	176	43

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.

The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	NURSES		NUTRITIONISTS		OCCUPATIONAL THERAPISTS	
	EMPLOYED	NEEDED	EMPLOYED	NEEDED	EMPLOYED	NEEDED
ALABAMA	4	2	0	0	8	8
ALASKA	3	.	0	.	15	10
ARIZONA	24	0	2	0	4	0
ARKANSAS	51	.	1	.	63	.
CALIFORNIA	21	.	10	.	10	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	8	0	1	0	38	0
DELAWARE	91	9	4	2	16	1
DISTRICT OF COLUMBIA	12	0	3	0	7	1
FLORIDA	41	.	2	.	20	.
GEORGIA	30	13	10	5	55	16
HAWAII	77	1	1	0	10	3
IDAHO	8	13	1	4	8	20
ILLINOIS	36	8	2	2	37	10
INDIANA	34	10	11	1	46	21
IOWA	7	7	4	4	10	10
KANSAS	11	2	1	1	18	4
KENTUCKY	1	.	.	.	16	.
LOUISIANA	1	3	1	2	14	6
MAINE	55	.	6	.	16	.
MARYLAND	36	.	0	.	27	.
MASSACHUSETTS	81	87	11	12	97	105
MICHIGAN	69	0	4	0	75	0
MINNESOTA	.	.	15	.	19	.
MISSISSIPPI	9	.	3	1	6	10
MISSOURI	8	.	1	.	27	.
MONTANA	3	0	0	0	5	0
NEBRASKA	2	0	0	0	5	0
NEVADA	0	0	4	0	3	0
NEW HAMPSHIRE	1	0	0	0	17	1
NEW JERSEY	25	0	2	0	26	5
NEW MEXICO	6	0	6	1	15	5
NEW YORK	1,200	55	88	16	1,013	137
NORTH CAROLINA	122	52	41	6	43	11
NORTH DAKOTA	0	0	0	.	4	.
OHIO	.	.	.	.	.	.
OKLAHOMA	9	3	1	1	14	7
OREGON	2	0	0	0	10	2
PENNSYLVANIA	14	9	1	0	82	22
PUERTO RICO	11	8	3	1	4	3
RHODE ISLAND	2	0	1	0	3	3
SOUTH CAROLINA	.	.	.	.	.	.
SOUTH DAKOTA	17	.	1	.	4	.
TENNESSEE	112	5	3	1	28	12
TEXAS	69	2	9	0	100	7
UTAH	20	1	0	0	4	2
VERMONT	4	0	2	0	4	2
VIRGINIA	31	8	10	2	34	6
WASHINGTON	20	.	4	.	55	.
WEST VIRGINIA	8	.	1	.	6	.
WISCONSIN	13	.	.	.	70	.
WYOMING	15	5	2	3	15	4
AMERICAN SAMOA	3	.	2	.	1	.
GUAM	4	0	0	0	0	0
NORTHERN MARIANAS	0	0	0	0	1	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	2	.	0	.	0	.
U.S. AND OUTLYING AREAS	2,431	303	274	66	2,226	453
50 STATES, D.C. & P.R.	2,422	303	271	66	2,224	453

Please see data notes for an explanation of individual State differences.

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The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	ORIENTATION AND MOBILITY SPECIALISTS EMPLOYED	ORIENTATION AND MOBILITY SPECIALISTS NEEDED	PARAPROFESSIONALS EMPLOYED	PARAPROFESSIONALS NEEDED	PEDIATRICIANS EMPLOYED	PEDIATRICIANS NEEDED
ALABAMA	0	0	49	3	0	0
ALASKA	0	.	18	10	1	.
ARIZONA	1	0	75	4	0	0
ARKANSAS	1	.	336	.	1	.
CALIFORNIA	1	.	617	.	.	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	0	0	34	6	2	0
DELAWARE	.	.	45	8	27	2
DISTRICT OF COLUMBIA	1	0	55	10	2	1
FLORIDA	0	.	16	.	13	.
GEORGIA	4	6	106	25	16	26
HAWAII	0	0	143	35	0	0
IDAHO	0	.	29	55	1	.
ILLINOIS	1	1	51	10	12	1
INDIANA	1	1	93	7	12	19
IOWA	0	1	7	7	.	.
KANSAS	1	1	67	7	2	3
KENTUCKY	.	.	.	.	.	.
LOUISIANA	0	0	45	5	0	0
MAINE	2	.	26	.	14	.
MARYLAND	2	.	34	.	3	.
MASSACHUSETTS	0	0	99	107	1	1
MICHIGAN	2	0	25	0	8	0
MINNESOTA	.	.	510	.	.	.
MISSISSIPPI	.	.	11	2	2	.
MISSOURI	1	.	.	.	.	.
MONTANA	0	0	7	1	0	0
NEBRASKA	0	0	73	0	0	0
NEVADA	1	0	13	1	3	.
NEW HAMPSHIRE	0	0	16	1	0	0
NEW JERSEY	1	0	34	2	1	0
NEW MEXICO	.	.	58	3	2	1
NEW YORK	24	7	386	70	.	.
NORTH CAROLINA	2	4	176	14	21	3
NORTH DAKOTA	0	.	0	.	0	.
OHIO	.	.	.	.	.	.
OKLAHOMA	.	.	.	.	0	.
OREGON	0	0	25	9	0	0
PENNSYLVANIA	7	1	128	44	1	0
PUERTO RICO	0	0	28	21	3	1
RHODE ISLAND	0	1	16	9	1	1
SOUTH CAROLINA	.	.	.	.	.	.
SOUTH DAKOTA	0	.	6	.	0	.
TENNESSEE	0	0	157	6	8	0
TEXAS	1	0	277	16	6	0
UTAH	0	0	24	2	0	0
VERMONT	0	0	3	1	0	0
VIRGINIA	3	1	38	9	9	3
WASHINGTON	0	.	38	.	14	.
WEST VIRGINIA	0	.	52	.	0	.
WISCONSIN	.	.	88	.	.	.
WYOMING	9	4	14	10	0	0
AMERICAN SAMOA	0	.	1	.	8	.
GUAM	.	.	4	0	0	0
NORTHERN MARIANAS	0	0	7	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	.	.	.	.	0	.
U.S. AND OUTLYING AREAS	65	26	4,159	517	194	62
50 STATES, D.C. & P.R.	65	26	4,147	517	185	62

Please see data notes for an explanation of individual State differences.

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The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	PHYSICAL THERAPISTS		PHYSICIANS, OTHER THAN PEDIATRICIANS		PSYCHOLOGISTS	
	EMPLOYED	NEEDED	EMPLOYED	NEEDED	EMPLOYED	NEEDED
ALABAMA	11	7	0	0	0	0
ALASKA	12	10	0	.	0	.
ARIZONA.	39	5	0	0	4	0
ARKANSAS	97	.	1	.	7	.
CALIFORNIA	0	.	8	.	20	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	55	2	1	0	3	0
DELAWARE	20	3	22	0	9	4
DISTRICT OF COLUMBIA	7	3	1	0	2	0
FLORIDA	17	.	4	.	34	.
GEORGIA	56	24	18	23	14	12
HAWAII	8	4	0	0	1	2
IDAHO	3	26	1	.	3	6
ILLINOIS	37	10	1	1	6	2
INDIANA	46	21	29	2	3	1
IOWA	9	11	.	.	12	12
KANSAS	12	5	2	3	3	2
KENTUCKY	16	.	.	.	.	.
LOUISIANA	8	8	4	0	6	1
MAINE	28	.	7	.	0	.
MARYLAND	43	1	0	.	8	.
MASSACHUSETTS	94	102	0	0	54	58
MICHIGAN	53	0	10	0	20	0
MINNESOTA	85	.	.	.	18	.
MISSISSIPPI	17	6	1	.	5	1
MISSOURI	32	.	10	.	0	.
MONTANA	5	1	0	0	0	0
NEBRASKA	3	0	0	0	1	0
NEVADA	4	.	1	.	5	.
NEW HAMPSHIRE	12	1	0	0	1	1
NEW JERSEY	42	2	0	0	2	0
NEW MEXICO	11	4	1	0	1	1
NEW YORK	1,162	123	263	14	455	64
NORTH CAROLINA	35	9	5	1	60	6
NORTH DAKOTA	1	.	0	.	0	.
OHIO	.	.	.	.	.	.
OKLAHOMA	24	6	.	.	4	2
OREGON	9	3	0	0	0	0
PENNSYLVANIA	88	24	0	1	9	3
PUERTO RICO	4	2	0	0	4	1
RHODE ISLAND	5	4	0	0	2	1
SOUTH CAROLINA	.	.	.	.	.	.
SOUTH DAKOTA	5	.	0	.	0	.
TENNESSEE	37	11	9	0	5	2
TEXAS	75	5	.	.	3	0
UTAH	5	1	0	0	0	0
VERMONT	6	2	0	0	1	1
VIRGINIA	51	8	3	2	7	2
WASHINGTON	55	.	5	.	2	.
WEST VIRGINIA	9	.	1	.	1	.
WISCONSIN	51	.	.	.	.	.
WYOMING	0	0	6	2	2	4
AMERICAN SAMOA	1	.	6	.	3	.
GUAM	1	0	0	0	0	0
NORTHERN MARIANAS	0	1	0	0	0	0
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	2	.	0	.	.	.
U.S. AND OUTLYING AREAS	2,510	449	420	49	801	187
50 STATES, D.C. & P.R.	2,506	448	414	49	798	187

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.

The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	SOCIAL WORKERS EMPLOYED	SOCIAL WORKERS NEEDED	SPECIAL EDUCATORS EMPLOYED	SPECIAL EDUCATORS NEEDED	SPEECH AND LANGUAGE PATHOLOGISTS EMPLOYED	SPEECH AND LANGUAGE PATHOLOGISTS NEEDED
ALABAMA	6	8	42	12	15	10
ALASKA	6	.	44	15	19	10
ARIZONA	7	2	45	5	45	5
ARKANSAS	24	.	151	.	151	.
CALIFORNIA	0	.	1,578	.	0	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	13	1	133	3	51	3
DELAWARE	15	5	18	20	20	3
DISTRICT OF COLUMBIA	13	3	28	6	12	4
FLORIDA	42	.	31	.	18	.
GEORGIA	42	11	62	17	58	22
HAWAII	29	12	11	7	7	8
IDAHO	12	2	30	27	11	17
ILLINOIS	30	8	147	24	53	14
INDIANA	37	8	177	20	52	16
IOWA	20	20	67	68	28	28
KANSAS	14	6	74	6	27	6
KENTUCKY	1	.	66	.	34	.
LOUISIANA	13	6	130	15	15	11
MAINE	40	.	15	.	46	.
MARYLAND	26	.	139	.	61	4
MASSACHUSETTS	124	134	200	216	105	113
MICHIGAN	92	0	211	0	70	0
MINNESOTA	200	.	100	.	182	.
MISSISSIPPI	16	1	46	7	21	6
MISSOURI	1	.	56	.	28	.
MONTANA	1	0	2	0	5	0
NEBRASKA	3	0	82	0	38	1
NEVADA	6	.	26	3	10	1
NEW HAMPSHIRE	6	1	29	0	21	1
NEW JERSEY	38	2	83	8	56	9
NEW MEXICO	9	0	31	5	33	5
NEW YORK	821	92	1,971	129	1,354	190
NORTH CAROLINA	126	34	208	19	76	15
NORTH DAKOTA	2	.	10	.	6	.
OHIO	.	.	.	.	.	.
OKLAHOMA	.	.	12	.	39	10
OREGON	1	0	47	7	17	3
PENNSYLVANIA	54	11	337	56	122	31
PUERTO RICO	3	5	0	0	5	3
RHODE ISLAND	3	1	8	1	8	5
SOUTH CAROLINA	.	.	.	.	.	.
SOUTH DAKOTA	23	.	8	.	0	.
TENNESSEE	37	2	125	6	88	16
TEXAS	86	6	132	5	132	12
UTAH	2	1	17	2	9	3
VERMONT	2	1	16	2	8	2
VIRGINIA	38	11	58	18	57	13
WASHINGTON	16	.	64	.	71	.
WEST VIRGINIA	10	.	71	.	16	.
WISCONSIN	.	.	108	.	99	.
WYOMING	11	3	42	20	30	22
AMERICAN SAMOA	3	.	11	.	4	.
GUAM	2	1	3	0	2	0
NORTHERN MARIANAS	0	0	1	0	0	1
PALAU	.	.	.	.	.	.
VIRGIN ISLANDS	0	.	1	.	1	.
U.S. AND OUTLYING AREAS	2,128	395	7,105	745	3,436	618
50 STATES, D.C. & P.R.	2,123	394	7,089	745	3,429	617

Please see data notes for an explanation of individual State differences.

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The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1995

STATE	OTHER --PROFESSIONAL STAFF-- EMPLOYED	NEEDED
ALABAMA	17	1
ALASKA	2	.
ARIZONA	31	0
ARKANSAS	125	.
CALIFORNIA	454	.
COLORADO	.	.
CONNECTICUT	4	1
DELAWARE	162	18
DISTRICT OF COLUMBIA	10	1
FLORIDA	85	.
GEORGIA	14	1
HAWAII	104	20
IDAHO	26	0
ILLINOIS	87	12
INDIANA	3	4
IOWA	10	10
KANSAS	13	3
KENTUCKY	0	.
LOUISIANA	30	5
MAINE	85	.
MARYLAND	.	.
MASSACHUSETTS	83	90
MICHIGAN	80	0
MINNESOTA	12	.
MISSISSIPPI	6	.
MISSOURI	3	.
MONTANA	37	0
NEBRASKA	3	0
NEVADA	5	.
NEW HAMPSHIRE	1	1
NEW JERSEY	46	18
NEW MEXICO	99	0
NEW YORK	3	1
NORTH CAROLINA	200	34
NORTH DAKOTA	6	.
OHIO	.	.
OKLAHOMA	48	21
OREGON	22	1
PENNSYLVANIA	258	32
PUERTO RICO	5	1
RHODE ISLAND	22	16
SOUTH CAROLINA	.	.
SOUTH DAKOTA	0	.
TENNESSEE	109	5
TEXAS	489	48
UTAH	22	2
VERMONT	9	0
VIRGINIA	73	9
WASHINGTON	30	.
WEST VIRGINIA	76	.
WISCONSIN	.	.
WYOMING	13	12
AMERICAN SAMOA	6	.
GUAM	4	0
NORTHERN MARIANAS	0	0
PALAU	.	.
VIRGIN ISLANDS	1	.
U.S. AND OUTLYING AREAS	3,032	365
50 STATES, D.C. & P.R.	3,021	365

Please see data notes for an explanation of individual State differences.

The total FTE for the U.S. and outlying areas and thc 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.

The total FTE for the U.S. and outlying areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and outlying areas because of rounding.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number of Infants and Toddlers Birth Through Age 2 Served in Different Early Intervention Settings Under Part H December 1, 1995

STATE	EARLY INTERVENTION CLASSROOM	FAMILY CHILD CARE	HOME	HOSPITAL (INPATIENT)	OUTPATIENT SERVICE FACILITY
ALABAMA	706	5	336	12	225
ALASKA	24	1	395	1	4
ARIZONA	436	9	764	5	364
ARKANSAS	954	12	643	0	325
CALIFORNIA	9,059	.	9,060	.	.
COLORADO	406	16	577	51	1,241
CONNECTICUT	222	4	1,789	3	237
DELAWARE	105	2	240	76	643
DISTRICT OF COLUMBIA	147	0	15	0	168
FLORIDA	2,618	22	4,218	501	958
GEORGIA	606	132	1,275	6	1,217
HAWAII	590	8	2,874	1	65
IDAHO	373	3	410	7	38
ILLINOIS	3,175	63	3,907	4	167
INDIANA	1,548	65	2,345	61	518
IOWA	92	21	780	.	18
KANSAS	377	43	837	2	115
KENTUCKY	24	0	424	0	460
LOUISIANA	135	21	1,356	18	525
MAINE	0	0	395	21	27
MARYLAND	1,369	42	1,971	4	219
MASSACHUSETTS	.	.	9,059	.	.
MICHIGAN	1,147	2	2,757	9	262
MINNESOTA	1,135	.	1,254	3	52
MISSISSIPPI	280	3	122	.	7
MISSOURI	1,185	22	2,042	16	460
MONTANA	3	13	449	0	25
NEBRASKA	186	.	526	7	4
NEVADA	539	.	290	3	.
NEW HAMPSHIRE	108	8	734	0	8
NEW JERSEY	2,163	25	851	12	226
NEW MEXICO	284	16	987	22	38
NEW YORK	5,026	66	7,549	46	254
NORTH CAROLINA	345	.	3,568	11	101
NORTH DAKOTA	.	6	251	.	7
OHIO	2,282	6	3,803	92	547
OKLAHOMA	52	9	1,518	8	61
OREGON	280	19	742	2	8
PENNSYLVANIA	1,736	3	3,579	16	220
PUERTO RICO	.	.	.	.	4,793
RHODE ISLAND	185	23	548	0	190
SOUTH CAROLINA	62	1	1,325	3	409
SOUTH DAKOTA	134	12	168	2	35
TENNESSEE	937	6	801	33	1,254
TEXAS	2,223	195	6,641	9	52
UTAH	699	40	1,262	0	0
VERMONT	12	9	266	0	19
VIRGINIA	499	15	1,267	3	419
WASHINGTON	928	20	532	7	198
WEST VIRGINIA	476	7	1,088	2	53
WISCONSIN	1,763	39	1,332	12	396
WYOMING	166	10	196	6	8
AMERICAN SAMOA	29	.	.	4	4
GUAM	48	9	104	0	1
NORTHERN MARIANAS	18	0	26	0	0
PALAU	.	.	.	.	.
VIRGIN ISLANDS	.	11	27	.	10
U.S. AND OUTLYING AREAS	47,896	1,064	90,275	1,101	17,655
50 STATES, D.C. & P.R.	47,801	1,044	90,118	1,097	17,640

Please see data notes for an explanation of individual State differences.

The sum of the individual age-year data may no equal total settings data because some States could not provide age-year data.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number of Infants and Toddlers Birth Through Age 2 Served in Different Early Intervention Settings Under Part H
December 1, 1995

STATE	REGULAR NURSERY SCHOOL/ CHILD CARE	RESIDENTIAL FACILITY	OTHER SETTING	ALL SETTINGS
ALABAMA	15	1	28	1,328
ALASKA	3	.	4	432
ARIZONA	15	3	3	1,599
ARKANSAS	216	25	0	2,175
CALIFORNIA	.	.	.	18,119
COLORADO	87	1	1,535	3,914
CONNECTICUT	79	0	92	2,426
DELAWARE	6	.	33	1,105
DISTRICT OF COLUMBIA	3	1	6	340
FLORIDA	469	43	46	8,875
GEORGIA	234	2	0	3,472
HAWAII	14	0	323	3,875
IDAHO	7	1	6	845
ILLINOIS	116	4	593	8,029
INDIANA	125	14	97	4,773
IOWA	18	5	15	949
KANSAS	46	0	9	1,429
KENTUCKY	140	.	.	1,048
LOUISIANA	29	3	158	2,245
MAINE	228	0	9	680
MARYLAND	49	1	40	3,695
MASSACHUSETTS	.	.	.	9,059
MICHIGAN	6	1	200	4,384
MINNESOTA	175	.	1	2,620
MISSISSIPPI	7	.	3	422
MISSOURI	119	0	902	4,746
MONTANA	8	0	2	500
NEBRASKA	2	.	.	725
NEVADA	7	2	.	841
NEW HAMPSHIRE	22	0	5	885
NEW JERSEY	74	12	44	3,407
NEW MEXICO	6	5	389	1,747
NEW YORK	283	23	70	13,317
NORTH CAROLINA	296	3	12	4,336
NORTH DAKOTA	1	.	.	265
OHIO	19	3	655	7,407
OKLAHOMA	41	2	76	1,767
OREGON	29	10	49	1,139
PENNSYLVANIA	52	8	1,562	7,176
PUERTO RICO	.	.	.	4,793
RHODE ISLAND	29	0	1	976
SOUTH CAROLINA	14	0	83	1,897
SOUTH DAKOTA	11	2	12	376
TENNESSEE	80	0	45	3,156
TEXAS	916	13	34	10,083
UTAH	61	2	0	2,064
VERMONT	34	0	0	340
VIRGINIA	14	1	8	2,226
WASHINGTON	46	8	3	1,742
WEST VIRGINIA	15	7	16	1,664
WISCONSIN	68	0	6	3,616
WYOMING	35	0	11	432
AMERICAN SAMOA	3	0	0	40
GUAM	3	0	.	165
NORTHERN MARIANAS	0	0	0	44
PALAU	.	.	.	.
VIRGIN ISLANDS	8	.	.	56
U.S. AND OUTLYING AREAS	4,383	206	7,186	169,766
50 STATES, D.C. & P.R.	4,369	206	7,186	169,461

Please see data notes for an explanation of individual State differences.

The sum of the individual age-year data may no equal total settings data because some States could not provide age-year data.

Data based on the December 1, 1995 count, updated as of September 1, 1997.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

DATA NOTES

These notes contain information on the ways in which States collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year. The chart below summarizes differences in collecting and reporting of Part B data for 11 States. These variations affected the way data were reported for the IDEA, Part B child count and the educational environment, personnel, and exiting collections. Additional notes on how States reported Part B data for specific data collections follow this chart.

Table A-1
State Reporting Patterns for IDEA, Part B Child Count Data 1996-97, Other Data 1995-96

States	Differences from OSEP Reporting Categories Where H = Reported in the hearing impairments category O = Reported in the orthopedic impairments category P = Reported in the primary disability category R = Reported in other disability categories			
	Multiple Disabilities	Other Health Impairments	Deaf-Blindness	Traumatic Brain Injury
Colorado		O		
Delaware	P	O		
Florida	P			
Georgia	P			
Illinois	P			
Michigan		O	H	R
Mississippi		O		
North Dakota	P			
Oregon	P			
West Virginia	P			
Wyoming	P		H	

NOTE: Twenty-one States suggested that the increases in their counts of students with other health impairments were due to increases in the identification and inclusion of students with attention deficit disorder and attention deficit hyperactivity disorders. These States include:

Alabama	Kentucky	New Mexico	Virginia
Arkansas	Maine	New York	West Virginia
Connecticut	Minnesota	North Carolina	Wisconsin
Florida	Missouri	Oklahoma	
Georgia	Montana	Rhode Island	
Indiana	Nevada	South Carolina	

Arizona -- The State provided explanations for increases from 1995-96 to 1996-97 in the number of students with visual and orthopedic impairments and autism. Increases in the number of students with visual impairments were attributed to improvements in data collection and reporting. The increase in the number of students with orthopedic impairments was due to the greater attention paid to this category by districts as a result of inservice training and an increase in the number of children with near-drowning experiences. The increase in the number of students with autism was due to the increasing sophistication of the evaluation and assessment teams with respect to this disability.

California -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with autism to a combination of better identification and a general increase from 1995-96 to 1996-97 in the special education population.

Florida -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with autism to the following factors: (1) the establishment of regional autism centers has provided better diagnosis of children with autism, (2) the broadening of the definition of the disability, (3) a better understanding of the disability, and (4) an increase in the number of families that have children with autism that have moved into the State because of the quality of the services provided. The State noted that southeast Florida has attracted a lot of families because of The Baudhin School, an autism center established by Dan Marino.

Georgia -- The State explained the increase from 1995-96 to 1996-97 in the number of students with autism as the result of increased public awareness of and advocacy for this disability and to improvements in the identification and provision of services to students with autism.

Kansas -- The State indicated that a survey of districts revealed that many students who were previously reported as having traumatic brain injury qualified in the current year in the other health impairment category.

Maryland -- The State provided the following explanations for increases from 1995-96 to 1996-97: (1) the increase in the number of students with visual impairments was because the Maryland School for the Blind changed the coding of its students from multiple disabilities to visually impaired; (2) the increase in the number of students with other health impairments was due to the inclusion of students with developmental delay in this category; (3) and the increase in the number of students with autism was due to the earlier identification of these students.

Massachusetts -- Massachusetts is prohibited by State law from collecting data by disability. Assignment to disability categories is based on a formula.

Minnesota -- The State indicated that the increase from 1995-96 to 1996-97 in the number of students with autism was due to an increase in the medical diagnosis of this condition.

New York -- The State suspects that the increase from 1995-96 to 1996-97 in the number of students with traumatic brain injury was due to the State's efforts in providing technical assistance, including the establishment of nine regional model programs, and training.

Oklahoma -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with other health impairments to the continued training of teachers in the identification and education of students with these conditions. Oklahoma attributed some of the increase to the identification of students with attention deficit hyperactivity disorder, brain tumors, cancer, and other similar conditions.

Pennsylvania -- The State noted that it does not identify students by disability category on their individualized education programs (IEPs). Rather, students are identified according to their needs. Students are only assigned to a disability category at the district level for purposes of Federal reporting. Hence, the State thinks that the changes in the disability categories were more reflective of variations in local reporting practices than the nature of the population being served. The State suspects that the other health impairments category was used to report that portion of the overall increase from 1995-96 to 1996-97 that was not easily categorized.

Puerto Rico -- Puerto Rico attributed the increase from 1995-96 to 1996-97 in the number of preschool children served to increased referrals from Head Start programs and the increase from the previous year in the number of students with speech or language impairments to a clarification of eligibility requirements to include students who only need speech as a related service.

South Carolina -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with autism to the disability's becoming a separate State funding category. Since the change, districts have been doing a better job reporting these data.

Utah -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children with traumatic brain injury was due to the more accurate reporting of data. In the previous year, one district misreported children with intellectual disabilities in the traumatic brain injury category.

Washington -- The State indicated that the increase from 1995-96 to 1996-97 in the number of students with autism was due to the more appropriate identification of students during their reevaluations. Washington thought that continuing inservice training in identifying students with autism contributed to the reclassification.

Wisconsin -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with autism to reclassification of students after their 3-year reevaluations and to some actual growth in this population.

Educational Environments

Arkansas -- The State attributed the decrease from 1994-95 to 1995-96 in homebound/hospital placements to school districts' placing greater emphasis on providing services to children at the school location.

California -- The State attributed the decrease from 1994-95 to 1995-96 in private residential facility placements to two factors. First, in response to the high cost of providing services in private programs, a pilot program (the nonprivate school pilot program) involving several districts was initiated to provide students with equivalent services in public settings. Second, the State has been encouraging districts to reduce the number of students served in private facilities.

Georgia -- The State indicated that the increase from 1994-95 to 1995-96 in public residential facility placements was a result of Georgia's expansion of public residential services to adolescents through the formation of the Department of Children and Youth Services.

Hawaii -- The State attributed the increase from 1994-95 to 1995-96 of youth in correctional facilities to the first-time reporting of detention center data; in previous reports, a more restrictive definition of correctional facilities was used.

Idaho -- The State indicated that the increase from 1994-95 to 1995-96 in separate school facility placements was due to a change in the way districts reported their preschool data. It appears that in the past children who should have been reported in self-contained settings were reported in separate school settings; this was corrected in the current report.

Iowa -- The State indicated that the decrease from 1994-95 to 1995-96 in correctional facility placements occurred because the 1995-96 figures did not include data from two facilities operated by the Iowa Department of Human Services, namely the State Juvenile Home and the State Training School. These two facilities served 245 children during the 1995-96 school year.

Kansas -- The State reported that the increase from 1994-95 to 1995-96 in regular class placements and the decrease from 1994-95 to 1995-96 in resource room placements was due to a revision of its data collection system to more accurately reflect both the practice of districts in the field and the Federal placement definitions.

Maryland -- The State indicated that the increase from 1994-95 to 1995-96 in resource room, private separate school facility, and parent-initiated private school placements was because December 1995 was the first year of Maryland's new special education data base. In previous years, placement data were estimated, based on a formula.

Massachusetts -- The State is prohibited by State law from collecting data by disability. Assignment to disability categories is based on a formula.

Missouri -- The State indicated that the increase from 1994-95 to 1995-96 in public residential facility placements may be due to some duplicate reporting of Division of Youth Services data because these data are reported by both districts and the Division of Youth Services.

Nebraska -- The State indicated that the decrease from 1994-95 to 1995-96 in public separate school facility placements and the increase from 1994-95 to 1995-96 in homebound/hospital placements resulted from changes in placement definitions that are more consistent with the Federal categories. The change in placement definitions has resulted in districts reporting more preschool children in homebound placements and fewer in separate school facilities.

New Jersey -- The State indicated that the increase from 1994-95 to 1995-96 in resource room placements and the decrease from 1994-95 to 1995-96 in separate class placements was due to correctly reporting students who were in special classes for less than 60 percent of the day in resource room placements. In previous years, these students were reported in separate class placements.

New York -- The State indicated that the decrease from 1994-95 to 1995-96 in public residential facility placements was due to State initiatives to keep children out of residential facilities; efforts are made to serve children before they need to be placed in these facilities. New York attributed the decrease from 1994-95 to 1995-96 in parent-initiated private school placements to improvements in data accuracy.

North Carolina -- The State suspects that the increase from 1994-95 to 1995-96 in parent-initiated private school placements was due to the greater provision of special education services to children who were home schooled and to more parents exercising their choice to have their children served in private schools. North Carolina attributed the increase from 1994-95 to 1995-96 in private residential facility placements to better reporting of community residential centers data. Community residential centers are public day care facilities that were authorized as Chapter 1 agencies. When Chapter 1 programs were merged with IDEA, the responsibility for reporting these children switched to the local school districts. In 1994-95 many school districts did

not fully report all their community residential center data; by 1995-96 districts had improved their reporting of these data.

Ohio -- The State attributed the increase from 1994-95 to 1995-96 in public residential placements to increases in the number of students served in correctional facilities and the increase in homebound/hospital placements to an increase in services provided to preschool children in home through itinerant services. Ohio noted that the homebound/hospital placements included some preschoolers who were receiving itinerant services outside the home and that the separate class placements included some preschoolers in reverse mainstream settings.

Pennsylvania -- The State attributed the increase from 1994-95 to 1995-96 in correctional facility placements to an increase in the prison population and to a decrease in the average age of inmates. Pennsylvania thought that the decrease from 1994-95 to 1995-96 in parent-initiated private school placements was due to the collection of more accurate data.

South Carolina -- The State suspects that some of the increase from 1994-95 to 1995-96 in homebound/hospital placements was partially due to children who were expelled and subsequently received services at home and to an increase in the number of young medically fragile children who received services at home.

Tennessee -- The State indicated that the decrease from 1994-95 to 1995-96 in public residential facilities placements was due to the closing of residential facilities for students with mental retardation and the transfer of these students to their local school districts.

Texas -- The State indicated that State statute mandated the collapsing of several placement categories, including one public separate and two separate class categories, into a new "off home campus" category. The data keyed under public separate school facility represent the data for the new "off home campus" category.

West Virginia -- The State indicated that the increase from 1994-95 to 1995-96 in regular class placements and the decrease from 1994-95 to 1995-96 in resource room placements were due to a change in the definition of placement options. Beginning with the 1995-96 school year, West Virginia changed its placement definitions to correspond with the OSEP definitions. The State said that prior to 1995-96, regular class data included only students who were served 100 percent of the school day in that setting. The current data also include students who were served for less than 21 percent of the school day outside of the regular class; these students were previously reported as receiving services in resource rooms. West Virginia indicated that the increase from 1994-95 to 1995-96 in homebound/hospital placements was primarily due to an increase in the number of preschool students served in home-based programs.

Personnel

Alabama -- The State indicated that (1) the decrease from 1994-95 to 1995-96 in total demand for vocational education teachers was due to more students with disabilities being served in regular vocational programs; (2) the decrease in total demand for counselors and nonprofessional staff accurately reflected the decline in need for these personnel types; and (3) a change in the State's certification requirements has resulted in a decrease in the number of less than fully certified personnel that were hired.

Alaska -- The State indicated that the changes in the data from 1994-95 to 1995-96 were a result of the difficulty district personnel have with the State's data collection form. Alaska said that it has provided the University of Alaska - Fairbanks, which collects the personnel data for the State, with additional funding to improve the personnel data collection.

Arizona -- The State indicated that (1) the increase from 1994-95 to 1995-96 in demand for vocational education teachers was a result of the School to Work Opportunities Act, which requires the inclusion of all students in school to work activities, and the IDEA transition requirement that districts provide employment objectives for students with disabilities; (2) the increase from 1994-95 to 1995-96 in demand for counselors was due to an increase in the number of students with behavior problems in schools; (3) the increase from 1994-95 to 1995-96 in the number of aides was a result of inclusion, which often calls for more aides in the IEP, and to the increase in the number of students with behavior problems; (4) the increase from 1994-95 to 1995-96 in the demand for physical education teachers was due to an increase in the student population; (5) the increase from 1994-95 to 1995-96 in the demand for speech language pathologists was a result of a change in certification requirements; (6) the decrease from 1994-95 to 1995-96 in the demand for supervisors/ administrators was due to a move toward site-based management, staffing reductions, and reduction in funds; and (7) the decrease from 1994-95 to 1995-96 in nonprofessional staff was probably due to reductions in funding and inaccurate reporting in the past.

Arkansas -- The State indicated that the decrease from 1994-95 to 1995-96 in the total demand for other professional staff was due to more accurate reporting of the personnel previously reported in this category. For example, the number of deaf interpreters who were previously reported in the other professional staff category was listed separately in 1995-96.

California -- The State attributed the increase from 1994-95 to 1995-96 in the number of occupational therapists, counselors, and other professional staff employed and in the number of employed not fully certified teacher aides to a 20,000 increase from 1994-95 to 1995-96 in the number of students served.

Colorado -- The State indicated that the increase from 1994-95 to 1995-96 in the number of nonprofessional staff was due to recent changes in its data system that have resulted in better data.

Florida -- The State verified the increase from 1994-95 to 1995-96 in the total demand for speech pathologists and indicated that the State has been aggressively recruiting speech pathologists. Florida noted that some districts have contracted with agencies to recruit speech pathologists from foreign countries. The State suspects that the increase from 1994-95 to 1995-96 in physical education teachers was due to an increase in the number of students who needed adaptive physical education.

Georgia -- The State indicated that (1) the decrease from 1994-95 to 1995-96 in the demand for school social workers was a result of the increasing cost of teachers' salaries (due to growing school populations) which has forced systems to reduce personnel in related services areas; (2) the increase in the demand for counselors was due to a statewide emphasis on providing counseling services at the middle school level; (3) the increase in the demand for supervisors/administrators was a result of the growth in the number of students with disabilities; (4) the increase in the demand for nonprofessional staff was due to the commencement in fiscal year 1997 of State funding of support services for students with disabilities in the regular classroom; (5) the increase in the number of rehabilitation counselors was due to Georgia's decision to continue funding the Rehabilitation Collaborative Grant program that was designed to provide increased rehabilitation counselor services to school systems; (6) the increase in the number of other professional staff is correct and includes personnel who provide services such as orientation/mobility services, nutrition services, augmentative/alternative communication services, and community-based job coaching; and (7) the decrease in the number of not fully certified speech-language pathologists was due to the provision of satellite course work and alternative certification routes, which has resulted in fewer vacant positions and fewer personnel who lack full certification.

Hawaii -- The State attributed the increase from 1994-95 to 1995-96 in total demand for nonprofessional staff to the establishment of a new category of nonprofessionals which allowed the hiring of part-time paraprofessionals.

Illinois -- The State indicated that some of the changes in the number of personnel reported may be the result of changes in State funding requirements; Illinois also reported that (1) the decrease from 1994-95 to 1995-96 in the number of not fully certified interpreters occurred because interpreters were incorrectly reported as not fully certified in 1994-95, and (2) new positions have been created to address the continuing demand for physical therapists.

Indiana -- The State indicated that the increase from 1994-95 to 1995-96 in the number of teacher aides was due to more aides being employed to work with students in inclusive settings. Indiana attributed the decrease in the number of fully certified interpreters to the reclassification of some personnel into the not fully certified category.

Massachusetts -- The State is prohibited by State law from collecting data by disability. The State reported all teachers as serving students in cross-categorical classrooms.

Michigan -- The State indicated that the data changes reflect the ongoing difficulty it is having getting school districts to report data accurately on personnel certifications.

Minnesota -- The State indicated that the increase from 1994-95 to 1995-96 in occupational therapists and the decrease in other professional staff was due to the reporting of certified occupational therapy assistants in the occupational therapy category in the current year and in the other professional staff category in the prior year.

Mississippi -- The State indicated that the changes from 1994-95 to 1995-96 in the nonprofessional staff data were due to the reclassification of nonprofessional staff into the fully certified category. In previous years, the nonprofessional staff data were incorrectly reported in the not fully certified category.

Missouri -- The State indicated that (1) the increase from 1994-95 to 1995-96 in total demand for vocational education teachers occurred because previous reports did not include data on vocational resource educators who support students with disabilities in vocational technical schools and (2) the not fully certified column represented the number, not the full-time equivalency, of provisional certificates issued.

Montana -- The State attributed the decrease from 1994-95 to 1995-96 in nonprofessional staff to a revision of the State's data collection format, including the clarification of personnel definitions. Montana thinks that the new data format has resulted in more accurate data.

Nevada -- The State attributed the increase from 1994-95 to 1995-96 in the total demand for speech pathologists to a major effort by the Clark County School District in the 1995-96 school year to hire additional speech pathologists to ease caseloads.

New Hampshire -- The State suspects that the increase from 1994-95 to 1995-96 in the total demand for counselors was due to the combination of actual increases and inaccurate reporting. New Hampshire noted that some districts still report all counselors rather than just the full-time equivalency of counselors providing services to students with disabilities. The State indicated that the increase from 1994-95 to 1995-96 in total demand for other professional staff was due to the first-time reporting of tutors and other student support employees by the State's largest school district.

New Jersey -- The State indicated that the submitted personnel data accurately reflected the composite data reported to them by the school districts. New Jersey noted that districts find it difficult to determine the full-time equivalents for physical education teachers and vocational education teachers because these teachers are shared with regular education pupils. The State attributed the increases in physical education teachers, vocational education, and other professional staff to the variability of the data in these categories. New Jersey attributed the increase from 1994-95 to 1995-96 in the number of interpreters employed to improvements in the collection of these data. The State thought that the increase in the number of vacant teacher positions occurred in the supplemental instructors category that contains a substantial

number of part-time teachers and is subject to large turnovers from year to year. New Jersey attributed the increase in the number of vacant other diagnostic staff positions to the high number of contracted, part-time personnel in this category which makes reliable reporting difficult.

New Mexico -- The State thought that changes in the data were due to increased efforts to improve the response rates and the quality of data collected from districts.

New York -- The State indicated that the decrease from 1994-95 to 1995-96 in teachers of children ages 3-5 was due to the breakout of speech language pathologists.

North Carolina -- The State indicated that the decrease from 1994-95 to 1995-96 in the total demand for recreation specialists was a result of school districts having to adapt to continuing budgetary constraints. Specifically, school districts were using more of their resources to employ or contract occupational and physical therapists rather than recreational therapists. North Carolina noted that school districts were simultaneously becoming more innovative in the use of physical education and adaptive physical education personnel to provide recreation therapy services. The State indicated that the decrease in the total demand for diagnostic staff was due to schools using more of these personnel in classrooms rather than solely as diagnostic staff.

North Dakota -- The State indicated that the increase from 1994-95 to 1995-96 in the total demand for speech pathologists was due to local units more correctly reporting these personnel as speech pathologists rather than as speech/language teachers.

Ohio -- The State indicated that (1) the increase from 1994-95 to 1995-96 in the total demand for physical education teachers was due to the employment of more adaptive physical education teachers; (2) the increase in the number of psychologists employed was because more psychologists were hired to serve children ages 3-5; (3) the increase in the total demand for occupational therapists was due to improved recruiting by local districts for these positions and to an increase in the number of occupational therapists employed to serve preschool children; and (4) the decrease in the number of retained physical education teachers was because the prior year's data included teachers who had temporary certification and therefore were not retained.

Oklahoma -- The State attributed the increase from 1994-95 to 1995-96 in the total demand for nonprofessional staff to the hiring of additional bus drivers, bus monitors for special education students, and clerical staff assigned to compliance and special education data tasks. Oklahoma noted that the largest increase occurred among bus monitors.

Pennsylvania -- The State indicated that (1) the decrease from 1994-95 to 1995-96 in the number of speech pathologists was due to a change in the State's eligibility requirement, which resulted in a decrease in the number of children who required only speech services, and (2) the increase in the number of interpreters was a result of the greater inclusion of children with hearing impairments in regular classrooms.

Puerto Rico -- The State attributed the decrease from 1994-95 to 1995-96 in the number of diagnostic and evaluation staff employed to the use of more contracted personnel who provided services as needed.

South Carolina -- The State suspects that the decline in speech pathologists was due to districts reporting these personnel as teachers.

South Dakota -- The increase from 1994-95 to 1995-96 in the number of speech pathologists was because these data were previously being reported under special education teachers.

Tennessee -- The State indicated that (1) the increase from 1994-95 to 1995-96 in the number of speech pathologists was due to their reclassification from the category for speech/language teachers and because the State has been sponsoring the education of speech pathologists, and (2) the increase in the number of interpreters was a result of the provision of training for interpreters.

Utah -- The State indicated that the changes in the personnel data were because the 1995-96 school year was the first year that a validated data collection was used. In contrast to prior years, where district data were accepted as reported, the current data were cross-checked by name, assignment, and certification.

Wisconsin -- The State attributed the changes from 1994-95 to 1995-96 to the implementation of an approved data collection and reporting system for personnel reimbursement. This new system has resulted in greater accuracy in data collection and reporting.

Exiting

For individual States, percentages of students with disabilities exiting may sum to more than 100 percent. This is due to the fact that exit data are collected over a 12-month period, while child count data are collected for a single day, December 1. As a result, students ages 14-21 who enter special education after December 1 and exit prior to December 1 may appear in the numerator (exiters) but not in the denominator (child count).

Arizona -- The State attributed the decrease from 1994-95 to 1995-96 in the number of children who exited through the moved, known to be continuing basis of exit to the transfer of students, especially those with learning disabilities, from public schools into charter schools.

Colorado -- The State attributed the increase from 1994-95 to 1995-96 in the number of students who returned to regular education to the implementation of more stringent eligibility requirements for learning disabilities which resulted in the declassification of some students with learning disabilities. Colorado indicated that the increase in the

number of students who moved and were known to be continuing was due to recent changes in its data system that have resulted in better data.

Illinois -- The State noted that the recent change in its data collection systems may account for some of the variance.

Massachusetts -- The State did not collect data for "graduation through certificate or completion of IEP requirement" because all students graduate with diplomas. Massachusetts is prohibited by State law from collecting data by disability. Assignment to disability categories is based on a formula.

Michigan -- The State indicated that changes in exiting data were due to a more accurate count of students leaving special education, especially from the Detroit school district.

Minnesota -- The State suspects that the returned to regular education data were underreported by the school districts but indicated that it could not provide revised data.

Missouri -- The State verified the decrease from 1994-95 to 1995-96 in the number of students who graduated with certificates. Missouri noted that certificates (of attendance) are awarded to all students with disabilities who reach age 21, or otherwise terminate their education, and who have met the district's attendance requirements but who have not fulfilled the requirements for graduation.

New Jersey -- The State attributed the increases in the total number of students exiting to improvements in data collection and to a statewide emphasis on encouraging students with disabilities to graduate.

Ohio -- The State thought that its Open Enrollment Program may have had an impact on the increase from 1994-95 to 1995-96 in the number of students who moved and were known to be continuing.

Oregon -- The State indicated that it did not collect exiting data in all the Federal categories and therefore could not accurately distribute the data into the Federal categories.

Pennsylvania -- The State indicated that graduation with a certificate was not a valid basis of exit in the State.

Washington -- The State indicated that the increase from 1994-95 to 1995-96 in the number of students who graduated with a certificate and in the total number of students who exited was due to the implementation of a new reporting procedure that has resulted in more accurate data.

Table AH1: Part C Child Count

Alabama -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served to its continuing public awareness efforts and to improvements in data collection and reporting.

Colorado -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of infants served was due to the decision not to use unverified State data on children who may not have IFSPs.

Connecticut -- The State indicated that the increase from 1995-96 to 1996-97 in the number of children served was due to improved data collection and reporting. Connecticut noted that several factors contributed to the improvements in accuracy. First, in July 1996, when the Connecticut Department of Mental Retardation assumed lead agency status and reconstructed the Part C data base from hard copies of enrollment forms submitted by each of the 39 programs in the State, it discovered that many children were receiving services who were not reflected in the previous data base. Second, the new data base begins at the statewide single point of entry, where the electronic record is first created, and is subsequently updated at the central office as additional information is received from the 39 programs. In the previous system, data were not entered in the data base until each of the six coordination centers had an opportunity to update the data. Third, the list of children's services is mailed to each of the programs every month to document services delivered and as the basis for payment. And fourth, the system has been streamlined so that there is a shorter time span between evaluation and the commencement of services. Therefore, a larger percentage of the children in the system are receiving services than was the case last year.

Delaware -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children served was due to better reporting. Delaware upgraded its data system, including the development of a separate December 1 data base, and feels that the current data more accurately reflect the number of infants and toddlers served under Part C.

Maine -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children served to an increase in the number of parents who had their children evaluated but declined moving forward toward the development of an IFSP.

New Mexico -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served to the following factors: (1) child identification efforts have been more successful; (2) the State's population is growing; (3) there have been improvements in the data tracking system; and (4) new transition legislation allows parents to choose to have their children remain in early intervention services throughout the school year in which they turn age 3.

Oregon -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served to the rapid expansion of the Part C program since its inception in 1993 as a State-operated program.

Rhode Island -- The State noted that the decrease from 1995-96 to 1996-97 in the number of children served was related to the State's decision to report only figures generated through its early intervention data system, Early Intervention Exchange of Information Operation. Rhode Island attributes the low numbers to regions that were resistant to using the new data system.

Table AH2: Part C Services

Arizona -- The State indicated that the increase from 1994-95 to 1995-96 in respite care services was due to increased training of and greater awareness among early intervention respite providers.

Arkansas -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of children who received family training, counseling, home visits, and other support services and the increase from 1994-95 to 1995-96 in the number of children who received medical services was due to the more accurate reporting of these data.

California -- The State indicated that increases from 1994-95 to 1995-96 in the number of children who received various services could generally be attributed to an expansion of the reporting base. The prior year's data represented only children served by the Department of Developmental Health and the Department of Education, whereas the current year's data also included children served by the Department of Health Services, Department of Social Services, Department of Mental Health, and Department of Alcohol and Drug Services.

Colorado -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of infants who received services was due to the decision not to use unverified State data on children who may not have IFSPs.

Connecticut -- The State indicated that the increase from 1994-95 to 1995-96 was related to an increase in population. Connecticut noted that 49 percent of the children who received early intervention services since July 1996 were referred after the age of 2, which suggests that many of them were referred due to concerns about speech and language rather than other disabilities, which would have been identified earlier.

Delaware -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of nursing services was because the prior year data included infants who were served under a plan but not an actual IFSP. Furthermore, some of the services performed by the nursing staff were more correctly identified and listed under developmental services. Delaware attributed the decrease from 1994-95 to 1995-96 in the number of infants who received nutrition services to a reduction in the count. The State indicated that the prior year's data included nutrition services provided by the Women, Infants, and Children (WIC) program to children who did not necessarily

have IFSPs. Delaware attributed the increase from 1994-95 to 1995-96 in the number of infants who received other early intervention services to an increase from 1994-95 to 1995-96 in ongoing early intervention evaluations by child development specialists.

Florida -- The State attributed the increases from 1994-95 to 1995-96 in the number of children who received various services to the 43 percent increase from 1994-95 to 1995-96 (7,333 in 1994 to 10,771 in 1995) in the total number of children who received Part C services. Florida also provided the following explanations: (1) the increase in audiology services was a result of Florida's efforts to collect information on infant hearing impairment screening services provided by Developmental Evaluation and Intervention-designated hospitals; (2) the increases in medical and nursing services was a result of the program's decision that services provided to Part C infants and toddlers through the Children's Medical Services program (the administrating program for the Part C program) would be reported to the Early Intervention Program data system; (3) the increase in family training was due to the increase in the number of children served and to improved compliance on reporting; (4) the increase in special instruction was due to an increase in the number of children served, improved reporting compliance, and a change in the categorization of services between family training and special instruction; (5) the increase in respite services was due to improved reporting; and (6) the increase in social work services was due to improved reporting, growth in the number of children served, and to a change in the categorization of services among family training, case management, and social work services.

Georgia -- The State attributed the decrease from 1994-95 to 1995-96 in assistive technology services/devices to the use of second opinions and refined policies and protocols. Similarly, the decrease in respite care services was due to stricter district respite policies. Georgia further noted that an overall decrease in the child count also contributed to the decrease in services.

Hawaii -- The State indicated that the decreases from 1994-95 to 1995-96 in the number of children who received health services, nursing services, respite care services, social work services, and other early intervention services were due to the reduction of their data entry capacity, budget cuts, and loss of staff.

Indiana -- The State provided the following explanations: (1) the decrease from 1994-95 to 1995-96 in family training, counseling, home visits, and other support services was due to the incorporation of these types of services into all the other service categories; (2) the decrease in social work services was due to the discontinuation of the practice of reporting some service coordination as a social work service; (3) the decrease in nutrition services was due to the removal of WIC services from the list of early intervention services; and (4) the increase in special instruction services was a result of increased child find.

Kansas -- The State attributed the increase from 1994-95 to 1995-96 in the number of children who received assistive technology services to the State's providing an additional $300,000 to the Assistive Technology of Kansas Project in 1995. The

additional funding provided monies for the purchase of additional equipment as well as for training and systems development.

Kentucky -- The State indicated that the data changes from 1994-95 to 1995-96 were primarily due to the fact that it uses a variety of data collection methods that make it difficult to collect accurate and valid data. Kentucky noted that it is beginning to phase-in a centralized billing and information system that should help with data accuracy. More specifically, the State thinks the increase in respite services was due to greater interest in the service and wider dissemination of information on its availability. Kentucky attributed the growth in the number of children who received vision services to a concerted effort by the State to provide services to the visually impaired. In the prior year, the consultation and technical assistance project for the visually impaired was reorganized to provide more on-site consultation and support.

Michigan -- The State indicated that (1) the increase from 1994-95 to 1995-96 in the number of children who received health, nursing, and medical services was because most of the agencies that have recently joined the Part C system are non-special education and provide primarily medical-related services and (2) the increase in social work services was because local providers reported service coordination under social work services. The State noted that the definition of social work services mentions the coordinating of community resources.

Minnesota -- The State indicated that it does not currently have a system for reporting services received.

Missouri -- The State indicated that the increases from 1994-95 to 1995-96 in services data were due to better data entry by the Departments of Health and Mental Health and to increased service to children.

New Hampshire -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of children who received other early intervention services was due to fewer providers reporting children as receiving transdisciplinary services, which are reported in the other early intervention services category, and choosing instead to report these children in one of the specific service categories.

New Jersey -- The State attributed the decrease from 1994-95 to 1995-96 in the number of children who received various services to the fact that the current figures represent verifiable, audited counts. New Jersey noted that in prior years, providers sometimes reported service data based exclusively on whether they had that personnel type on staff.

New York -- The State thought that the increases from 1994-95 to 1995-96 in the major therapies (e.g., occupational therapy, physical therapy, and speech-language pathology), special instruction services, and transportation services could be attributed to the 41 percent increase in the number of children served between 1994 (9,461) and 1995 (13,317). New York thought that the increase in the number of children who received family counseling services was driven by the increase in the number of

children served in New York City (from 3,037 in 1994 to 4,688 in 1995), where family counseling is a frequently authorized service.

North Carolina -- The State indicated that the decreases from 1994-95 to 1995-96 in the number of children who received services was because the 1994-95 data represented the number of children served over an entire year, whereas the 1995-96 data represent only the services provided to children on December 1, 1995.

Ohio -- The State attributed the increases in the number of children receiving various services to (1) an increase in the number of agency participants throughout the State, (2) an increase in family/client participation, and (3) increased State child find efforts.

Puerto Rico -- Puerto Rico indicated that the increases from 1994-95 to 1995-96 in the number of children who received various services were due to the increased recruitment of staff across many disciplines and to a subsequent increase in the number of referred children who were evaluated. In particular, there has been greater availability of nurses, pediatricians, social workers, psychologists, and pediatric ophthalmologists.

South Carolina -- The State indicated that the increase from 1994-95 to 1995-96 in the number of children who received special instruction services was due to the reclassification of an early intervention service that was provided in the home. These data were previously reported under family training and home visits but were reclassified to special instruction.

South Dakota -- The State indicated that the increase in other early intervention services from 1994-95 to 1995-96 was due to the reporting of service coordination in this category.

Texas -- The State indicated that (1) the increase from 1994-95 to 1995-96 in the number of children who received assistive technology was due to service growth and improved reporting, and (2) the decrease in transportation services was a result of a decline in center-based services and an increase in services provided in natural environments.

Washington -- The State indicated that because it does not have a single statewide electronic system, the Part C lead agency must use a manual process to ensure that the data compiled from each of the three service systems -- Department of Health, Department of Social and Health Services, and Office of Superintendent of Public Instruction -- are unduplicated. In 1994-95, Washington's Infant Toddler Early Intervention Program provided Part C funds to enhance programs that had previously provided services under Chapter 1. This influx of funding resulted in additional providers reporting data on Tables 2 through 4. The State further noted that coordinated child find and increased funding have allowed more children and families to access early intervention services. The State thought that the increase from 1994-95 to 1995-96 in the number of children who received assistive technology services was due to the broad definition of this category and that the increase from 1994-95 to

1995-96 in other early intervention services was due to providers reporting all services listed on the IFSP instead of reporting only those services required under Part C.

Table AH3: Part C Personnel Employed and Needed

Arizona -- The State attributed the increase from 1994-95 to 1995-96 in the number of paraprofessionals and total staff employed to improvements in its data collection system. These improvements include better definitions and increased communication with and better responses from providers.

Connecticut -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of other professional staff was due to the defunding of six Regional Family Service Coordination Centers. Most of the personnel reported in the other professional staff category were independent service coordinators and their supervisors who were employed by the Regional Family Service Coordinator Centers. Connecticut noted that service coordination is no longer a separate job within the State's birth to 3 system, and the responsibilities of service coordination are now most often carried out by the early interventionists who provide direct service to families.

Delaware -- The State indicated that (1) the increase from 1994-95 to 1995-96 in the number of paraprofessionals employed was due to greater use of occupational therapy assistants and physical therapy assistants; (2) the increase in the number of other personnel employed was due to additional State allocations that permitted hiring more family service coordinators; and (3) the increase in the number of total staff needed was a result of providers collecting and submitting more specific information on their personnel needs. Delaware noted that the other personnel category also included early childhood teachers who work with children both with and without disabilities.

District of Columbia -- The District of Columbia suspects that the 1994-95 counts of the number of nurses employed included other hospital-based personnel who were involved with Part C child find activities, whereas the 1995-96 count did not include other hospital-based personnel.

Florida -- The State attributed the increase from 1994-95 to 1995-96 in the number of personnel employed to a concerted effort to collect information on contracted personnel staff as well as early intervention program staff. Much of the increase in other professional staff was due to the improved reporting of contracted personnel.

Hawaii -- The State indicated that the decrease from 1994-95 to 1995-96 in the number of nurses and paraprofessionals employed was due to lowered budgets and diminished resources available to programs.

Indiana -- The State attributed the decrease from 1994-95 to 1995-96 in the number of personnel needed to an expansion of the provider base beyond the historic delivery system. Indiana attributed the decrease in the number of paraprofessionals employed to better clarification of definitions, which has allowed more appropriate personnel reporting.

Iowa -- The State provided two reasons for the decrease from 1994-95 to 1995-96 in the number of personnel employed and contracted. First, in the past, the data were primarily collected through sampling, whereas the current data were based on actual counts. Second, providers previously reported the total number of personnel rather than full-time equivalencies of personnel who were providing early intervention services.

Kansas -- The State thought that the decrease from 1994-95 to 1995-96 in the number of total staff employed and contracted reflected the State's emphasis on family training designed to provide families with the skills and techniques necessary to enhance the developmental growth of their children, thus eliminating some of the need for direct services. In addition, Kansas noted that many of its networks are utilizing the services of providers already employed by the school districts, which also eliminated some of the need for additional personnel.

Kentucky -- The State indicated that the data changes from 1994-95 to 1995-96 were primarily due to the fact that it uses a variety of data collection methods that make it difficult to collect accurate and valid data. Kentucky noted that it is beginning to phase-in a centralized billing and information system that should help with data accuracy.

Michigan -- The State indicated that the increase from 1994-95 to 1995-96 in the number of social workers employed was because Community Mental Health personnel who coordinated services for Part C children reported themselves as social workers.

New Jersey -- The State attributed the increase from 1994-95 to 1995-96 in the number of other professional staff employed to the creation of a new personnel category for child development specialists. Most of the personnel hired in this category had psychology, special education, or early intervention backgrounds. New Jersey attributed the increase from 1994-95 to 1995-96 in the number of total staff employed to an increase in funding for direct services.

New Mexico -- The State indicated that the increase from 1994-95 to 1995-96 in the number of other professional staff was due to their increased use among providers because they are available and less expensive. New Mexico noted that other professional staff are generally degree-holding in a related field but are often unlicensed and inexperienced in the provision of early intervention services. The State intends to tighten up its qualifications to reduce the number of other professionals used.

New York -- The State attributed the increase from 1994-95 to 1995-96 in the number of physical therapists employed to an expansion in the number of approved providers.

Pennsylvania -- The State indicated that the changes from 1994-95 to 1995-96 in the personnel data were in response to changes in service delivery in order to provide more services in natural environments.

Texas -- The State indicated that the increase from 1994-95 to 1995-96 in the number of other professional staff employed and contracted was due to increases in enrollments and concomitant increases in services.

Washington -- The State indicated that because it does not have a single statewide electronic system, the Part C lead agency must use a manual process to ensure that the data compiled from each of the three service systems -- Department of Health, Department of Social and Health Services, and Office of Superintendent of Public Instruction -- are unduplicated. In 1994-95, Washington's Infant Toddler Early Intervention Program provided Part C funds to enhance programs that had previously provided services under Chapter 1. This influx of funding resulted in additional providers reporting data on Tables 2 through 4. Washington attributed the increases from 1994-95 to 1995-96 in the number of employed personnel to an increase in the number of providers reporting personnel data.

West Virginia -- The State thought that the decrease from 1994-95 to 1995-96 in the number of social workers employed was due to prior year data including personnel with temporary social worker licenses, whereas these personnel were more appropriately reported in the current year. The increase from 1994-95 to 1995-96 in the number of other professional staff employed was a result of the growth in the number of children served.

Table AH4: Part C Settings

Alabama -- The State attributed the increase from 1994-95 to 1995-96 in early intervention classroom/center placements and the decrease in outpatient service facility placements to more accurate reporting as a result of the evolution of its data system.

Arkansas -- The State indicated that the increase from 1994-95 to 1995-96 in early intervention classroom/center placements was because a significant number of children changed from receiving services at home to receiving services in early intervention classrooms.

Connecticut -- The increase from 1994-95 to 1995-96 in home placements was due to an overall increase in the number of children served and to emphasis on serving children in more natural settings. The increase in outpatient service facility placements and the decrease in other settings placements were due to better reporting of the data previously reported in other settings.

Delaware -- The State indicated that the decrease from 1994-95 to 1995-96 in early intervention placements was because the previous year's data were duplicated, whereas the current year's were not.

District of Columbia -- The State indicated that the increase from 1994-95 to 1995-96 in outpatient service facility placements was due to improvements in reporting.

Florida -- The State indicated that (1) the increase from 1994-95 to 1995-96 in total settings was due to a growth in the number of children served; (2) the decrease in other settings and outpatient service facility placements was due to the improvement in the collection of service location identification information; and (3) the increase in early intervention classroom/center, home, and regular nursery school/child care placements was due to growth in the number of children served, improved reporting compliance, and continuing efforts to serve children in more appropriate settings.

Georgia -- The State indicated that the increase from 1994-95 to 1995-96 in family child care placements and the decrease in other setting placements were due to more accurate and consistent understanding of the definitions of these categories.

Indiana -- The State indicated that (1) the decrease from 1994-95 to 1995-96 in family child care placements was probably due to a combination of changes in family preferences and the realization by some providers that the State does not pay for child care; (2) the increase from 1994-95 to 1995-96 in outpatient service facility placements was due to the expansion of the provider network to include more therapy groups and hospitals; and (3) the increase from 1994-95 to 1995-96 in other settings was due to an increased emphasis on providing services in natural environments.

Kentucky -- The State indicated that the data changes from 1994-95 to 1995-96 were primarily due to the fact that it uses a variety of data collection methods that make it difficult to collect accurate and valid data. Kentucky noted that it is beginning to phase-in a centralized billing and information system that should help with data accuracy.

Louisiana -- The State attributed the decrease from 1994-95 to 1995-96 in early intervention classroom/center and other setting placements to a shift in emphasis from providing services in center-based programs to providing services in natural environments.

Maryland -- The State attributed the decrease from 1994-95 to 1995-96 in outpatient service facility placements to the North Washington Pediatric Hospital, a major outpatient provider in Baltimore, becoming unavailable for service.

Michigan -- The State indicated that (1) the decrease from 1994-95 to 1995-96 in other settings placements was because one large center had previously reported children who received 1 hour of center-based service and 1 hour of home-based services in the other category instead of splitting the data between home and classroom placements as was done in the current year; (2) the increase in the number of children served in home placements was because most of the noneducation agencies that have recently joined the Part C program provide the majority of their services in the home; and (3) the increase in outpatient service facility placements occurred because the Health Department (in Detroit) and children's hospital (in Flint) became very involved in the Part C program and traditionally serve most of their children at their respective facilities.

Missouri -- The State indicated that the increases from 1994-95 to 1995-96 in settings data were due to better data entry by the Departments of Health and Mental Health and to increased services to children.

New York -- The State thought that the increases from 1994-95 to 1995-96 in the home and total settings were due to the 41 percent increase in the number of children served during that period and to an increasing shift away from center-based to home-based service delivery. New York thought that the increase in other settings may be due to an increase in the number of children who received assistive technology devices and for whom no settings were provided.

Ohio -- Ohio noted that it can only provide partial explanation for changes in the data because the data are compiled from various sources, including public and private agencies whose clients access services through multiple points of entry and utilize a variety of funding streams. Hence, the State must often rely on secondary data sources.

Pennsylvania -- The State indicated that the changes from 1994-95 to 1995-96 in the settings data were due to its efforts to serve more children in natural environments. Pennsylvania attributed the increase in the other settings category to the way Philadelphia County reported its data.

Rhode Island -- The State indicated that the increase from 1994-95 to 1995-96 in outpatient service facility placements was due to its largest provider going from an on-site service delivery model to one where therapeutic services were contracted from various hospitals.

Texas -- The State attributed the changes from 1994-95 to 1995-96 in settings to growth in its service system and to an increased emphasis on providing services in inclusive and natural environments.

Washington -- The State attributed the increase from 1994-95 to 1995-96 in early intervention classroom/center and outpatient service facility placements to increased school district participation in the Part C program. The State further noted that since it does not have a single statewide electronic system, the Part C lead agency must use a manual process to ensure that the data compiled from each of the three service systems -- Department of Health, Department of Social and Health Services, and Office of Superintendent of Public Instruction -- are unduplicated. In 1994-95, Washington's Infant Toddler Early Intervention Program provided Part C funds to enhance programs that had previously provided services under Chapter 1. This influx of funding resulted in additional providers reporting data on Tables 2 through 4. The State further noted that coordinated child find and increased funding have allowed more children and families to access early intervention services.

West Virginia -- The State indicated that the decrease from 1994-95 to 1995-96 in outpatient service facility placements was a result of efforts to provide more services at early intervention centers.

National Early Childhood Technical Assistance System
A program of the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill

500 NationsBank Plaza ❖ 137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice) ❖ (919) 962-8300 (TDD)
(919) 966-7463 (fax)
E-mail: nectas@unc.edu
URL: http://www.nectas.unc.edu/

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