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**U.S. Department of Education**

**29th Annual Report to Congress on the  
Implementation of the  
*Individuals with Disabilities Education Act, 2007***

**Vol. 1**

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29th Annual Report to Congress on the  
Implementation of the  
*Individuals with Disabilities Education Act, 2007*

Vol. 1

*Individuals with Disabilities Education Act.*  
to ensure the free appropriate public education  
of all children with disabilities

Prepared by New Editions Consulting, Inc. for the  
Office of Special Education and Rehabilitative Services  
U.S. Department of Education

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## Preface

In December 2004, Congress reauthorized the *Individuals with Disabilities Education Act (IDEA)*, Public Law [P.L.] 108-446. The provisions in Parts A, B and C and subpart 1 of Part D of the act became effective on July 1, 2005. Some elements pertaining to the definition of a “highly qualified teacher” took effect upon the signing of the act. With reauthorization of *IDEA*, the nation reaffirmed its commitment to improving educational results for children and youth with disabilities.

The *29th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2007\** focuses on key state performance data in accordance with recommendations of the President’s Commission on Excellence in Special Education. \*\* **Volume 1** focuses on the children and students being served under *IDEA* nationally and provides profiles of individual states’ special education environments. **Volume 2** of the report contains the state-reported data tables for *IDEA*, Part B, developed from OSEP’s Data Analysis System (DANS). \*\*\* Part B of *IDEA* provides funds to states to assist them in providing a free appropriate public education (FAPE) to children ages 3 through 21 with disabilities who are in need of special education and related services. **Volume 3** of the report contains the state-reported data tables for *IDEA*, Part C. Part C provides funds to states to assist them in developing and implementing statewide, comprehensive, coordinated, multidisciplinary interagency systems to make early intervention services available to all children from birth to age 3 with disabilities and their families.

This *29th Annual Report to Congress* follows the 2006—i.e., the 28th annual report—in sequence and continues to focus on *IDEA* results and accountability. It is the first annual report to have three volumes. In the 28th and previous editions, vol. 2 consisted of data tables and data notes for Parts B and C. With the 2007 or 29th annual report, vol. 2 now contains only Part B data tables and data notes, and vol. 3 contains data tables and data notes for Part C. This division was done to accommodate the increased length of the report.

Vol. 1 of the *2007 Annual Report to Congress* is comparable to the 2006 or 28th annual report throughout the first three sections. Sections IV and V are new to this edition and were added to provide information on two programs established with the 2004 *IDEA* reauthorization. A summary of the five sections that make up vol. 1 of this report follows.

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\* The year in the title reflects the U.S. Department of Education’s target year for submitting the report to Congress.

\*\* U.S. Department of Education, Office of Special Education and Rehabilitative Services, *A New Era: Revitalizing Special Education for Children and Their Families*, Washington, D.C., 2002.

\*\*\* OSEP’s goal in separating the text of the report from the extensive tables is to make the report usable to all readers. The most recently updated tables are also posted on <http://www.ideadata.org>.

## **Section I. The National Picture**

Section I contains national data pertinent to Parts C and B of *IDEA* and the evaluation of states' monitoring and improvement practices under *IDEA*. It contains four subsections. The first three subsections focus on infants and toddlers served under *IDEA*, Part C; children ages 3 through 5 served under *IDEA*, Part B; and students ages 6 through 21 served under *IDEA*, Part B. The figures and tables provide information about the characteristics of children and students receiving services under Parts C and B, their disabilities, the settings in which they receive services, and their transitions as they move from early childhood through elementary and secondary school and into adult life. The fourth subsection presents highlights of states' monitoring and improvement activities related to state efforts to improve compliance with Parts B and C of *IDEA* and outcomes for children with disabilities and their families.

To the extent possible, the data are presented through figures, short tables and bulleted text. Data are included for the 50 states, the District of Columbia, Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands). In addition, data for special education and related services provided under *IDEA*, Part B are presented for Bureau of Indian Affairs (BIA) schools.

## **Section II. The State Picture**

Section II of the report contains state-level performance data for the 50 states and the District of Columbia. These state profiles include number of school districts, public school enrollment, per-pupil expenditures and percentage of children living below the poverty level. For Part B, the profiles also report data for OSEP's performance goals and graduation and dropout data. For Part C, the profiles include the lead agency for early intervention services and the number of infants and toddlers receiving early intervention services. The state profiles also identify states that provide early intervention services under Part C to infants and toddlers who are at risk of experiencing significant developmental delay if they do not receive early intervention services. Finally, the profiles show the percentage of infants and toddlers served under Part C over time.

## **Section III. Rank-Order Tables**

Section III presents tables of states rank-ordered by their reported data for exiting, dropout, educational environments, early intervention services and early intervention settings. OSEP uses these tables as part of its monitoring activities. In addition to data from all of the entities mentioned for Section I, the rank-order tables include data for Marshall Islands, Micronesia and Palau.



#### **Section IV. Summary of Research Conducted Under Part E of the *Education Sciences Reform Act of 2002***

When Congress reauthorized *IDEA* in December 2004, it amended the *Education Sciences Reform Act of 2002* by adding a new Part E, which established the National Center for Special Education Research (NCSER) as part of the Institute of Education Sciences (IES). NCSER began operation on July 1, 2005. As specified in P.L. 108-446, NCSER's mission is to:

- Sponsor research to expand knowledge and understanding of the needs of infants, toddlers and children with disabilities in order to improve the developmental, educational and transitional results of such individuals;
- Sponsor research to improve services provided under, and support the implementation of, the *Individuals with Disabilities Education Act* (20 U.S.C. 1400 et seq.); and
- Evaluate the implementation and effectiveness of the *Individuals with Disabilities Education Act* in coordination with the National Center for Education Evaluation and Regional Assistance.

Section IV of this report describes the 28 research projects funded by fiscal year (FY) 2006 grants made by NCSER under Part E.

#### **Section V. Summary of Studies and Evaluations Under Section 664 of *IDEA***

This section describes the activities supported by IES with FY 2006 funds under the Studies and Evaluations program, established under Section 664 of the 2004 reauthorization of *IDEA*. The purpose of this program and the funded activities is to assess the implementation and effectiveness of key programs and activities supported under *IDEA*.

Please note that throughout this report, the terms “infants and toddlers with disabilities,” “children with disabilities” and “students with disabilities” refer to recipients of services under *IDEA*, Part C or Part B.



# Key Findings

Vol. 1 of the *29th Annual Report to Congress* showcases the data collected from states along with some data from the national studies and evaluations included in the U.S. Department of Education's national assessment of the implementation of *IDEA*. The report also includes data from studies and databases of the National Center for Education Statistics (NCES) and U.S. Census Bureau. Some key findings about the national picture from the report follow.

## The National Picture

### Infants and Toddlers Served Under *IDEA*, Part C

- In 2005, under *IDEA*, Part C, there were 298,150 eligible infants and toddlers birth through age 2 who received early intervention services. Of these, 293,816 were served in the 50 states and the District of Columbia. This number represents 2.4 percent of the birth-through-2 population in the 50 states and the District of Columbia (Page 14).
- From 1996 through 2005, the percentage of the general population of infants and toddlers who were served under *IDEA*, Part C, increased for each of the age years served. The increase continued to be largest for 2-year-olds. In 1996, Part C served 2.4 percent of 2-year-olds. By 2005, Part C served 3.9 percent of 2-year-olds (Page 15).
- In 2004, approximately four-fifths of infants and toddlers being served under *IDEA*, Part C, received their early intervention services primarily in the *home* (82.7 percent). The next most common setting category was *service provider location* (5.6 percent) followed by *program designed for typically developing children* (4.4 percent) and *program designed for children with developmental delay or disabilities* (4.4 percent). Less than three percent (2.9 percent) of infants and toddlers received early intervention services in the setting categories presented as "Other." (Page 19).
- In 2004–05, about two-thirds (68.6 percent) of children served under *IDEA*, Part C, who exited Part C when they reached age 3 were determined to be *Part B eligible*. Other children who exited Part C when they reached age 3 did so with their *Part B eligibility not determined* (14 percent). Of the children who exited Part C when they reached age 3 and who were not eligible for Part B (17.4 percent), approximately 12 percent exited with referrals to other programs, and about 6 percent exited with no referrals (Page 22).
- In 2004–05, for every racial/ethnic group, more than 60 percent of children exiting Part C when they reached age 3 were eligible for Part B preschool services (Page 24).
- According to National Early Intervention Longitudinal Study parent and teacher reports from 2001 through 2005, 35 percent of kindergarten children who formerly received early intervention services were no longer considered to have a disability. About five in 10 (54 percent) of kindergarten children who formerly received early intervention services were eligible to receive special education programs and services and had an IEP. Another 11 percent had a disability but did not receive special education programs and services and did not have an IEP (Pages 33-34).

### **Children Ages 3 Through 5 Served Under IDEA, Part B**

- In 2005, Part B served 704,087 children ages 3 through 5 with disabilities. Of these, 698,938 were served in the 50 states, the District of Columbia and Bureau of Indian Affairs (BIA) schools. This number represents 5.8 percent of the U.S. population ages 3 through 5 (Page 43).
- The percentage of 3-year-olds in the general population who received special education and related services increased from 2.8 percent in 1996 to 3.8 percent in 2005. The percentage of 4-year-olds in the general population who received special education and related services increased from 4.7 percent in 1996 to 6.5 percent in 2003 and decreased slightly to 6 percent in 2005. The percentage of 5-year-olds in the general population who received special education and related services increased from 6.1 percent in 1996 to 6.6 percent in 2001, then increased yearly to 7.7 percent in 2005 (Pages 44-45).
- In 2005, American Indian/Alaska Native and white (not Hispanic) children ages 3 through 5 both had risk ratios above 1 (1.5 and 1.3, respectively). This indicates that they were more likely to be served under Part B preschool programs than were children 3 through 5 years of age of all other racial/ethnic groups combined. Black (not Hispanic) children ages 3 through 5, with a risk ratio of 1, were just as likely to be served under Part B preschool programs as same-age children of all other racial/ethnic groups combined. Asian/Pacific Islander and Hispanic children ages 3 through 5 were less likely to be served under Part B preschool programs than same-age children of all other racial/ethnic groups combined (both with risk ratios of 0.7) (Pages 47-48).
- In 2005, about one-third of children ages 3 through 5 served under *IDEA*, Part B, received all of their special education and related services in *early childhood* environments (34.1 percent). Only 2.9 percent of children ages 3 through 5 served under *IDEA*, Part B, received special education and related services in *home* environments (Page 49).
- According to the Pre-Elementary Education Longitudinal Study (PEELS), in 2003-04, nearly three-fourths of children ages 3 through 5 served under *IDEA*, Part B, were identified as having one of two primary disabilities—speech or language impairments (46.4 percent) or developmental delay (27.8 percent) (Page 54).
- In 2003–04, children identified as having orthopedic impairments, *other health impairments* or Mental retardation typically started receiving services from a professional at younger ages (13 months of age, 18 months of age and 19 months of age, respectively) than children identified as having other types of disabilities, according to PEELS (Page 55).

### **Students Ages 6 Through 21 Served Under IDEA, Part B**

- In 2005, a total of 6,109,569 students ages 6 through 21 were served under *IDEA*, Part B. Of these, 6,021,462 were served in the 50 states, the District of Columbia and Bureau of Indian Affairs (BIA) schools. This number represents 9.1 percent of the U.S. general population ages 6 through 21 (Page 58).
- In 2005, the largest disability category among students ages 6 through 21 served under *IDEA*, Part B, was specific learning disabilities (45.5 percent). The next most common disability category was speech or language impairments (18.9 percent), followed by *other health*

- impairments* (9.2 percent), Mental retardation (8.9 percent) and emotional disturbance (7.7 percent) (Page 61).
- For most disability categories, annual change in the percentage of the population ages 6 through 21 served under *IDEA*, Part B, was negligible from 1996 through 2005 (Page 62).
  - In 2005, American Indian/Alaska Native students ages 6 through 21 and black (not Hispanic) students ages 6 through 21 were about 1.5 times more likely to be served under *IDEA*, Part B, than same-age students in all other racial/ethnic groups combined (1.54 and 1.47, respectively); Asian/Pacific Islander students, white (not Hispanic) students and Hispanic students, ages 6 through 21, were less likely to be served under Part B than same-age students of all other racial/ethnic groups combined (0.51, 0.89 and 0.92, respectively) (Page 71).
  - In 2005, 96 percent of students ages 6 through 21 served under *IDEA*, Part B, were educated in regular classes. However, the amount of time they spent in regular classrooms varied. More than half of all students served under *IDEA*, Part B (53.6 percent) were educated for most of the school day in regular classes; that is, they were *outside the regular class for less than 21 percent of the school day* (Page 72).
  - In 2005, the percentage of students served under *IDEA*, Part B, receiving special education in each environment varied by disability category (Page 75).
  - In 2005, 43.9 percent of black (not Hispanic) students ages 6 through 21 served under *IDEA*, Part B, were educated in the regular class for most of the school day compared to 59.1 percent of white (not Hispanic) students with disabilities (Page 77).
  - From 1995–96 through 2004–05, the rate at which students with disabilities *graduated with a regular high school diploma* improved for students in all disability categories. The largest gains were made by students with speech or language impairments (22.7 percentage point increase) and autism (19.2 percentage point increase). Notable gains were also made by students with emotional disturbance (15 percentage point increase) and specific learning disabilities (11.4 percentage point increase) (Page 80).
  - From 1995–96 through 2004–05, the dropout rate declined for students in all disability categories except deaf-blindness. The improvement was most notable for students with speech or language impairments (25.2 percentage point decrease), emotional disturbance (21.7 percentage point decrease), autism (13 percentage point decrease) and specific learning disabilities (17.6 percentage point decrease) (Page 82).
  - In 2004–05, the rate at which students served under *IDEA*, Part B, *graduated with a regular high school diploma* was highest for Asian/Pacific Islander (66.7 percent) and white (61.5 percent) students served under *IDEA*, Part B. The graduation rate was lowest for black students served under *IDEA*, Part B (39.2 percent). The graduation rate for all students served under *IDEA*, Part B, was 54.4 percent (Page 83).
  - According to the Special Education Elementary Longitudinal Study (SEELS), in 2004, the vast majority of students in all disability categories participated in their state accountability systems through standardized or alternate assessments. Between one-half and three-fourths of students with most disabilities participated in standardized tests with accommodations or modifications. The fraction was closer to two-fifths of students with Mental retardation (43 percent), autism (37 percent) and multiple disabilities (40 percent) (Page 85).

- In 2004, across the disability categories, multiple disabilities had the largest percentage of students (13 percent) who did not participate in standardized or alternate assessments, followed by autism (10 percent), Mental retardation (8 percent), orthopedic impairments (7 percent) and visual impairments (6 percent), according to SEELS (Page 86).
- In 2005, the National Assessment of Educational Progress (NAEP) average scale reading score of fourth-grade students with disabilities was 190 compared to 220 for fourth-grade students without disabilities. However, on average, the performance of fourth-grade students with disabilities on reading improved since 1998, when their NAEP average scale score on reading was 176, compared to 190 in 2005 (Page 92).
- In 2005, the NAEP average scale mathematics score of eighth-grade students with disabilities was 244, compared to 283 for eighth-grade students without disabilities. However, on average, the performance of eighth-grade students with disabilities on mathematics improved since 1996, when their NAEP average scale score on mathematics was 231, compared to 244 in 2005 (Page 93).
- According to the National Longitudinal Transition Study-2 combined results on standardized academic achievement assessments in 2001–02 and 2003–04, on average, secondary school students with disabilities who qualified for direct assessments scored lowest on passage comprehension (mean standard score of 79.2) and highest on synonyms/antonyms (mean standard score of 87.4) (Page 101).

#### **Evaluation of States' Monitoring and Improvement Practices Under *IDEA***

- According to the Evaluation of States' Monitoring and Improvement Practices Under *IDEA*, in 2004–05, common areas of focus for states' Part B monitoring and improvement planning were educational environments (69 percent), access to the regular education curriculum (59 percent), graduation rates (57 percent), performance on child/student assessment (55 percent) and dropout rates (53 percent) (Pages 111-112).
- In 2004–05, common areas of focus for states' Part C local monitoring and improvement planning were individualized family service plan requirements and procedures (69 percent), transition to preschool (65 percent), natural environments (63 percent), child find (57 percent) and transition to other settings (53 percent) (Page 112).
- In 2004–05, 39 percent of states reported monitoring all of their monitoring units for Part C each year, but for Part B, only 6 percent of states reported monitoring all of their LEAs each year (Page 113).

## Data Sources Used in This Report

The text and graphics contained in the *29th Annual Report to Congress* were developed primarily from 2004/2005 data<sup>1</sup> in the Office of Special Education Programs' (OSEP) Data Analysis System (DANS). DANS is a repository for all of the data mandated by the *Individuals with Disabilities Education Act (IDEA)* to be collected from states annually. These data include the number of infants and toddlers being served under Part C of *IDEA* and the settings in which they receive program services as well as their transition at age 3 out of Part C. The states also report early intervention services provided to this population. For Part B, states report the number of children and students who are being served, the educational environments in which they receive education, disciplinary actions that affect them, information on their exiting the program and the personnel providing educational services to them. As they have in previous years, most states submitted 2004/2005 data used in this report to OSEP, which places such data in DANS. However, with the 2004/2005 data collection, several states submitted data held in DANS through *EDFacts*, a U.S. Department of Education initiative to consolidate the collection of kindergarten through grade 12 education program information about states, districts and schools. OSEP is part of this initiative and is in the process of transitioning data collection that is required under *IDEA*, Section 618 to *EDFacts*. For the 2005 Part B Child Count, 19 states<sup>2</sup> submitted data through *EDFacts*; 13 states<sup>3</sup> submitted 2005 Part B Educational Environments data through *EDFacts*; and 14 states<sup>4</sup> submitted 2004–05 Part B Exiting data through *EDFacts*.

All Part B and Part C data submitted by states to OSEP, whether via *EDFacts* or DANS, are stored in DANS. Data in the DANS database are not accessible to the public. Most of the DANS data used in vol. 1 are included in the tables in vols. 2 (Part B) and 3 (Part C). Tables and figures that display these data include footnotes that reference DANS and tables in vols. 2 and 3 as sources. Other DANS data in vol. 1 that are not tied to specific vol. 2 or vol. 3 tables are presented in tables and figures that cite DANS as their source. DANS data included in this report are tabulated from data collection forms; they are not published reports. All federal data collection forms must be approved by the Office of Management and Budget (OMB). The OMB approval number for each of the forms is provided in the source citation. Note that Part B and Part C data submitted via DANS or *EDFacts* are based on the same

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<sup>1</sup> For collection dates of 2004/2005 Part B and Part C data, see charts on next page.

<sup>2</sup> Alaska, California, Delaware, Idaho, Maine, Massachusetts, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Vermont, Virginia, West Virginia and Wisconsin.

<sup>3</sup> Alaska, California, Massachusetts, Missouri, Montana, New Mexico, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, West Virginia and Wisconsin.

<sup>4</sup> California, Delaware, Idaho, Maine, Missouri, Montana, Nebraska, North Dakota, Rhode Island, South Dakota, Vermont, Virginia, West Virginia and Wyoming.

data collection forms. For more information on *IDEA*, Part B and Part C data collections, data handling and verification procedures and tables produced from those data, go to <http://www.ideadata.org>.

A number of titles of figures and tables refer to *fall* of a particular year, and the corresponding source notes indicate that the data were updated as of July 17, 2006 (same is true for source tables in vols. 2 and 3). This is because much of the Part B and Part C data included in this report are from *snapshots* of the database maintained by DANS. OSEP permits states to update data as necessary after original state submissions; however, snapshots are used to prepare analyses for the annual reports to Congress. The use of snapshots ensures that the data are not revised while reports are being produced, thereby ensuring consistency of data in presentations and analyses throughout each report. Use of data snapshots also facilitates the U.S. Department of Education review process. Certain other categories of data (e.g., Part B exiting and discipline) are collected over the course of a year. Unless noted otherwise, the year spans in titles of figures and tables refer to school years. Additional tables and data related to these data collections are available at <http://www.ideadata.org>.

State-reported data from DANS for Part C used in this report consist of the following:

Data category	Collection date	Date due to OSEP
Child Count	Dec. 1, 2005*	Feb. 1, 2006
Program Settings	Dec. 1, 2004	Nov. 1, 2005
Early Intervention Services	Dec. 1, 2004	Nov. 1, 2005
Exiting	Cumulative, state-determined 12-month reporting period, 2004-05	Nov. 1, 2005

\*Iowa and Maryland used the last Friday in October 2005 as the reference date for reporting these data.

State-reported data<sup>5</sup> from DANS for Part B used in this report consist of the following:

Data category	Collection date	Date due to OSEP
Child Count	Dec. 1, 2005*	Feb. 1, 2006
Educational Environments	Dec. 1, 2005*	Feb. 1, 2006
Personnel	On or about Dec. 1, 2004	Nov. 1, 2005
Exiting	Cumulative, state-determined 12-month reporting period, 2004-05	Nov. 1, 2005
Discipline	School year 2004-05	Nov. 1, 2005

\*Alaska, the Bureau of Indian Affairs (BIA) schools, Iowa, Maryland and Texas used the last Friday in October 2005 as the reference date for reporting these data. Massachusetts used Oct. 1, 2005, as the reference date for reporting these data.

<sup>5</sup> The U.S. Department of the Interior reports data for Bureau of Indian Affairs (BIA) schools.



*Note to reader:* Within these categories of data are various subcategories, some of which require detailed descriptors.<sup>6,7</sup> These detailed descriptors are italicized when references are made within text or notes in order to clarify that the reference is to a grouping of data. In table titles, this rule is not followed, with one exception. In sets of tables in which the distinguishing factor is a subcategory of data, that subcategory is italicized in order to highlight the variable for the reader. Such sets of tables appear in Section III (Rank-Order Tables) of vol.1 and throughout vols. 2 and 3.

In addition to data from DANS, this report presents information from the U.S. Department of Education's national assessment of the implementation of *IDEA*, which included: the National Early Intervention Longitudinal Study (NEILS), the Pre-Elementary Education Longitudinal Study (PEELS), the Special Education Elementary Longitudinal Study (SEELS), the National Longitudinal Transition Study-2 (NLTS2) and the Evaluation of States' Monitoring and Improvement Practices Under *IDEA*.<sup>8</sup> Other data sources used in this annual report to Congress were the National Center for Education Statistics (NCES) and the NCES Common Core of Data (CCD), the U.S. Census Bureau and the National Early Childhood Technical Assistance Center (NECTAC).<sup>9</sup> Following are brief descriptions of all these data sources. Further general information about each data source can be found at the Web site at the end of the description. Unless otherwise specified, each URL given below was last accessed on Oct. 19, 2010.

### **National Assessment of the Implementation of *IDEA***

The U.S. Department of Education's (Department's) national assessment of the progress in the implementation of *IDEA* involved various studies and evaluations authorized under Part D, Section 664 and funded by the Department. Data from the following projects are included in this report.

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<sup>6</sup> A list of these data categories and subcategories for Part C is available at the beginning of the Part C Data Notes in appendix A.

<sup>7</sup> A list of these data categories and subcategories for Part B is available at the beginning of the Part B Data Notes in appendix B. In regard to the subcategories of data for Part B, please note that Public Law 111-256, enacted on Oct. 5, 2010, amended *IDEA* and other federal laws to replace the term "mental retardation" with the term "intellectual disabilities." Therefore, the U.S. Department of Education will refer to the disability subcategory "intellectual disabilities" rather than "mental retardation" in the *30th Annual Report to Congress* and all subsequent annual reports.

<sup>8</sup> Data in this report from the U.S. Department of Education studies and evaluation are based on analyses of information from databases that are not accessible to the general public.

<sup>9</sup> Specific data from these other sources were primarily used to determine percentages for the *snapshots* of data mentioned previously and to develop other comparisons and data analyses. When the source of specific data cited in the report is a Web site, the access date goes back in time to when data were originally gathered for preparing the analyses, figures and tables that appear herein.

### *National Early Intervention Longitudinal Study*

The National Early Intervention Longitudinal Study (NEILS) was a 10-year study first funded by the Office of Special Education Programs (OSEP) in 1995 to provide important information about the Part C program. NEILS was conducted for OSEP by SRI International, with assistance from the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, Research Triangle Institute and American Institutes for Research.

NEILS addressed the following questions:

- Who are the children and families receiving early intervention services?
- What early intervention services do participating children and families receive, and how are services delivered?
- What are the costs of services?
- What outcomes do participating children and families experience?
- How do outcomes relate to variations in child and family characteristics and services provided?

NEILS surveyed a nationally representative sample of 3,338 children between birth and 31 months of age and their families who began early intervention services for the first time between September 1997 and November 1998. The sampled families were recruited in three to seven counties in each of 20 states.

More information about NEILS can be found at <http://www.sri.com/neils>.

### *Pre-Elementary Education Longitudinal Study*

The Pre-Elementary Education Longitudinal Study (PEELS) is being conducted by Westat for the U.S. Department of Education's National Center for Special Education Research in the Institute of Education Sciences. PEELS is examining children's preschool experiences and outcomes, their transition to kindergarten and their early elementary school experiences and outcomes. Five research questions focus the study:

- What are the characteristics of children receiving preschool special education?
- What preschool programs and services do they receive?
- What are their transitions like—between early intervention and preschool and between preschool and elementary school?
- How do these children function and perform in preschool, kindergarten and early elementary school?

- Which child service and program characteristics are associated with children's performance over time on assessments of academic and adaptive skills?

PEELS followed approximately 3,000 children nationwide who, at the study's start, were 3 through 5 years old and had individualized education programs (IEPs) or individualized family service plans (IFSPs) to receive special education services. The study tracked their progress as they moved through their preschool years and into early elementary school.

PEELS used a two-stage sample design to select a nationally representative sample of children ages 3 through 5 receiving special education services. In the first stage, a national sample of local education agencies (LEAs) was selected. In the second stage, a sample of preschoolers with disabilities was selected from a list of eligible children provided by the participating LEAs. In spring 2003, the 199 LEAs confirmed their participation and began supplying lists of preschool children receiving special education services. The final study sample of children totaled 3,104.

The study used telephone interviews with parents of preschoolers with disabilities, one-on-one assessments of children participating in this study and mail surveys with the children's teachers and other service providers, school principals, district administrators and state education agency administrators to find answers to these questions. Data collection began in fall 2003 and was repeated in winter 2005, 2006, 2007 and 2009.

Additional information about PEELS can be found at <http://www.peels.org>.

#### *Special Education Elementary Longitudinal Study*

The Special Education Elementary Longitudinal Study (SEELS) collected data about school-age students receiving special education services and was conducted for OSEP by SRI International, with assistance from Westat. From December 1999 through June 2006, SEELS documented the school experiences of a national sample of students as they moved from elementary to middle school and from middle to high school. One important feature of the SEELS longitudinal research is that, rather than providing a picture of students' educational, social, vocational and personal development at a single point in time, the study was designed to assess changes in these areas over time.

SEELS involved a representative sample of students in special education who were ages 6 through 13 on Dec. 1, 2000. Students were selected randomly from rosters of students in special education provided by local education agencies and state-operated special schools for the deaf and blind

that agreed to participate in the study. Statistical summaries generated from SEELS generalize to special education students nationally as a group, as well as to federal special education disability categories and to each single-year age cohort. Additional information about SEELS can be found at <http://www.seels.net>.

### *National Longitudinal Transition Study-2*

The National Longitudinal Transition Study-2 (NLTS2) is a follow-up of the original National Longitudinal Transition Study conducted from 1985 through 1993. Begun in 2000, the 10-year NLTS2 is being conducted for the U.S. Department of Education by SRI International, with assistance from Westat and RTI International. NLTS2 includes 11,276 students nationwide who were ages 13 to 16, receiving special education and in at least seventh-grade at the start of the study in 2000. The study is collecting information from parents, students and schools and will provide a national picture of the experiences and achievements of young people as they transition into early adulthood. The study will:

- Describe the characteristics of secondary school students in special education and their households;
- Describe the secondary school experiences of students in special education, including their schools, school programs, related services and extracurricular activities;
- Describe the experiences of students once they leave secondary school, including adult programs and services, social activities, etc.;
- Measure the secondary school and postschool outcomes of students in the education, employment, social and residential domains; and
- Identify factors in students' secondary school and postschool experiences that contribute to positive outcomes.

Data in this report were derived from the NLTS2 Wave 1 student academic and functional assessments, 2002 and the Wave 2 student academic and functional assessments, 2004. More information on NLTS2 can be found at <http://www.nlts2.org>.

### *Evaluation of States' Monitoring and Improvement Practices Under IDEA*

In 2004, the U.S. Department of Education (Department) began a five year evaluation of states' monitoring and improvement practices under *IDEA*, via a contract with Westat. This evaluation project was the Department's first *IDEA*-related independent and systematic examination of monitoring systems across the states. In the Department's view, such an examination of monitoring systems could inform its efforts to provide monitoring guidance to states and, thus, enable it to better carry out its responsibilities under *IDEA*.

The project had three objectives:

- To describe the nature and scope of states' monitoring systems.
- To describe states' monitoring systems at two points in time.
- To create a general framework that conveys the key components of state monitoring systems.

The data in this *29th Annual Report to Congress* were compiled from responses to the Part B and Part C Monitoring Evaluation Questionnaires about 2004–05 monitoring and improvement practices in the 50 states and District of Columbia. As the findings and determinations of states' monitoring become available, they will be published in future annual reports to Congress. This project does not have a Web site, but the reader can obtain more information by contacting the Department's National Center for Special Education Research in the Institute of Education Sciences.

### **National Center for Education Statistics**

The National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing data that are related to education in the United States and other nations. NCES is located within the U.S. Department of Education, Institute of Education Sciences.

NCES fulfills a congressional mandate to collect, collate, analyze and report complete statistics on the condition of American education; to conduct and publish reports; and to review and report on education activities internationally. NCES statistics and publications are used by Congress, other federal agencies, state education agencies, educational organizations, the news media, researchers and the public. More information can be found at <http://nces.ed.gov>.

### *Common Core of Data*

Additional data come from the NCES Common Core of Data (CCD). The CCD is the U.S. Department of Education's primary database on public elementary and secondary education in the United States. Updated annually, CCD is a comprehensive, national statistical database of all public elementary and secondary schools and school districts that contains data that are designed to be comparable across all states.

CCD comprises five surveys sent to state education departments. Most of the data are obtained from administrative records maintained by the state education agencies. Statistical information is collected annually from public elementary and secondary schools, public school districts and the 50 states, the District of Columbia, Department of Defense schools, Puerto Rico and the four outlying areas. This report uses information from the CCD for 2005–06. For more information on CCD, see <http://nces.ed.gov/ccd/aboutccd.asp>.

### *National Assessment of Educational Progress*

Since 1969, NCES has conducted the National Assessment of Educational Progress (NAEP) in accordance with its congressional mandate. NAEP is the only nationally representative and continuing assessment of what America's students know and can do in various subject areas, including reading, mathematics, science, writing, history, geography and the arts. NAEP results and NCES' findings are published every year in *The Nation's Report Card*. In 2005, nationally representative samples of more than 165,000 fourth-grade students and 159,000 eighth-grade students participated in NAEP assessments of reading and mathematics. The results from these assessments, which NCES later published, were used as source material in this report. For more information about NAEP and *The Nation's Report Card*, visit <http://nces.ed.gov/nationsreportcard>.

### **U.S. Census Bureau**

Each year, the Population Estimates Program of the U.S. Census Bureau publishes estimates of the resident population for each state and county. Members of the Armed Forces on active duty stationed outside the United States, military dependents living abroad and other U.S. citizens living abroad are not included in these estimates. These population estimates are produced by age, sex, race and Hispanic origin. The state population estimates are solely the sum of the county population estimates. The reference date for county estimates is July 1.

Estimates are used as follows: (1) in determining federal funding allocations, (2) in calculating percentages for vital rates and per capita time series, (3) as survey controls, and (4) in monitoring recent demographic changes. With each new issue of July 1 estimates, the estimates for prior years are revised back to the last census. Previously published estimates are superseded and archived. See the Census Bureau's document *Estimates and Projections Area Documentation: State and County Total Population Estimates* for more information about how population estimates are produced ([http://www.census.gov/popest/topics/methodology/2005\\_st\\_co\\_meth.html](http://www.census.gov/popest/topics/methodology/2005_st_co_meth.html)). More information about the U.S. Census Bureau can be found at <http://www.census.gov>.

## **National Early Childhood Technical Assistance Center**

Funded by OSEP, the National Early Childhood Technical Assistance Center (NECTAC) supports the implementation of the early childhood provisions of *IDEA*. Its mission is to strengthen service systems to ensure that children ages birth through 5 with disabilities and their families receive and benefit from high-quality, culturally appropriate and family-centered supports and services.

NECTAC works with administrators from all states and other U.S. jurisdictions responsible for planning and implementing services under *IDEA*. It also works collaboratively with states and partners to support long-term systems change and improvement. More information about NECTAC can be found at <http://www.nectac.org>.





## **Section I**

### **The National Picture**



## **Infants and Toddlers Served Under *IDEA*, Part C**

The *Education of the Handicapped Act Amendments of 1986* established the Early Intervention Program for Infants and Toddlers with Disabilities under Part H (now Part C) of *IDEA*. This program is based on the premise that providing early intervention services to children with disabilities and their families helps to improve child developmental outcomes. Early intervention services are designed to identify and meet children's needs in five developmental areas: physical development, cognitive development, communication, social or emotional development and adaptive development. The early intervention program assists states in developing and implementing a statewide, comprehensive, coordinated and multidisciplinary interagency system to make early intervention services available to all children with disabilities birth through age 2 and their families.

The Part C figures and tables that follow in section I present data for the infants and toddlers with disabilities who were served in the 50 states and the District of Columbia. States have authority to define the level of developmental delay needed for Part C eligibility as well as other Part C eligibility criteria, which explains some of the variability in state-by-state comparisons. In addition, where indicated in the footnotes, the figures and tables include data from Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands) that receive Part C funds. Part C data about infants and toddlers with disabilities served through Bureau of Indian Affairs (BIA) schools, for which reporting is required by the U.S. Department of the Interior, are not represented in these figures and tables. Please note that in this text, references to "states" encompass the 50 states and other jurisdictions as noted in the accompanying tables and figures.

## Trends in the Numbers and Percentages of Infants and Toddlers Served Under *IDEA*, Part C

*How many infants and toddlers receive early intervention services and how has the percentage of children birth through age 2 served under IDEA, Part C changed over time?*

**Table 1-1. Number of infants and toddlers birth through age 2 served under IDEA, Part C, and the percentage of population served, by year: Fall 1996 through fall 2005**

Year	Total served under Part C (birth through 2)		Birth-through-2 population in the 50 states and DC	Percentage <sup>a</sup> of birth-through-2 population receiving services under <i>IDEA</i> , Part C in the 50 states and DC
	For the 50 states, DC, Puerto Rico and the four outlying areas	For the 50 states and DC only		
1996	187,348	182,347	11,424,715	1.6
1997	197,376	192,220	11,362,331	1.7
1998	188,926	183,826	11,350,630	1.6
1999	205,769	202,376	11,417,776	1.8
2000	230,853	227,188	11,485,257	2.0
2001	247,433	244,005	11,711,409	2.1
2002	268,331	265,145	11,950,413	2.2
2003	272,454	269,596	12,048,310	2.2
2004	282,733	279,154	12,113,299	2.3
2005	298,150	293,816	12,235,143	2.4

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C of the *Individuals with Disabilities Education Act*," 1996–2005. Data updated as of July 17, 2006. Also tables 6-1, 6-3 and B-1 in vol. 3 of this report.

U.S. Bureau of the Census. Population data for 1996 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-icen1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-icen2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

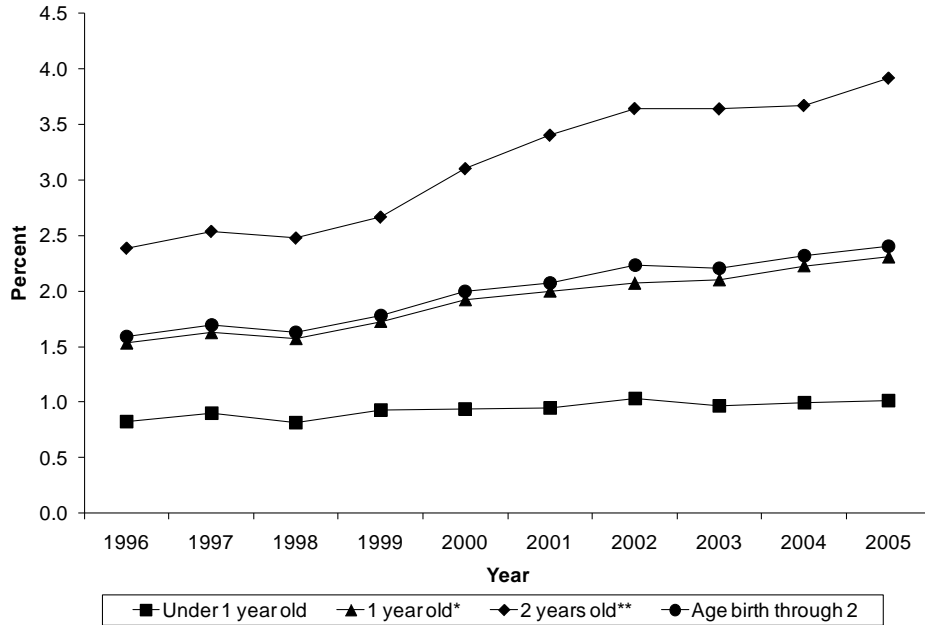
<sup>a</sup>Percentage was calculated by dividing the number of infants and toddlers birth through age 2 served under *IDEA*, Part C, by the general U.S. population estimates for infants and toddlers in this age range for that year. The result was multiplied by 100 to produce a percentage.

- In 2005, under *IDEA*, Part C, there were 298,150 eligible infants and toddlers birth through age 2 who received early intervention services. Of these, 293,816 were served in the 50 states and the District of Columbia. This number represents 2.4 percent of the birth-through-2 population in the 50 states and the District of Columbia.
- Twenty-seven of 50 states served at least 2.2 percent of their individual state's birth-through-2 population under *IDEA*, Part C (see table 6-1 in vol. 3).
- Between 1996 and 2005, the total number of children served under *IDEA*, Part C, grew from 187,348 to 298,150. This is an increase of 110,802 children, or 59.1 percent of the 1996 child count.

- In the 50 states and the District of Columbia, the percentage of the birth-through-2 population served under *IDEA*, Part C, increased between 1996 and 2005. In 1996, Part C served 1.6 percent of children ages birth through 2. By 2005, this percentage was up to 2.4 percent.

*How does the percentage of the population served under IDEA, Part C vary by child's age?*

**Figure 1-1. Percentage<sup>a</sup> of the population in four age spans from birth through age 2 served under IDEA, Part C, by year and age span: Fall 1996 through fall 2005**



\*1-year-olds are those children between 1 year old and 2 years old.  
 \*\*2-year-olds are those children between 2 and 3 years old.

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C of the *Individuals with Disabilities Education Act*," 1996–2005. Data updated as of July 17, 2006. Also tables 6-1, 6-3 and B-1 in vol. 3 of this report. These data are for the 50 states and the District of Columbia.

U.S. Bureau of the Census. Population data for 1996 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-icen1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-icen2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of infants and toddlers in the age span served in the 50 states and the District of Columbia under *IDEA*, Part C, by the general U.S. population estimates for infants and toddlers in the age span in these states and the District of Columbia for that year. The result was multiplied by 100 to produce a percentage.

- From 1996 through 2005, the percentage of the general population of infants and toddlers who were served under *IDEA*, Part C, increased for each of the age years served.
- The increase continued to be largest for 2-year-olds. In 1996, Part C served 2.4 percent of 2-year-olds. By 2005, Part C served 3.9 percent of 2-year-olds.

- The percentage of 1-year-olds in the general population receiving early intervention services under Part C increased from 1.5 percent in 1996 to 2.3 percent in 2005.
- The percentage of children in the general population under 1 year of age receiving early intervention services under Part C increased from 0.8 percent in 1996 to 1 percent in 2005.

*What differences exist among racial/ethnic groups with respect to the percentages served under IDEA, Part C?*

Risk ratios compare the proportion of a particular racial/ethnic group served under *IDEA*, Part C, to the proportion so served among the other racial/ethnic groups combined. For example, if racial/ethnic group X has a risk ratio of 2 for receipt of early intervention services, that group’s likelihood of receiving early intervention services is twice as great as for all of the other racial/ethnic groups combined. In the table below, the risk ratio of 0.9 for black (not Hispanic) and the same for Hispanic infants and toddlers indicate that these two groups were slightly less likely to receive early intervention services than were their age peers from the other racial/ethnic groups combined.

**Table 1-2. Risk ratios for infants and toddlers birth through age 2 served under IDEA, Part C, by race/ethnicity: Fall 2005**

Race/ethnicity	Child count <sup>a</sup>	U.S. birth-through-2 population	Risk index <sup>b</sup>	Risk index for all other <sup>c</sup>	Risk ratio <sup>d</sup>
American Indian/Alaska Native	2,947	109,326	2.7	2.4	1.1
Asian/Pacific Islander	12,781	558,599	2.3	2.4	1.0
Black (not Hispanic)	40,579	1,799,618	2.3	2.4	0.9
Hispanic	59,815	2,778,493	2.2	2.5	0.9
White (not Hispanic)	177,153	6,989,104	2.5	2.2	1.1
Total	293,275 <sup>e</sup>	12,235,140	2.4	N/A	N/A

*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: “Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C of the *Individuals with Disabilities Education Act*,” 2005. Data updated as of July 17, 2006. Also tables 6-7 and B-2 in vol. 3 of this report. These data are for the 50 states and the District of Columbia.

U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from [http://www.census.gov/popest/states/asrh/files/SC\\_EST2005\\_ALLDATA6.csv](http://www.census.gov/popest/states/asrh/files/SC_EST2005_ALLDATA6.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Child count is the number of children birth through age 2 with disabilities in the racial/ethnic group.

<sup>b</sup>Risk index was calculated by dividing the child count for the racial/ethnic group by the total number of children in the racial/ethnic group in the U.S. population birth through age 2. The result was multiplied by 100 to produce a percentage.

<sup>c</sup>Risk index for all other was calculated by dividing the combined child count for all racial/ethnic groups except the one under consideration by the total U.S. population birth through age 2 in all racial/ethnic groups other than the one under consideration. The result was multiplied by 100 to produce a percentage.

<sup>d</sup>Risk ratios were calculated by dividing the risk index for the racial/ethnic group by the risk index for all other racial/ethnic groups combined and rounding the result to one decimal place.

<sup>e</sup>The number of children reported by race/ethnicity does not match the total child count because race/ethnicity data are missing for some children.

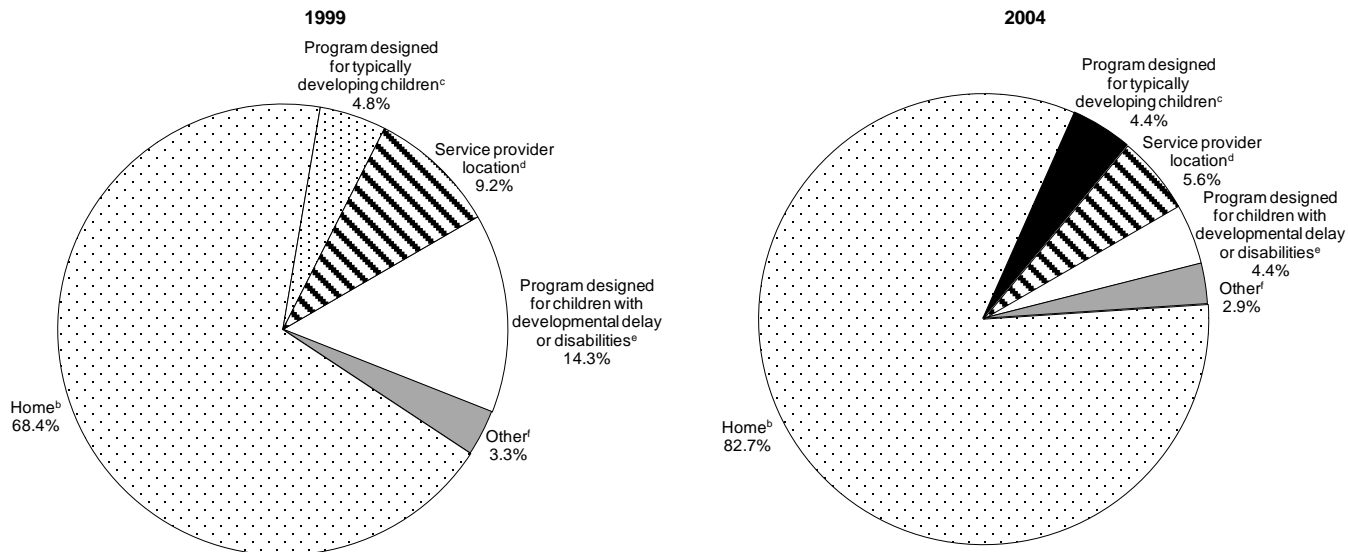
- Asian/Pacific Islander children have a risk ratio of 1.0, indicating that children in this group were about equally as likely as children in all other racial/ethnic groups combined to be served under *IDEA*, Part C.
- American Indian/Alaska Native children and white (not Hispanic) children have a risk ratio of 1.1, indicating that children in these groups were slightly more likely to be served under *IDEA*, Part C, than were children in all other racial/ethnic groups combined.
- Black (not Hispanic) children and Hispanic children have a risk ratio of 0.9, indicating that children in these groups were slightly less likely to be served under *IDEA*, Part C, than children in all other racial/ethnic groups combined.

## The Primary Service Setting of Children Served Under *IDEA*, Part C

Part C of *IDEA* mandates that early intervention services be provided, to the maximum extent appropriate, in natural settings, such as a child’s home or community settings where typically developing children are present. A multidisciplinary team, including the child’s parent(s), determines the service setting that will be included on the child’s individualized family service plan (IFSP). *Home* and *program designed for typically developing children* settings are considered natural settings.

What is the primary service setting for infants and toddlers birth through age 2 served under *IDEA*, Part C?

**Figure 1-2. Percentage<sup>a</sup> of infants and toddlers birth through age 2 served under *IDEA*, Part C, by primary early intervention settings: Fall 1999 and fall 2004**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: “Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C of the *Individuals with Disabilities Education Act*,” 1999, 2004. Data updated as of July 17, 2006. Also table 6-4 in vol. 3 of this report. Data are for the 50 states, the District of Columbia, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of infants and toddlers birth through age 2 in the settings category by the total number of infants and toddlers in this age range served in all settings under *IDEA*, Part C. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>*Home* refers to the principal residence of the eligible infant’s or toddler’s family or caregivers.

<sup>c</sup>*Program designed for typically developing children* refers to a setting where services are provided in a program regularly attended by a group of children. Most of the children in this setting do not have disabilities. Examples include regular nursery schools and child care centers.

<sup>d</sup>*Service provider location* includes an office, clinic or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive early intervention services. These services may be delivered individually or to a small group of children.



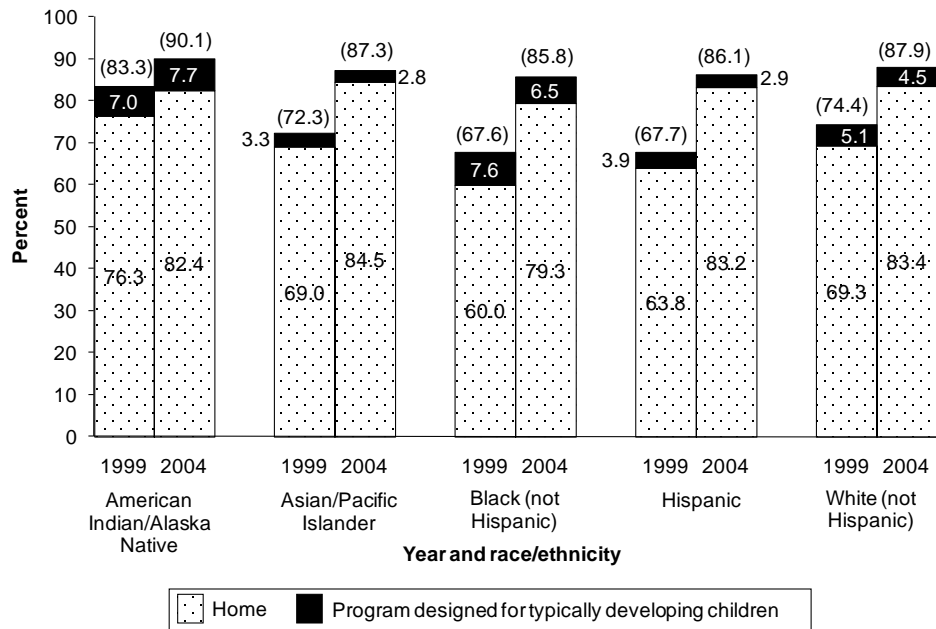
- In 2004, approximately four-fifths of infants and toddlers being served under *IDEA*, Part C, received their early intervention services primarily in the *home* (82.7 percent). The next most common setting was *service provider location* (5.6 percent) followed by *program designed for typically developing children* (4.4 percent) and *program designed for children with developmental delay or disabilities* (4.4 percent). Less than three percent (2.9 percent) of infants and toddlers received early intervention services in the setting categories presented as “Other.”
- Between 1999 and 2004, the percentage of infants and toddlers served primarily in the *home* increased from 68.4 percent to 82.7 percent. In the same time period, the percentage of infants and toddlers served primarily in a *program designed for children with developmental delay or disabilities* decreased from 14.3 percent to 4.4 percent. The percentage of infants and toddlers served primarily in a *service provider location* decreased from 9.2 percent to 5.6 percent.
- In 1999, 4.8 percent of infants and toddlers who received Part C early intervention services were served in a *program designed for typically developing children*. The percentage of infants and toddlers served in this setting in 2004 (4.4 percent) was similar to the 1999 percentage.
- Overall, in 2004, a total of 87.1 percent of infants and toddlers received their early intervention services primarily in natural environments, which are defined as the *home* or a *program designed for typically developing children*. Thirty-four states, Puerto Rico and two outlying areas reported serving at least 87.1 percent of Part C infants and toddlers in the *home* or a *program designed for typically developing children* (table 3-12 in vol. 1, Natural Environments).

<sup>e</sup>*Program designed for children with developmental delay or disabilities* refers to an organized program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.

<sup>f</sup>In 1999, “Other” comprised the following: *residential facility* (0.1 percent), *hospital* (0.7 percent) and *other setting* (2.6 percent). In 2004, “Other” comprised: *residential facility* (<0.1 percent), *hospital* (<0.1 percent) and *other setting* (2.7 percent).

What differences exist among infants and toddlers of different racial/ethnic groups with respect to receiving early intervention services in natural settings (i.e., home and program designed for typically developing children)?

**Figure 1-3. Percentage<sup>a</sup> of infants and toddlers birth through age 2 served in the home and in programs designed for typically developing children<sup>b</sup> under IDEA, Part C, by year, race/ethnicity and service setting: Fall 1999 and fall 2004**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: “Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C of the *Individuals with Disabilities Education Act*,” 1999, 2004. Data updated as of July 17, 2006. Also tables 6-10a through 6-10e in vol. 3 of this report. Data are for the 50 states, the District of Columbia, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of infants and toddlers birth through age 2 in the racial/ethnic group and setting category by the total number of infants and toddlers in this age range and racial/ethnic group served in all settings under IDEA, Part C. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Program designed for typically developing children includes regular nursery schools and child care centers. This setting and the home combine to form what are called natural settings.

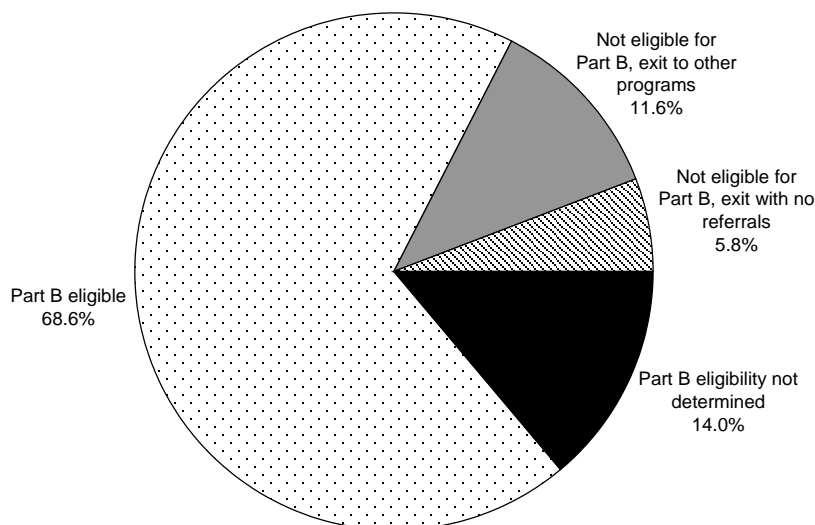
- In 2004, the majority of Part C infants and toddlers in all racial/ethnic groups received early intervention services in the home. Asian/Pacific Islander children (84.5 percent) were most often served in the home, followed by white (not Hispanic) children (83.4 percent), Hispanic children (83.2 percent) and American Indian/Alaska Native children (82.4 percent). Black (not Hispanic) children (79.3 percent) were the least often served in the home; 6.5 percent of black infants and toddlers were served in a program designed for typically developing children.

- Since 1999, the percentage of infants and toddlers receiving services primarily in natural settings (i.e., the *home* or a *program designed for typically developing children*) under *IDEA*, Part C, has increased for all racial/ethnic groups.
- The largest gain in the percentage of Part C infants and toddlers served in the natural or combined settings of *home* or *program designed for typically developing children* was made for eligible Hispanic infants and toddlers. The percentage of Hispanic infants and toddlers in these combined settings increased from 67.7 percent in 1999 to 86.1 percent in 2004.
- Since 1999, the percentage of Part C infants and toddlers receiving early intervention services primarily in the combined settings of *home* or *program designed for typically developing children* has become similar for different racial/ethnic groups. In 1999, there was almost a 16 percentage point difference between the racial/ethnic group with the highest percentage of children served in these settings (83.3 percent for American Indian/Alaska Native children) and the racial/ethnic group with the lowest percentage (67.6 percent for black [not Hispanic] children). In 2004, the difference between the highest and lowest percentages was about 4.3 percentage points (90.1 percent for American Indian/Alaska Native children compared with 85.8 percent for black [not Hispanic] children).

## Infants and Toddlers Exiting Part C of IDEA

What are the Part B eligibility statuses of children exiting IDEA, Part C, when they reached age 3?

**Figure 1-4. Percentage<sup>a</sup> of children exiting IDEA, Part C, when they reached age 3, by Part B eligibility<sup>b</sup> status: 2004–05<sup>c</sup>**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: “Infants and Toddlers Exiting Part C of the *Individuals with Disabilities Education Act*,” 2004–05. Data updated as of July 17, 2006. Also table 6-5 in vol. 3 of this report. These data are for the 50 states, the District of Columbia, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of children exiting Part C when they reached age 3, in the exiting category by the total number of same-age children exiting Part C, but not including children who completed their individualized family service plan (IFSP) prior to reaching maximum age for Part C, died, moved out of state, were withdrawn by parent and for whom attempts to contact were unsuccessful. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Part B eligibility refers to eligibility for Part B preschool services under section 619 of the *IDEA*.

<sup>c</sup>Data are from a cumulative 12-month reporting period.

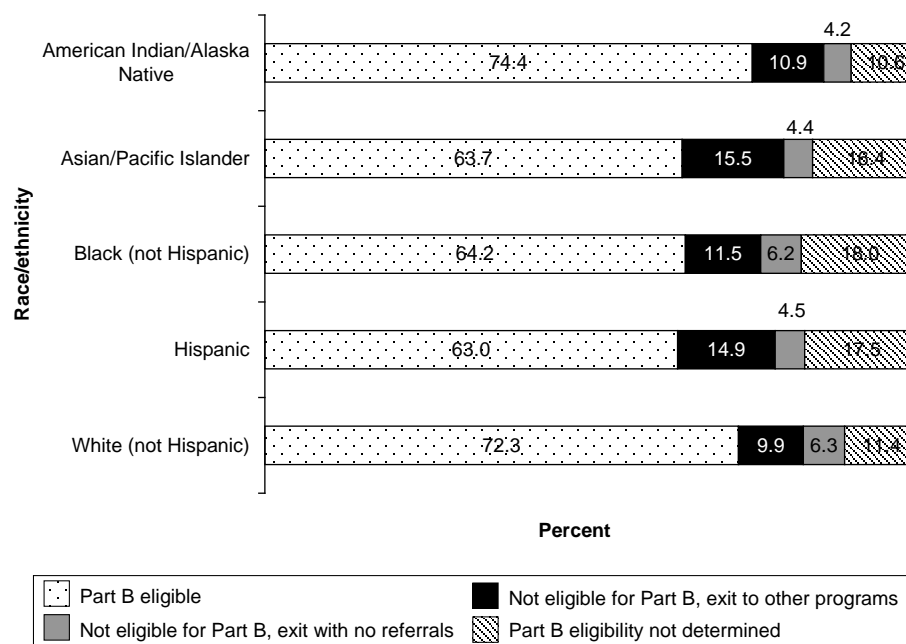
- In 2004–05, about two-thirds (68.6 percent) of children served under IDEA, Part C, who exited Part C when they reached age 3 were determined to be *Part B eligible*. Other children who exited Part C when they reached age 3 did so with their *Part B eligibility not determined* (14 percent). Of the children who exited Part C when they reached age 3 and who were not eligible for Part B (17.4 percent), approximately 12 percent exited with referrals to other programs, and about 6 percent exited with no referrals.
- The 68.6 percent of children served under *IDEA*, Part C, who were determined to be *Part B eligible* when they reached age 3 in 2004–05 is almost identical to the percents of Part C exiters who were *Part B eligible* in 2003–04 (68.5 percent) and 2002–03 (68.2 percent). In 2001–02, 66 percent of children who exited Part C when they reached age 3 were *Part B*

*eligible* [2003–04 data from *28th Annual Report to Congress (ARC)*, vol. 2, table 6-5; 2002–03 data from *27th ARC*, vol. 2, table 6-5;; 2001–02 data from *26th ARC*, vol. 2, table 6-5].

- The 14 percent of children who exited Part C when they reached age 3 with their *Part B eligibility not determined* in 2004–05 was slightly higher than the 13.6 percent of children who exited Part C with their *Part B eligibility not determined* in 2003–04. The 14 percent of children in 2004–05 was a decrease from the 15.2 percent and 16 percent of Part C exiters in 2002–03 and 2001–02, respectively, with their *Part B eligibility not determined* [2003–04 data from *28th Annual Report to Congress (ARC)*, vol. 2, table 6-5; 2002–03 data from *27th ARC*, vol. 2, table 6-5; 2001–02 data from *26th ARC*, vol. 2, table 6-5].
- In 2004–05, 11.6 percent of children served under *IDEA*, Part C, who exited Part C when they reached age 3, were determined to be *not eligible for Part B, exit to other programs*, similar to the 11 percent in 2003–04. Both percents were an increase from the 8.5 percent and 9.1 percent of Part C exiters who were determined *not eligible for Part B, exit to other programs* in 2002–03 and 2001–02, respectively [2003–04 data from *28th Annual Report to Congress (ARC)*, vol. 2, table 6-5; 2002–03 data from *27th ARC*, vol. 2, table 6-5; 2001–02 data from *26th ARC*, vol. 2, table 6-5].
- The percent of children who were determined *not eligible for Part B, exit with no referrals* when they reached age 3 was 5.8 percent in 2004–05. This percent was a decrease from the percents in 2003–04 (6.9 percent), 2002–03 (8 percent) and 2001–02 (8.9 percent) [2003–04 data from *28th Annual Report to Congress (ARC)*, vol. 2, table 6-5; 2002–03 data from *27th ARC*, vol. 2, table 6-5; 2001–02 data from *28th ARC*, vol. 2, table 6-5].

How does Part B eligibility status vary for children in different racial/ethnic groups who are exiting IDEA, Part C?

**Figure 1-5. Percentage<sup>a</sup> of children exiting IDEA, Part C, when they reached age 3, by race/ethnicity and Part B eligibility<sup>b</sup> status: 2004–05<sup>c</sup>**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: “Infants and Toddlers Exiting Part C of the *Individuals with Disabilities Education Act*,” 2004–05. Data updated as of July 17, 2006. Also tables 6-11a through 6-11e in vol. 3 of this report. These data are for the 50 states, the District of Columbia, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of children exiting Part C when they reached age 3, in the racial/ethnic group and exiting category by the total number of same-age children exiting Part C, in the racial/ethnic group, but not including children who completed their individualized family service plan (IFSP) prior to reaching maximum age for Part C, died, moved out of state, were withdrawn by parent and for whom attempts to contact were unsuccessful. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Part B eligibility refers to eligibility for Part B preschool services under Section 619 of the *IDEA*.

<sup>c</sup>Data are from a cumulative 12-month reporting period.

- In 2004–05, for every racial/ethnic group, more than 60 percent of children exiting Part C when they reached age 3 were eligible for Part B preschool services.
- The percentages of black (not Hispanic) children (18 percent) and Hispanic children (17.6 percent) who exited Part C when they reached age 3 with their Part B eligibility not determined were larger than the percentages of children in the other racial/ethnic groups. Asian/Pacific Islander children were the next largest group of Part C exiters with undetermined Part B eligibility (16.4 percent), followed by white (not Hispanic) children (11.4 percent) and American Indian/Alaska Native children (10.6 percent).

## National Early Intervention Longitudinal Study

The National Early Intervention Longitudinal Study (NEILS) is one of several longitudinal studies funded by the U.S. Department of Education. NEILS followed children into kindergarten who were identified before they were 3 years old as meeting their state's eligibility criteria for early intervention services and whose families subsequently received those services. NEILS began in 1996 with a design phase; data collection began the following year.

NEILS findings are based on a nationally representative sample of 3,338 children who entered early intervention services for the first time between September 1997 and November 1998, all at the age of 31 months or younger. Families were recruited through early intervention programs located in 93 counties in 20 states. Local program providers explained the study to families at or near the time each family's individualized family service plan (IFSP) was developed. During the enrollment period, IFSPs were developed for 5,668 families new to early intervention services. Programs invited the 4,653 families who met the study's eligibility criteria to participate in NEILS, and 3,338 (71 percent) agreed to do so. Thus, entry into the study for these children coincides with their entry into early intervention services.

NEILS data collection instruments consisted of Family Interview, Service Record and Kindergarten Teacher Survey. The NEILS figures in this report present data from the Family Interview, Service Record, Service Provider Survey, Kindergarten Teacher Survey and Program Expenditure Survey data collections. A description of each data collection is provided below.

*Family Interview:* Telephone interviews with the family of children enrolled in the study were conducted at three points in time: within 16 weeks of the child's enrollment or entry into early intervention services, around the time the child turned 36 months of age and when the child entered kindergarten. Interviewees were the persons best able to answer questions about the child and the child's program. Most respondents to the Family Interview were the children's mothers. Families who could not be reached by phone were sent a questionnaire in the mail.

*Service Record:* Early intervention service providers completed questionnaires concerning the services the child and family had received in the previous six months. At the time the family enrolled in the study, the program identified the "most knowledgeable provider" who could supply the service information requested. This person was mailed a questionnaire, called a Service Record, every six months for as long as the child was receiving early intervention services, beginning six months after the first IFSP.

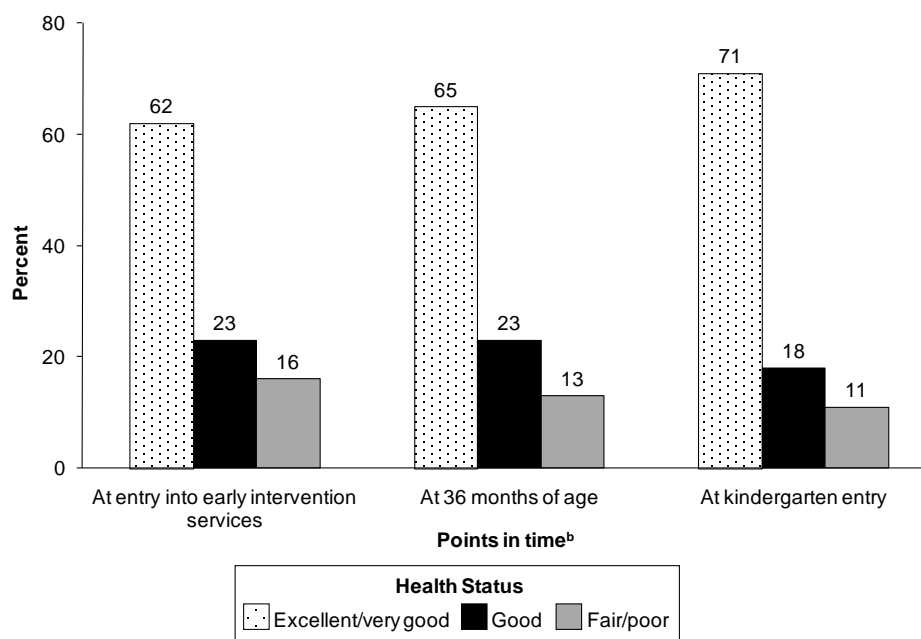
*Kindergarten Teacher Survey:* Parents provided the name of the child's school and kindergarten teacher. In the spring of the child's kindergarten year, the kindergarten teacher was sent a two-part questionnaire that asked about the child's performance in kindergarten. The first part asked about the child's educational progress, social skills, literacy and mathematics knowledge, parent involvement, the child's transition into kindergarten, and whether the child received special education services as a preschooler. The second section was completed for children with an individualized education program (IEP) and asked about the child's disability classification and the nature of the services being provided.

Because of the nature of the sample selection procedures NEELS used and the weights applied to the data, NEELS data represent national estimates.



How does the health status of children who received early intervention services differ at kindergarten entry from their health status when they first entered early intervention services (at 31 months or younger) and at 36 months of age?

**Figure 1-6. Percentage<sup>a</sup> of children who received early intervention services under IDEA, Part C, by health status at time of entry into early intervention services, at 36 months of age and at kindergarten entry, as reported by parents: 1997–2005<sup>b</sup>**



Source: Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last assessed Feb. 1, 2010.

Notes: NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview data for these children were collected within 16 weeks of their entry into early intervention services (i.e., between 1997 and 1999). Family Interview data for children at 36 months of age were collected between 1998 and 2001. Family Interview data for children in kindergarten were collected between 2001 and 2005.

Displayed results were collected from 3,200 respondents to the Family Interview for children at entry into early intervention services, 2,758 respondents for children at 36 months of age and 2,298 respondents for children at kindergarten entry who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of children in early intervention services who were reported by parents to have excellent or very good health, good health and fair or poor health at entry into early intervention services, at 36 months of age and at kindergarten entry.

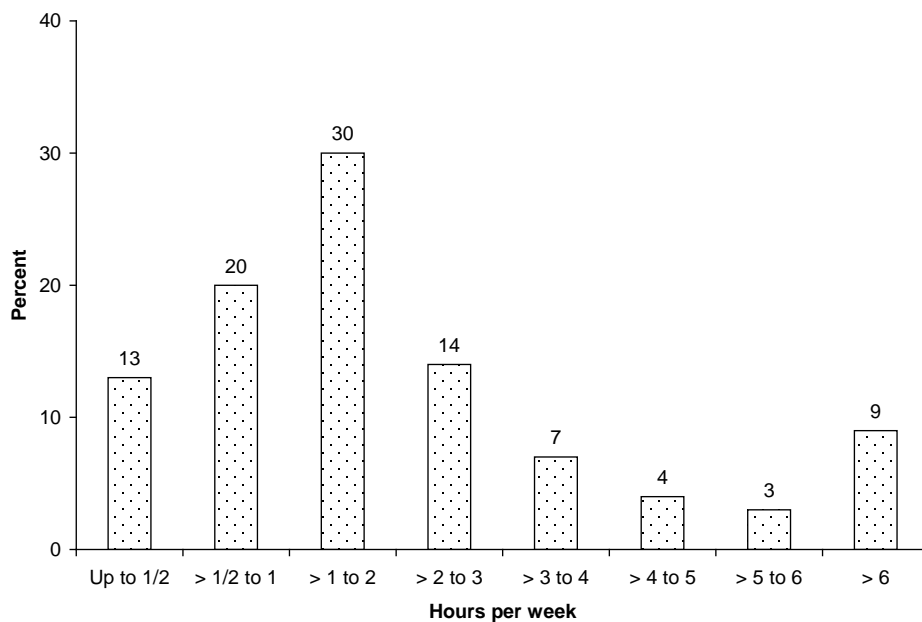
<sup>b</sup>Refers to the years during which all of the data were collected.

- According to parent reports from 1997 through 2005, most children who had received early intervention services before kindergarten entry were in “excellent” or “very good” health (71 percent) or “good” health (18 percent) at kindergarten entry.

- The proportion reported in “excellent” or “very good” health increased at each of the three points in time: at entry to early intervention services (62 percent), at 36 months of age (65 percent) and at kindergarten entry (71 percent). Conversely, the proportion reported in “fair/poor” health decreased at each of the same three points in time: at entry to early intervention services (16 percent), at 36 months of age (13 percent) and at kindergarten entry (11 percent).

*How many hours of early intervention services per week do children receive across all service settings?*

**Figure 1-7. Percentage<sup>a</sup> of children ages 3 months to 36 months receiving early intervention services under IDEA, Part C, by hours of service scheduled per week: 1997–1999<sup>b</sup>**



*Source:* Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

*Notes:* NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. The amount of services scheduled to be provided over the course of the first six months in early intervention services was collected for each setting in which children were to receive services and then summed across settings to produce a total amount of service. Family Interview data for these children were collected between 1997 and 1999.

Displayed results were collected from 3,200 respondents to the Family Interview for children who had complete and valid data for the time specified and were included in the analyses.

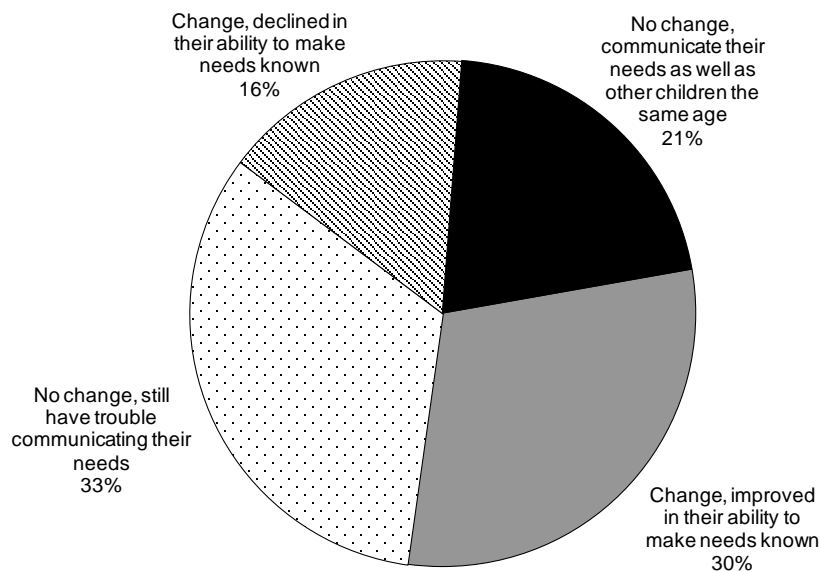
<sup>a</sup>Percentage is the percent of children who were scheduled to receive a total of up to: one-half hour, one hour, two hours, three hours, four hours, five hours, six hours or more than six hours of early intervention services per week.

<sup>b</sup>Refers to the years during which all of the data were collected.

- From 1997 through 1999, parents reported that 63 percent of the children ages 3 months to 36 months were scheduled to receive no more than two hours of early intervention services per week. Of the 63 percent, 30 percent were scheduled to receive more than one hour but no more than two, 20 percent were scheduled to receive more than 30 minutes but no more than one hour and 13 percent were scheduled to receive up to 30 minutes of early intervention services a week.
- Parents also reported that 37 percent of the children were scheduled to receive more than two hours of early intervention services. In particular, 21 percent were scheduled for more than two hours but no more than four, 7 percent were scheduled for more than four hours but no more than six and 9 percent were scheduled for more than six hours of early intervention services a week.

*For children who enter into early intervention services after 12 months of age, how does their ability to make their needs known at 36 months of age differ from their ability to make their needs known when they began receiving services?*

**Figure 1-8. Percentage<sup>a</sup> of children served under IDEA, Part C, by type of change reported by parents in their children’s ability to make their needs known from the time they entered early intervention services after 12 months of age to the time they were 36 months of age: 1997–2001<sup>b</sup>**



*Source:* Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

*Notes:* NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview data for these children were collected within 16 weeks of their entry into early intervention services (i.e., between 1997 and 1999). Family Interview data for children at 36 months of age were collected between 1998 and 2001.

- About one in five children (21 percent) who entered early intervention services after 12 months of age were able to make their needs known as well as other children their age who did not receive services, at both the time they entered services and when they were 36 months of age, according to parent reports from 1997 through 2001.
- About one-third (33 percent) of the children who entered early intervention services after 12 months of age had trouble making their needs known at time of entry into services and when they were 36 months of age. Based on parent reports, there was no change in the ability of these children to make their needs known at 36 months of age.
- According to parent reports, 30 percent of the children who entered early intervention services after 12 months of age improved in their ability to make their needs known from the time they entered into services to when they were 36 months of age. However, 16 percent declined in their ability to make their needs known from the time of entry into early intervention services after 12 months of age to when they were 36 months of age.

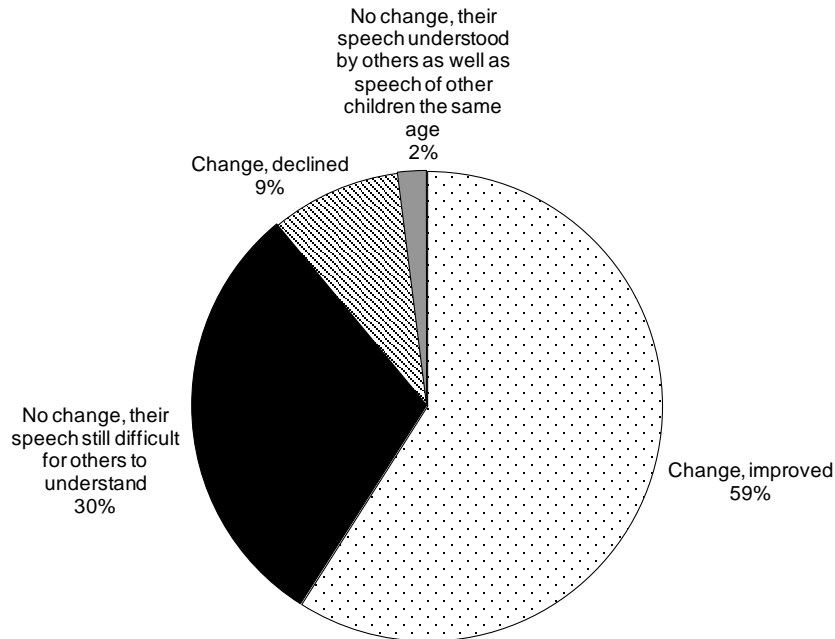
Displayed results were collected from 2,586 respondents to the Family Interview for children at entry into early intervention services and for children at 36 months of age who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is based on the difference between parent ratings on how well the child made his/her needs known at entry into early intervention services and when the child was 36 months of age.

<sup>b</sup>Refers to the years during which all of the data were collected.

*For children who enter early intervention services after 12 months of age, how well do others understand their speech at 36 months of age as compared to when they began receiving services?*

**Figure 1-9. Percentage<sup>a</sup> of children served under IDEA, Part C, by type of change reported by parents on how well others understand their child’s speech from the time they entered early intervention services after 12 months of age to the time they were 36 months of age: 1997–2001<sup>b</sup>**



*Source:* Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

*Notes:* NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview data for these children were collected within 16 weeks of their entry into early intervention services (i.e., between 1997 and 1999). Family Interview data for children at 36 months of age were collected between 1998 and 2001.

Displayed results were collected from 2,586 respondents to the Family Interview for children at entry into early intervention services and for children at 36 months of age who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is based on the difference between parent ratings on how well others understood the child’s speech at the child’s entry into early intervention services and when the child was 36 months of age.

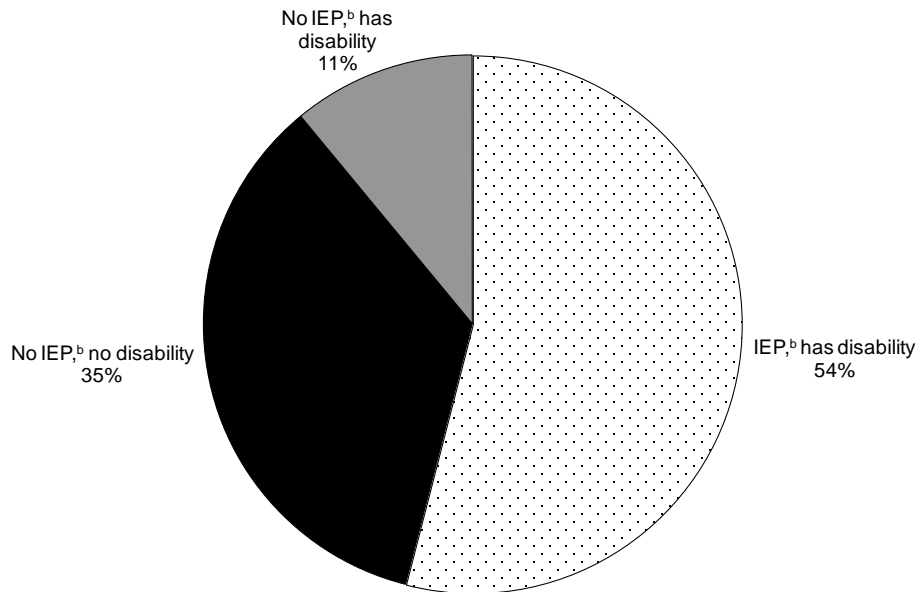
<sup>b</sup>Refers to the years during which all of the data were collected.

- Fifty-nine percent of children who were older than 12 months of age when they entered early intervention services showed improvements in how well others understood their speech from the time they entered services to the time they were 36 months of age, as reported by parents from 1997 through 2001.

- According to parent reports, for almost one-third (30 percent) of the children who were older than 12 months of age when they entered early intervention services, there was no change in how well others understood their child's speech from the time the children entered services to when they were 36 months of age. Based on parent reports, the speech of these children was difficult for others to understand at both points in time.
- For 9 percent of the children who were older than 12 months of age when they entered early intervention services, there was a decline in how well others understood their speech from the time they entered into services to when they were 36 months of age, according to parent reports.

What is the Part B individualized education program status and disability status of kindergarten children who formerly received early intervention services?

**Figure 1-10. Percentage<sup>a</sup> of kindergarten children who formerly received early intervention services under IDEA, Part C, by individualized education program<sup>b</sup> status and disability status: 2001–2005<sup>c</sup>**



Source: Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

Notes: NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview and Kindergarten Teacher Survey data for children in kindergarten were collected between 2001 and 2005.

Displayed results were collected from 2,298 respondents to the Family Interview for children at kindergarten entry and 1,581 respondents to the Kindergarten Teacher Survey for children in kindergarten (at public and private schools) who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of children formerly served under *IDEA*, Part C, who were in kindergarten and were reported to have an individualized education program (IEP) and a disability, a disability but no IEP, or no IEP or disability. In particular, if a parent, teacher, or both reported that the child had an IEP, then the child was considered to have an IEP; if neither said the child had an IEP but one or both reported the child had a disability, then the child was considered to have a disability and no IEP.

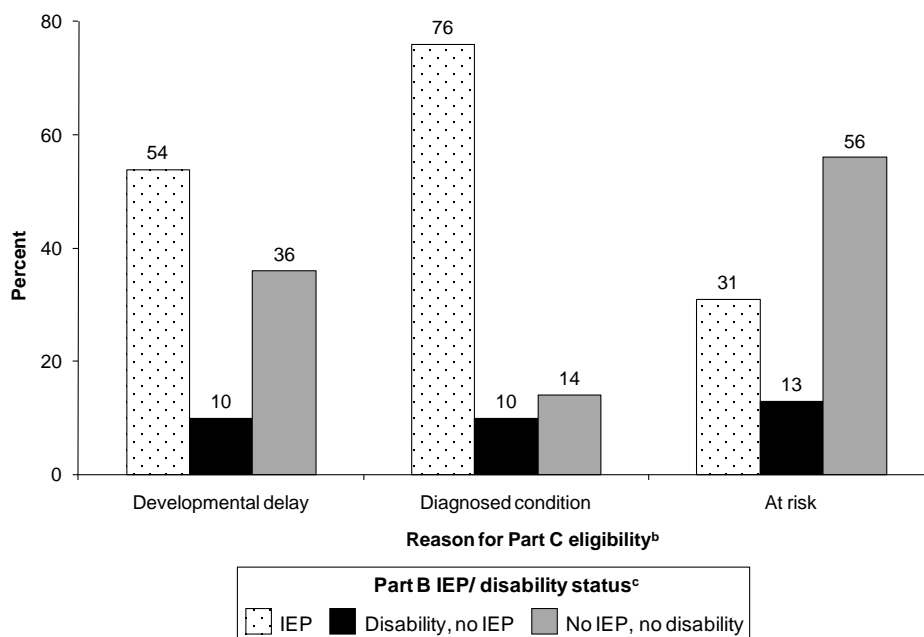
<sup>b</sup>An individualized education program (IEP) is required for every child or student who receives special education programs and services under *IDEA*, Part B, from kindergarten through secondary school. <sup>c</sup>Refers to the years during which all of the data were collected.

- According to parent and teacher reports from 2001 through 2005, 35 percent of kindergarten children who formerly received early intervention services were no longer considered to have a disability.

- About five in 10 (54 percent) of kindergarten children who formerly received early intervention services were eligible to receive special education programs and services and had an IEP. Another 11 percent had a disability but did not receive special education programs and services and did not have an IEP.

*Of the kindergarten children who formerly received early intervention services, who are most likely to require special education programs and services during kindergarten?*

**Figure 1-11. Percentage<sup>a</sup> of kindergarten children who formerly received early intervention services under IDEA, Part C, by reason for Part C eligibility<sup>b</sup> and Part B individualized education program<sup>c</sup> status and disability status: 1997–2005<sup>d</sup>**



*Source:* Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

*Notes:* NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview data for these children were collected within 16 weeks of their entry into early intervention services (i.e., between 1997 and 1999) and at kindergarten entry (i.e., between 2001 and 2005). Service Record data were collected between 1998 and 2002 and Kindergarten Teacher Survey data were collected between 2001 and 2005.

Displayed results were collected from 3,200 respondents to the Family Interview for children at entry into early intervention services, 2,298 respondents to the Family Interview for children at kindergarten entry, 1,949 respondents to the Service Record and 1,581 respondents to the Kindergarten Teacher Survey for children in kindergarten (at public and private schools) who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of former Part C children eligible for early intervention services because of a developmental delay, diagnosed condition or at risk condition, who were in kindergarten and were reported to have an individualized education program (IEP) and a disability, a disability but no IEP, or no IEP or disability. In particular, if a parent, teacher, or both reported that the child had an IEP, then the child was considered to have an IEP; if neither said the child had an IEP but one or both reported the child had a disability, then the child was considered to have a disability and no IEP.



- According to parent, teacher and early intervention service record reports from 2001 through 2005, 76 percent of the kindergarten children who had received early intervention services because of a diagnosed condition had a disability and an IEP. Another 10 percent of these children were considered to have a disability, but they did not have an IEP and were not receiving special education programs and services. Fewer than one-sixth (14 percent) of those who received early intervention services because of a diagnosed condition were considered to no longer have a disability in kindergarten.
- Fifty-four percent of the kindergarten children who had received early intervention services because of a developmental delay had a disability and an IEP. Another 10 percent of these children were considered to have a disability, but they did not have an IEP and were not receiving special education programs and services. More than one-third (36 percent) of those who received early intervention services because of a developmental delay were considered to no longer have a disability by kindergarten.
- More than half of the kindergarten children (56 percent) who had received early intervention services because of a risk condition were considered not to have a disability and did not receive special education programs and services. Nearly one-third (31 percent) of the children who had received early intervention services because of a risk condition had a disability and an IEP at kindergarten. Another 13 percent were reported to have a disability but no IEP.

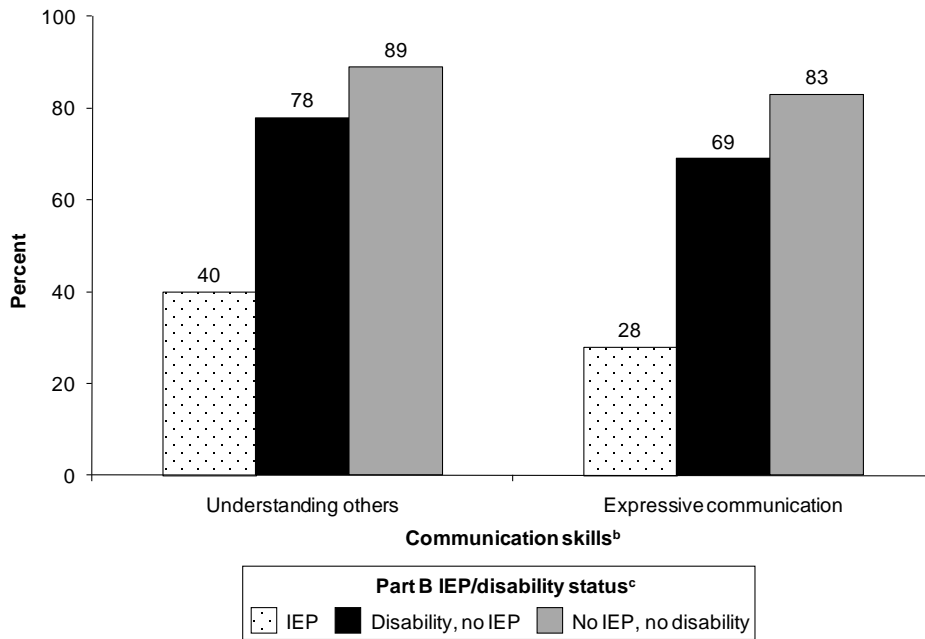
<sup>b</sup>About the three reasons for Part C eligibility: Federal law stipulates three categories of eligibility for receipt of early intervention services: developmental delay, diagnosed condition and at risk for developmental delay. “Developmental delay” refers to children with a delay in one or more of the areas of cognitive development, physical development, communication development, social or emotional development and adaptive development and no diagnosed condition; “Diagnosed condition” refers to children with a physical or mental condition that has a high probability of resulting in developmental delay, as diagnosed by a physician; and “At risk” to children who were considered to be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual (20 U.S.C. § 1432, as amended by *IDEA*, 2004).

<sup>c</sup>An individualized education program (IEP) is required for every child or student who receives special education programs and services under *IDEA*, Part B, from kindergarten through secondary school.

<sup>d</sup>Refers to the years during which all of the data were collected.

*How do the communication skills of kindergarten children with IEPs who received early intervention services under IDEA, Part C, compare to those with no IEPs who also received early intervention services?*

**Figure 1-12. Percentage<sup>a</sup> of kindergarten children who formerly received early intervention services under IDEA, Part C, by communication skills<sup>b</sup> and Part B individualized education program<sup>c</sup> status and disability status: 2001–2005<sup>d</sup>**



Source: Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

Notes: NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview and Kindergarten Teacher Survey data for children in kindergarten were collected between 2001 and 2005.

Displayed results were collected from 2,298 respondents to the Family Interview for children at kindergarten entry and 1,581 respondents to the Kindergarten Teacher Survey for children in kindergarten (at public and private schools) who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of children formerly served under *IDEA*, Part C, who were in kindergarten and were reported to have normal receptive communication or expressive communication, and an individualized education program (IEP) and a disability, a disability but no IEP, or no IEP or disability. In particular, if a parent, teacher, or both reported that the child had an IEP, then the child was considered to have an IEP; if neither said the child had an IEP but one or both reported the child had a disability, then the child was considered to have a disability and no IEP.

<sup>b</sup>Communication skills refer to receptive communication, or the ability to understand a verbal/nonverbal message from others and expressive communication, or the ability to make one’s needs known to another.

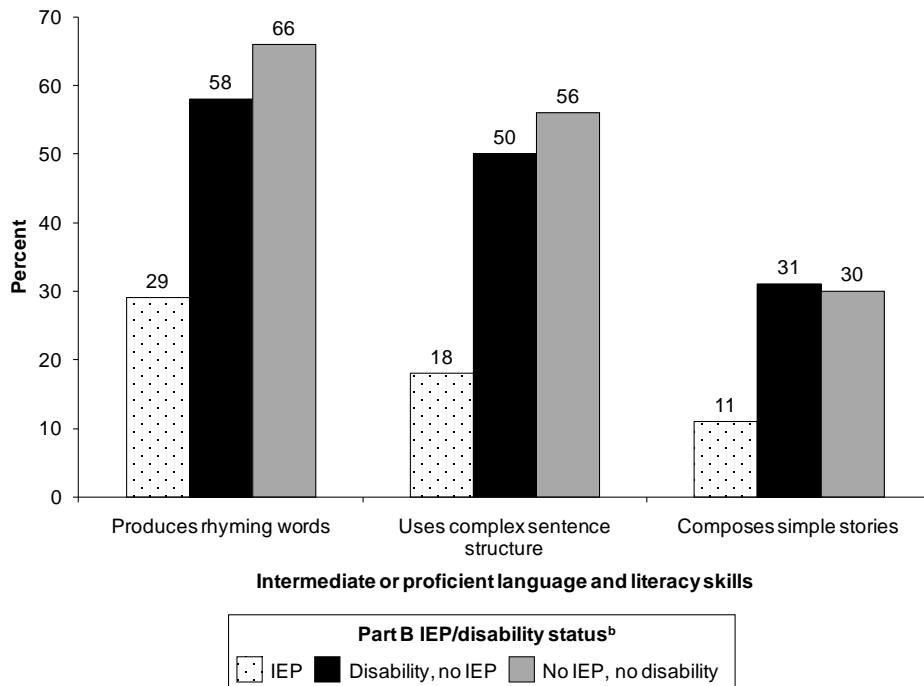
<sup>c</sup>An individualized education program (IEP) is required for every child or student who receives special education programs and services under *IDEA*, Part B, from kindergarten through secondary school.

<sup>d</sup>Refers to the years during which all of the data were collected.

- According to parent and kindergarten teacher reports from 2001 through 2005, most of the kindergarten children who received early intervention services formerly but did not have a disability or an IEP (89 percent) were normal for their age with regard to receptive communication, compared to 78 percent with a disability but no IEP and 40 percent of those with an IEP.
- Expressive communication was more difficult for all three groups of children. Based on parent and teacher reports, 83 percent of the children without a disability or an IEP were normal for their age with regard to expressive communication. For the children with a disability but no IEP, reports revealed that 69 percent were normal for their age with regard to expressive communication. For children with IEPs, only 28 percent were normal with regard to expressive communication, according to parent and teacher reports.

*How do specific language skills of kindergarten children with IEPs who received early intervention services under IDEA, Part C, compare to those with no IEPs who also received early intervention services?*

**Figure 1-13. Percentage<sup>a</sup> of kindergarten children who formerly received early intervention services under IDEA, Part C, by intermediate or proficient language and literacy skills and individualized education program<sup>b</sup> status and disability status: 2001–2005<sup>c</sup>**



Source: Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

Notes: NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview and Kindergarten Teacher Survey data for children in kindergarten were collected between 2001 and 2005.

Displayed results were collected from 2,298 respondents to the Family Interview for children at kindergarten entry and 1,581 respondents to the Kindergarten Teacher Survey for children in kindergarten (at public and private schools) who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of children formerly served under *IDEA*, Part C, who were in kindergarten and were reported to have an intermediate/proficient language and literacy skill, and an individualized education program (IEP) and a disability, a disability but no IEP, or no IEP or disability. In particular, if a parent, teacher, or both reported that the child had an IEP, then the child was considered to have an IEP; if neither said the child had an IEP but one or both reported the child had a disability, then the child was considered to have a disability and no IEP.

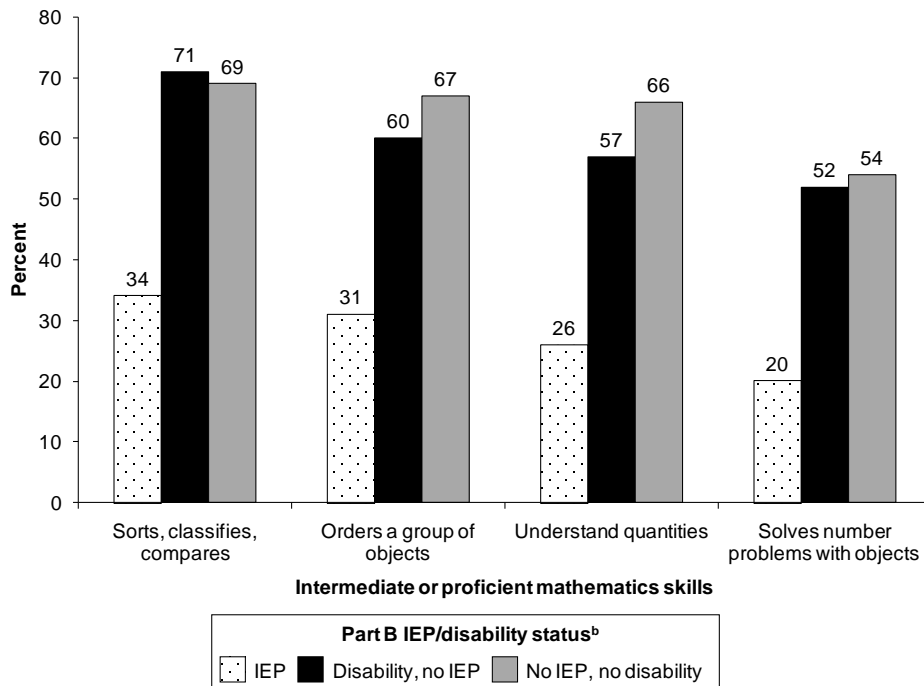
<sup>b</sup>An individualized education program (IEP) is required for every child or student who receives special education programs and services under *IDEA*, Part B, from kindergarten through secondary school.

<sup>c</sup>Refers to the years during which all of the data were collected.

- According to parent and kindergarten teacher reports from 2001 through 2005, the largest percentage of kindergarten children who had formerly received early intervention services and had intermediate or proficient language and literacy skills in producing rhyming words had no IEP and no disability (66 percent). The next largest percentage was reported for children with a disability and no IEP during kindergarten (58 percent), followed by kindergarten children with a disability and an IEP (29 percent).
- Of the former early intervention participants, the percentages of children in kindergarten who were considered intermediate or proficient in using complex sentence structure varied by IEP/disability status. For those who had an IEP and were receiving special education programs and services, it was 18 percent; for those with a disability but no IEP, it was 50 percent; and for those with no IEP and no disability, it was 56 percent.
- Ratings for skills at composing simple stories were lower than for other language and literacy skills across all groups of kindergarten children who had formerly received early intervention services. Overall, the percentages of children with a disability and no IEP and with no disability and no IEP who were considered intermediate or proficient at composing simple stories during kindergarten were almost identical at 31 and 30 percent, respectively. Only 11 percent of those with IEPs were reported as having intermediate or proficient skill in composing simple stories.

*How do specific mathematics skills of kindergarten children with IEPs who formerly received early intervention services compare to those with no IEPs who also received early intervention services but did not have IEPs during kindergarten?*

**Figure 1-14. Percentage<sup>a</sup> of kindergarten children who formerly received early intervention services under IDEA, Part C, by intermediate or proficient mathematics skills and individualized education program<sup>b</sup> status and disability status: 2001–2005<sup>c</sup>**



Source: Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., and Nelson, L. (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services, and Outcomes*. Menlo Park, CA: SRI International. Available at <http://www.sri.com/neils>, last accessed Feb. 1, 2010.

Notes: NEILS findings are based on a nationally representative sample of 3,338 children younger than 31 months of age who entered early intervention services for the first time between September 1997 and November 1998. Family Interview and Kindergarten Teacher Survey data for children in kindergarten were collected between 2001 and 2005.

Displayed results were collected from 2,298 respondents to the Family Interview for children at kindergarten entry and 1,581 respondents to the Kindergarten Teacher Survey for children in kindergarten (at public and private schools) who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage is the percent of children formerly served under *IDEA*, Part C, who were in kindergarten and were reported to have an intermediate/proficient mathematics skill, and an individualized education program (IEP) and a disability, a disability but no IEP, or no IEP or disability. In particular, if a parent, teacher, or both reported that the child had an IEP, then the child was considered to have an IEP; if neither said the child had an IEP but one or both reported the child had a disability, then the child was considered to have a disability and no IEP.

<sup>b</sup>An individualized education program (IEP) is required for every child or student who receives special education programs and services under *IDEA*, Part B, from kindergarten through secondary school.

<sup>c</sup>Refers to the years during which all of the data were collected.

- According to parent and kindergarten teacher reports from 2001 through 2005, across three of the four mathematics skill areas (all except sorting, classifying, and comparing), the greatest percentages of kindergarten children who formerly received early intervention services had no disabilities and no IEPs. These children were reported to have higher skills than those with disabilities and IEPs and those with disabilities and no IEPs.
- Seventy-one percent of kindergarten children with a disability and no IEP and 69 percent of children with no disability and no IEP, who formerly received early intervention services, had intermediate or proficient level skills in sorting, classifying and comparing objects. These percentages were similar and considerably higher than the 34 percent of kindergarten children reported with a disability and an IEP.
- Of the former early intervention participants, the percentages of children in kindergarten who were considered intermediate or proficient in ordering a group of objects or understanding quantities varied by IEP status. For those who had an IEP and were receiving special education programs and services, it was 31 and 26 percent, respectively; for those with a disability but no IEP, it was 60 and 57 percent, respectively; and for those with no IEP and no disability, it was 67 and 66 percent, respectively.

## Children Ages 3 Through 5 Served Under *IDEA*, Part B

Part B of *IDEA* provides funds to states to assist them in providing a free appropriate public education (FAPE) to children ages 3 through 21 with disabilities who are in need of special education and related services. The Preschool Grants program (*IDEA*, Section 619) supplements funding available for children ages 3 through 5 under the Grants to States program (*IDEA*, Section 611). To be eligible for funding under the Preschool Grants program and the Grants to States program for children ages 3 through 5, a state must make FAPE available to all children ages 3 through 5 with disabilities residing in the state. *IDEA* Part B has four primary purposes:

- To ensure that all children with disabilities have FAPE available to them with special education and related services designed to meet their individual needs;
- To ensure that the rights of children with disabilities and their parents are protected;
- To assist states and localities to provide for the education of all children with disabilities; and
- To assess and ensure the effectiveness of efforts to educate children with disabilities.

For Part B figures and tables in section I, data presented for the 50 states and the District of Columbia include Bureau of Indian Affairs (BIA) schools. In addition, where indicated in the footnotes, the figures and tables also include data from Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands). Please note that in this text, references to “states” encompass the 50 states and other jurisdictions as noted in the accompanying tables and figures.



## Trends in the Numbers and Percentages of 3- Through 5-Year-Olds Served Under *IDEA*, Part B

*How have the number and percentage of children ages 3 through 5 served under IDEA, Part B, varied over time?*

**Table 1-3. Number of children ages 3 through 5 served under IDEA, Part B, and the percentage of population served, by year: Fall 1996 through fall 2005**

Year	Total served under Part B (3 through 5)			Percentage <sup>a</sup> of 3- through 5-year-old population served under Part B in the 50 states, DC and BIA schools
	For the 50 states, DC, BIA schools, Puerto Rico and the four outlying areas	For the 50 states, DC and BIA schools	3-through-5 population in the 50 states and DC	
1996	559,902	554,678	12,119,821	4.6
1997	571,049	565,004	11,995,704	4.7
1998	573,637	567,628	11,858,822	4.8
1999	588,300	581,164	11,742,075	4.9
2000	599,678	591,176	11,676,304	5.1
2001	620,182	612,084	11,576,018	5.3
2002	647,420	638,700	11,490,860	5.6
2003	680,142	670,750	11,588,824	5.8
2004	701,949	693,245	11,809,727	5.9
2005	704,087	698,938	11,976,528	5.8

*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2006. Data updated as of July 17, 2006. Also tables 1-9 and B-2 in vol. 2 of this report.

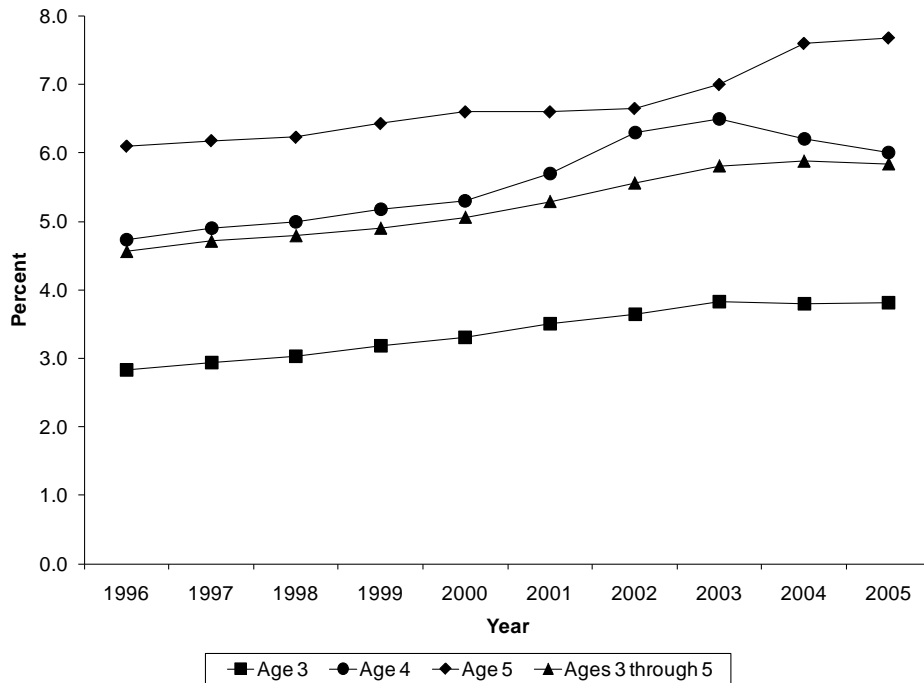
U.S. Bureau of the Census. Population data for 1996 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1990.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 served under *IDEA*, Part B, in the 50 states, the District of Columbia and BIA schools by the general U.S. population estimates for children in these states, District of Columbia and BIA schools in this age range for that year. The result was multiplied by 100 to produce a percentage.

- In 2005, Part B served 704,087 children ages 3 through 5 with disabilities. Of these, 698,938 were served in the 50 states, the District of Columbia and Bureau of Indian Affairs (BIA) schools. This number represents 5.8 percent of the U.S. general population ages 3 through 5.
- Since 1996, the number of children ages 3 through 5 served under *IDEA*, Part B, grew from 559,902 to 704,087. This is an increase of 144,185 children, or a 25.6 percent growth in the number of children served.
- The percentage of children ages 3 through 5 served under *IDEA*, Part B, increased from 1996 to 2005. In 1996, Part B served 4.6 percent of children ages 3 through 5 living in the 50 states, the District of Columbia and BIA schools. By 2005, Part B served 5.8 percent of such children.

How does the percentage of children ages 3 through 5 served under IDEA, Part B, vary by child's age?

**Figure 1-15. Percentage<sup>a</sup> of the population in four age spans from ages 3 through 5 served under IDEA, Part B, by year, age and age span: Fall 1996 through fall 2005**



Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 1996–2005. Data updated as of July 17, 2006. Also tables 1-8, 1-9 and B-2 in vol. 2 of this report. These data are for the 50 states, District of Columbia and BIA schools. Trend lines include data from New York. In a similar figure included in the *28th Annual Report to Congress*, data from New York had been excluded due to data-reporting anomalies in the age year counts from 2000 through 2004.

U.S. Bureau of the Census. Population data for 1996 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1990.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

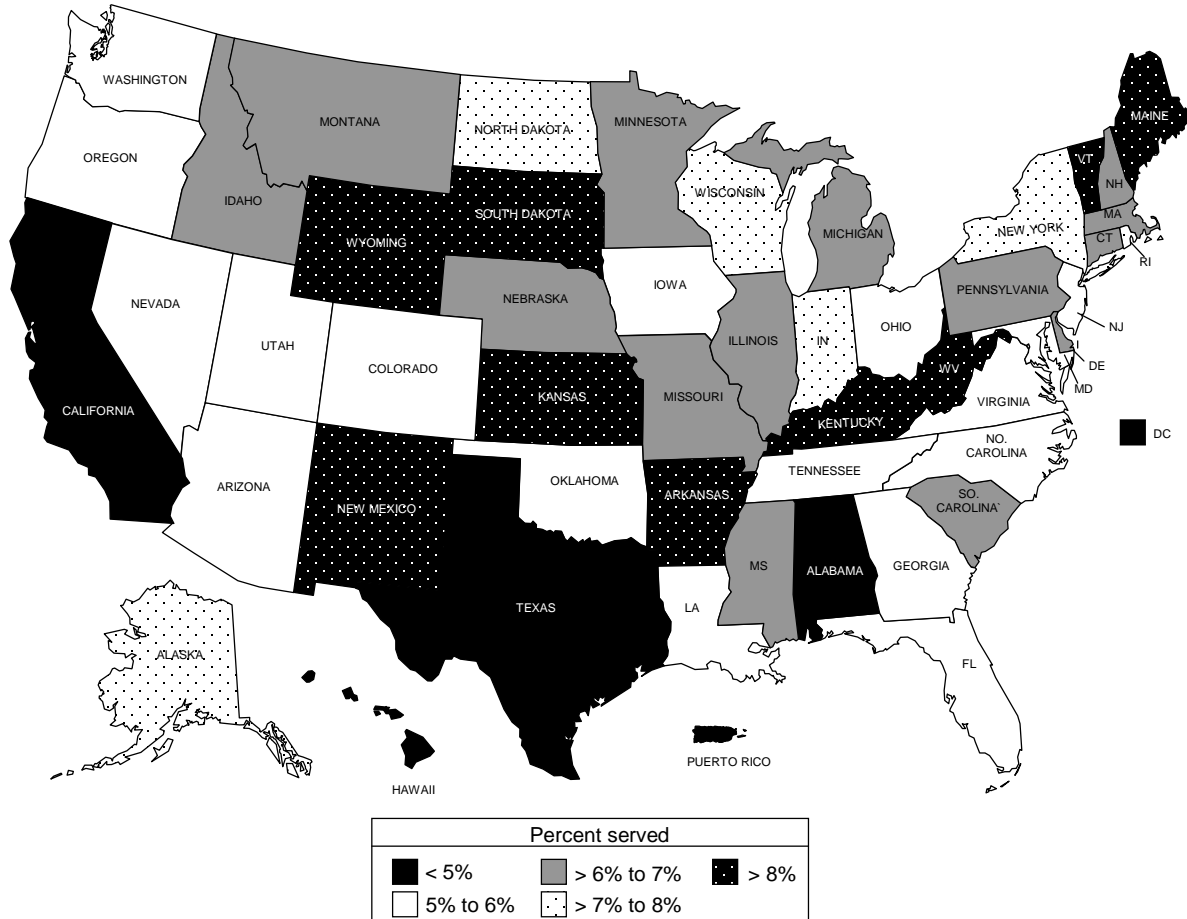
<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 served under *IDEA*, Part B in the 50 states, DC, and BIA schools by the general U.S. population estimates for children in these states, District of Columbia and BIA schools in this age range for that year. The result was multiplied by 100 to produce a percentage.

- The percentage of 3-year-olds in the general population who received special education and related services increased from 2.8 percent in 1996 to 3.8 percent in 2005.
- The percentage of 4-year-olds in the general population who received special education and related services increased from 4.7 percent in 1996 to 6.5 percent in 2003 and decreased slightly to 6 percent in 2005.

- The percentage of 5-year-olds in the general population who received special education and related services increased from 6.1 percent in 1996 to 6.6 percent in 2001, then increased yearly to 7.7 percent in 2005.

*How do the percentages of children ages 3 through 5 served under IDEA, Part B, compare across states?*

**Figure 1-16. Percentage<sup>a</sup> of children ages 3 through 5 served under IDEA, Part B, by state: Fall 2005**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2004. Data updated as of July 17, 2006. Also see table 1-11 in vol. 2.

U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from [http://www.census.gov/popest/states/asrh/files/SC\\_EST2005\\_AGESEX\\_RES.csv](http://www.census.gov/popest/states/asrh/files/SC_EST2005_AGESEX_RES.csv).

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 receiving services under *IDEA*, Part B, by the population of children in this age range for that state and year. The result was multiplied by 100 to produce a percentage.

- In 2005, the largest number of states (18) served 5 to 6 percent of their children ages 3 through 5 under *IDEA*, Part B. The smallest number of states (4) plus the District of Columbia and Puerto Rico served less than 5 percent of their 3- through 5-year old population.
- Fourteen states served more than 6 percent and up to 7 percent of their children ages 3 through 5 under *IDEA*, Part B.
- Five states served more than 7 percent and up to 8 percent of their 3- through 5-year-old population under *IDEA*, Part B, and nine states served more than 8 percent of their children ages 3 through 5.

For the population of children ages 3 through 5 served under IDEA, Part B, how does the proportion of a particular racial/ethnic group compare to the proportion served for all other racial/ethnic groups combined?

Risk ratios compare the proportion of a particular racial/ethnic group served under Part B to the proportion so served among the other racial/ethnic groups combined. For example, in the table below, a risk ratio of 1.5 for American Indian/Alaska Native children indicates that these children were 1.5 times more likely to be served under IDEA, Part B, than were their age peers for the other racial/ethnic groups combined.

**Table 1-4. Risk ratios for children ages 3 through 5 served under IDEA, Part B, by race/ethnicity: Fall 2005**

Race/ethnicity	Child count <sup>a</sup>	U.S. population, ages 3 through 5	Risk index <sup>b</sup>	Risk index for all other <sup>c</sup>	Risk ratio <sup>d</sup>
American Indian/Alaska Native	9,418	106,552	8.8	5.8	1.5
Asian/Pacific Islander	20,791	521,896	4.0	5.9	0.7
Black (not Hispanic)	102,310	1,788,319	5.7	5.9	1.0
Hispanic	112,883	2,574,161	4.4	6.2	0.7
White (not Hispanic)	453,536	6,985,595	6.5	4.9	1.3
Total	698,938 <sup>e</sup>	11,976,523	5.8	N/A	N/A

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2005. Data updated as of July 17, 2006. Also tables 1-15, 1-17 and B-6 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from [http://www.census.gov/popest/states/asrh/files/sc\\_est2005\\_alldata6.csv](http://www.census.gov/popest/states/asrh/files/sc_est2005_alldata6.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Child count is the number of children in the racial/ethnic group, ages 3 through 5.

<sup>b</sup>Risk index was calculated by dividing the child count for the racial/ethnic group by the total number of children in the racial/ethnic group in the U.S. population ages 3 through 5. The result was multiplied by 100 to produce a percentage.

<sup>c</sup>Risk index for all other was calculated by dividing the child count for all other racial/ethnic groups combined except the one under consideration by the total U.S. population of children ages 3 through 5 in all racial/ethnic groups other than the one under consideration. The result was multiplied by 100 to produce a percentage.

<sup>d</sup>Risk ratios were calculated by dividing the risk index for the racial/ethnic group by the risk index for all other racial/ethnic groups combined and rounding the result to one decimal place.

<sup>e</sup>The number of children reported by race/ethnicity does not match the total child count because race/ethnicity data are missing for some children.

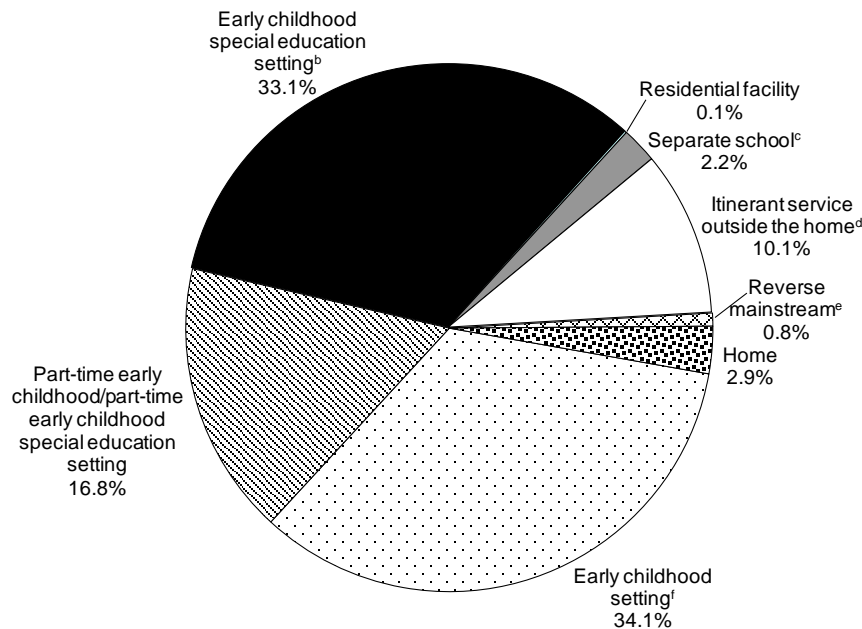
- In 2005, American Indian/Alaska Native and white (not Hispanic) children ages 3 through 5 both had risk ratios above 1 (1.5 and 1.3, respectively). This indicates that they were more likely to be served under Part B preschool programs than were children 3 through 5 years of age of all other racial/ethnic groups combined.
- Black (not Hispanic) children ages 3 through 5, with a risk ratio of 1, were just as likely to be served under Part B preschool programs as same-age children of all other racial/ethnic groups combined.

- Asian/Pacific Islander and Hispanic children ages 3 through 5 were less likely to be served under Part B preschool programs than same-age children of all other racial/ethnic groups combined (both with risk ratios of 0.7).

## Educational Environments for Children Ages 3 Through 5 Served Under *IDEA*, Part B

*In what educational environments are children ages 3 through served under IDEA, Part B?*

**Figure 1-17. Percentage<sup>a</sup> of children ages 3 through 5 served under IDEA, Part B, by the educational environment in which they received services: Fall 2005**



*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: “Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements,” 2005. Data updated as of July 17, 2006. Also table 2-1 in vol. 2 of this report. Data are for the 50 states, the District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 served under *IDEA*, Part B, in the educational environment by the total number of children ages 3 through 5 served under *IDEA*, Part B, in all educational environments. The result was multiplied by 100 to produce a percentage. The sum of percentages may not total 100 due to rounding.

<sup>b</sup>*Early childhood special education setting* includes children who received all of their special education and related services in educational programs designed primarily for children with disabilities housed in regular school buildings or other community-based settings. These children received no special education or related services in early childhood or other settings. *Early childhood special education setting* includes special education classrooms in regular school buildings; special education classrooms in child care facilities, hospital facilities on an outpatient basis or other community-based settings; and special education classrooms in trailers or portables outside regular school buildings.

<sup>c</sup>*Separate school* includes unduplicated total of preschoolers who received education programs in public or private day schools specifically for children with disabilities.

<sup>d</sup>*Itinerant service outside the home* is an optional reporting category. It includes children who received all of their special education and related services at a school, hospital facility on an outpatient basis or other location for a short period of time (i.e., no more than three hours per week).

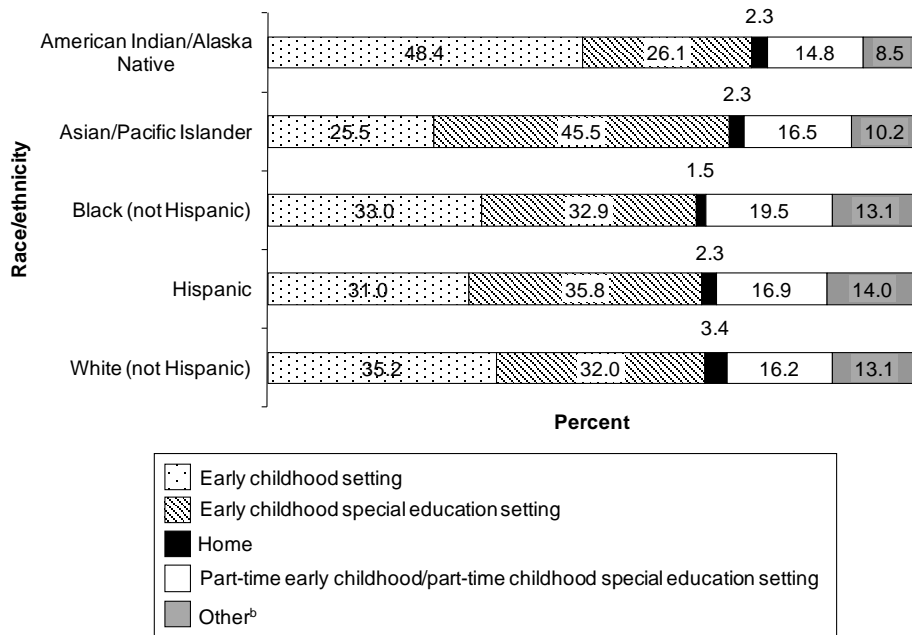
- In 2005, about one-third of children ages 3 through 5 served under *IDEA*, Part B, received all of their special education and related services in *early childhood* environments (34.1 percent).
- In 2005, a third of children ages 3 through 5 served under *IDEA*, Part B, received all special education and related services in *early childhood special education* environments (33.1 percent).
- About 17 percent of children ages 3 through 5 served under *IDEA*, Part B, received their special education and related services in *part-time early childhood/part-time early childhood special education* environments.
- About 13 percent of children ages 3 through 5 served under *IDEA*, Part B, received special education and related services in *residential facilities, separate schools, itinerant services outside the home* or *reverse mainstream* environments.
- Only 2.9 percent of children ages 3 through 5 served under *IDEA*, Part B, received special education and related services in *home* environments.

<sup>e</sup>*Reverse mainstream* is an optional reporting category. It includes children who received all of their special education and related services in educational programs designed primarily for children with disabilities but that include 50 percent or more children without disabilities.

<sup>f</sup>*Early childhood setting* includes children who received all of their special education and related services in educational programs designed primarily for children without disabilities. These children received no special education or related services in separate special education settings. This includes children receiving special education and related services in regular kindergarten classes, public or private preschools, Head Start Centers, child care facilities, preschool classes offered to an eligible prekindergarten population by the public school system, home/early childhood combinations, home/Head Start combinations and other combinations of early childhood settings.

How do children ages 3 through 5 receiving special education and related services under IDEA, Part B, in each educational environment vary by race/ethnicity?

**Figure 1-18. Percentage<sup>a</sup> of children ages 3 through 5 receiving special education and related services under IDEA, Part B, by race/ethnicity and the educational environment in which they received services: Fall 2005**



Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB#1820-0517: "Part B, Individuals with Disabilities Education Act, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006. Also table 2-6 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 in the racial/ethnic group served under IDEA, Part B, in the educational environment by the total number of children ages 3 through 5 in the racial/ethnic group served under IDEA, Part B, in all the educational environments. The result was multiplied by 100 to produce a percentage. The sum of percentages may not total 100 because of rounding.

<sup>b</sup>Other includes residential facilities, separate schools, itinerant services outside the home and reverse mainstream educational environments.

- In 2005, the *early childhood setting* was the most common environment for American Indian/Alaska Native children ages 3 through 5 (48.4 percent) served under IDEA, Part B. It was also the most common environment for black (not Hispanic) children (33 percent) and white (not Hispanic) (35.2 percent) children of the same age.
- The *early childhood special education setting* was the most common environment for Asian/Pacific Islander children ages 3 through 5 (45.5 percent) and for Hispanic children of the same age (35.8 percent) served under IDEA, Part B.
- White children ages 3 through 5 were more likely to be served under IDEA, Part B, in the *home* (3.4 percent) than children in any other racial/ethnic group.



## **The Pre-Elementary Education Longitudinal Study**

The Pre-Elementary Education Longitudinal Study (PEELS), sponsored by the U.S. Department of Education, followed 3,104 children nationwide. These children were 3 through 5 years old and had individualized education programs (IEPs) or individualized family service plans (IFSPs) to receive special education services when they were recruited for the study between March 1, 2003 and Feb. 29, 2004. Their progress was tracked as they moved through their preschool years and into early elementary school. Approximately, 40 percent of the PEELS children had received early intervention services under *IDEA*, Part C. The study used telephone interviews with parents of preschoolers with disabilities, one-on-one assessments of children participating in the study and mail surveys with the children's teachers and other service providers, school principals, district administrators and state education agency administrators. Data collection began in fall 2003 and was repeated in winter 2005, 2006, 2007 and 2009.

PEELS examined children's transition from early intervention to preschool experiences; their transition to kindergarten; and their early elementary school experiences, including how they progressed in academic achievement, social development, participation in the classroom and community and educational experiences.

What are the demographic characteristics of children with disabilities ages 3 through 5 served under IDEA, Part B?

**Table 1-5. Percentage<sup>a</sup> of children ages 3 through 5 served under IDEA, Part B, by demographic characteristics: 2003–04<sup>b</sup>**

Characteristic	Percent
<b>Gender</b>	
Male	70
Female	30
<b>Household Income</b>	
\$20,000 or less	27
\$20,001-\$30,000	16
\$30,001-\$40,000	12
\$40,001-\$50,000	11
>\$50,000	34
<b>Mother's education</b>	
<High school diploma	19
High school diploma	30
Some college	29
4-year degree or more	22
<b>Premature birth</b>	
3+ weeks early	24

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Pre-Elementary Longitudinal Study, Parent Interview, 2003–04. In Markowitz, J., Carlson, E., Frey, W., Riley, J., Shimshak, A., Heinzen, H., Strohl, J., Lee, H., and Klein, S. (2006). *Preschoolers with Disabilities: Characteristics, Services, and Results, Wave 1 Overview Report from the Pre-Elementary Education Longitudinal Study (PEELS)*, fig. 2, table 3 and table 7 (NCSE 2006-3003). Available at <http://ies.ed.gov/ncser/pdf/20063003.pdf>, last accessed March 16, 2010.

Notes: PEELS findings are based on a nationally representative sample of 3,104 children who were 3 through 5 years old and had individualized education programs or individualized family service plans when they were recruited for the study between March 1, 2003 and Feb. 29, 2004. Parent Interview data for children in the study were collected over the course of the 2003–04 school year, beginning in November 2003 and finishing in May 2004.

Displayed results were collected from 2,800 respondents to the Parent Interview for children who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage was calculated for each characteristic category, by dividing the number in each characteristic subgroup by the total number in all the characteristic subgroups, then multiplying the result by 100.

<sup>b</sup>Refers to the years during which all of the data were collected.

- According to parent reports from the 2003–04 school year data collection period, children ages 3 through 5 served under IDEA, Part B, were disproportionately male (70 percent male, 30 percent female).
- In 2003, about 20 percent of families in the general population lived in households with annual incomes of \$20,000 or less.<sup>10</sup> This was true of 27 percent of children ages 3 through 5 served under IDEA, Part B, based on parent reports from the 2003–04 school year period.

<sup>10</sup> U.S. Census Bureau (2004). *Current Population Survey Annual Demographic Survey March Supplement*, accessed July 15, 2006, from [http://pubdb3.census.gov/macro/032004/faminc/new03\\_001.htm](http://pubdb3.census.gov/macro/032004/faminc/new03_001.htm).

- During the 2003–04 school year, parents reported that 24 percent of the children ages 3 through 5 served under *IDEA*, Part B, were born three or more weeks prematurely. This percent was twice the percent of children in the general population ages 3 through 5 in 2003 who were born prematurely (about 12 percent).<sup>11</sup>

*What are the primary disabilities among children ages 3 through 5 with disabilities?*

**Table 1-6. Percentage<sup>a</sup> of children ages 3 through 5 served under *IDEA*, Part B, by primary disability: 2003–04<sup>b</sup>**

Primary disability <sup>c</sup>	Percent
Speech or language impairments	46.4
Developmental delay	27.8
Autism	6.8
Mental retardation	4.4
Specific learning disabilities	2.4
Other health impairments	2.9
Orthopedic impairments	2.2
Emotional disturbance	1.3
Low-incidence disabilities <sup>d</sup>	5.9

*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Pre-Elementary Longitudinal Study, Parent Interview, Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire, 2003–04. In Markowitz, J., Carlson, E., Frey, W., Riley, J., Shimshak, A., Heinzen, H., Strohl, J., Lee, H., and Klein, S. (2006). *Preschoolers with Disabilities: Characteristics, Services, and Results, Wave 1 Overview Report from the Pre-Elementary Education Longitudinal Study (PEELS)*, table 5 (NCSE 2006-3003). Available at <http://ies.ed.gov/ncser/pdf/20063003.pdf>, last accessed March 16, 2010.

*Notes:* PEELS findings are based on a nationally representative sample of 3,104 children who were 3 through 5 years old and had individualized education programs or individualized family service plans when they were recruited for the study between March 1, 2003 and Feb. 29, 2004. Parent Interview, Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire data for children in the study were collected over the course of the 2003–04 school year, beginning in November 2003 and finishing in May 2004.

Displayed results were collected from 2,800 respondents to the Parent Interview, 1,913 respondents to the Early Childhood Teacher Questionnaire and 259 respondents to the Kindergarten Teacher Questionnaire for children who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 with a specific primary disability by the total number of children ages 3 through 5 receiving preschool special education services at the time of the data collection. Children’s primary disability category was obtained from their preschool or kindergarten teachers; however, if the teachers’ data were missing, then disability information was obtained from the children’s parents.

<sup>b</sup>Refers to the years during which all of the data were collected.

<sup>c</sup>All of the primary disability categories (except the “low-incidence disabilities” category) are specified in *IDEA*, Part B.

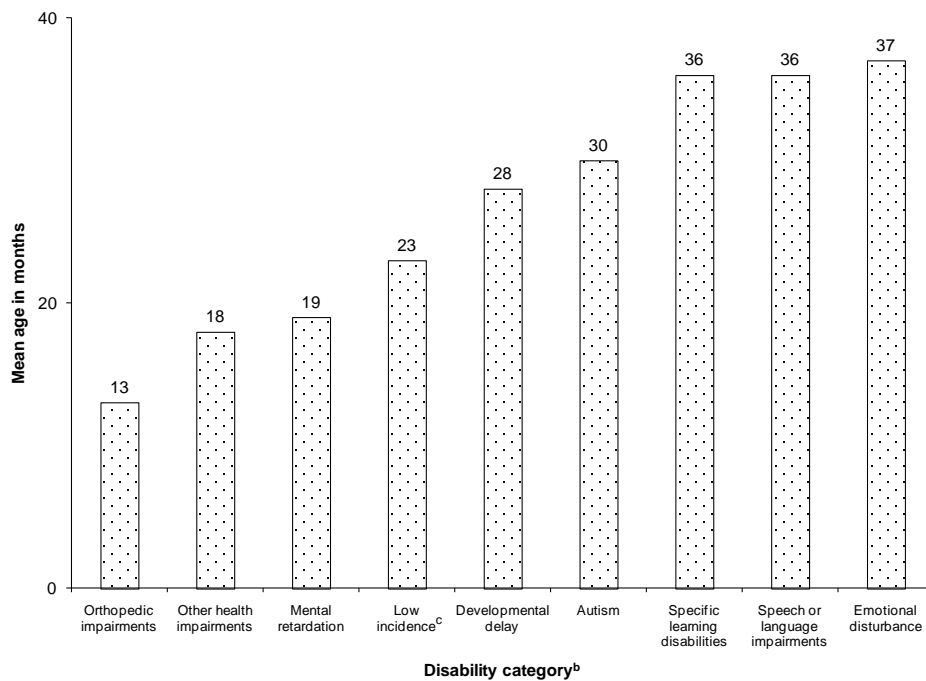
<sup>d</sup>Because of the small sample sizes for some *IDEA*, Part B, disability categories and other non-*IDEA*, Part B disabilities, a “low-incidence disabilities” category was created. This category included deaf-blindness, hearing impairments, traumatic brain injury, visual impairments and non-*IDEA*, Part B, disabilities identified by parents (e.g., comprehension problems, hand-eye coordination).

<sup>11</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. *Gestation and Birthweight*, 1998 through 2000, accessed March 9, 2010, from <http://205.207.175.93/VitalStats/ReportFolders/reportFolders.aspx>.

- Based on the 2003–04 parent and teacher data collections, nearly three-fourths of children ages 3 through 5 served under *IDEA*, Part B, were identified as having one of two primary disabilities—speech or language impairments (46.4 percent) or developmental delay (27.8 percent).
- Autism was the third most prevalent disability (6.8 percent) among children ages 3 through 5 in the study, according to the parent and teacher reports.

*At what ages do children ages 3 through 5 with disabilities start receiving special education or therapy from a professional and how do the ages vary by disability category?*

**Figure 1-19. Mean age (in months) of children ages 3 through 5 served under *IDEA*, Part B, when they first started to receive special education or therapy from a professional on a regular basis, by disability category: 2003–04<sup>a</sup>**



*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Pre-Elementary Education Longitudinal Study, Parent Interview, Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire, 2003–04. In Markowitz, J., Carlson, E., Frey, W., Riley, J., Shimshak, A., Heinzen, H., Strohl, J., Lee, H., and Klein, S. (2006). *Preschoolers with Disabilities; Characteristics, Services, and Results, Wave 1 Overview Report from the Pre-Elementary Education Longitudinal Study (PEELS)*, fig. 6 (NCSE 2006-3003). Available at <http://ies.ed.gov/ncser/pdf/20063003.pdf>, last accessed March 16, 2010.

*Notes:* PEELS findings are based on a nationally representative sample of 3,104 children who were 3 through 5 years old and had individualized education programs or individualized family service plans when they were recruited for the study between March 1, 2003 and Feb. 29, 2004. Parent Interview, Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire data for children in the study were collected over the course of the 2003–04 school year, beginning in November 2003 and finishing in May 2004.

Displayed results were collected from 2,800 respondents to the Parent Interview, 1,913 respondents to the Early Childhood Teacher Questionnaire and 259 respondents to the Kindergarten Teacher Questionnaire for children who had valid and complete data for the time period specified and were included in the analyses.

- According to the 2003–04 parent data collection, children identified as having an orthopedic impairments, *other health impairments* or Mental retardation typically started receiving services from a professional at younger ages (13 months of age, 18 months of age and 19 months of age, respectively) than children identified as having other types of disabilities.
- Children identified as having a specific learning disability, speech or language impairments or emotional disturbance typically started receiving services from a professional at older ages (36 months of age, 36 months of age and 37 months of age, respectively) than children identified as having other types of disabilities, based on parent reports.

<sup>a</sup>Refers to the years during which all of the data were collected.

<sup>b</sup>All of the disability categories (except the “low incidence” category) are specified in *IDEA*, Part B. Children’s primary disability category was obtained from their preschool or kindergarten teachers; however, if the teachers’ data were missing, then disability information was obtained from the children’s parents.

<sup>c</sup>Because of the small samples sizes for some *IDEA*, Part B, disability categories and other non-*IDEA*, Part B disabilities, a “low incidence” category was created. This category included deaf-blindness, hearing impairments, traumatic brain injury, visual impairments and non-*IDEA*, Part B, disabilities identified by parents (e.g., comprehension problems, hand-eye coordination).

*How do types of services vary among children ages 3 through 5 served under IDEA, Part B?*

**Table 1-7. Percentage<sup>a</sup> of children ages 3 through 5 served under IDEA, Part B, by type of service received: 2003–04<sup>b</sup>**

Type of service received	Percent
Speech or language therapy	88.6
Occupational therapy	31.9
Learning strategies/study skills assistance	29.5
Service coordination/case management	25.4
Special transportation because of disability	19.0
Physical therapy	17.6
Tutoring/remediation by a special education teacher	16.8
Training, counseling or other supports/services for family	16.4
Behavior management program	14.4
Assistive technology services/devices	10.1
Augmentative or alternative communication system	10.0
One-to-one paraeducator/assistant	9.8
Audiology	9.7
Adaptive physical education	9.6
Social work services	8.7
Specialized computer software or hardware	6.4
Other services <sup>c</sup>	17.0

*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Pre-Elementary Longitudinal Study, Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire, 2003–04. In Carlson, E., Daley, T., Bitterman, A., Riley, J., Keller, B., Jenkins, F., and Markowitz, J. (2008). *Changes in the Characteristics, Services, and Performance of Preschoolers with Disabilities from 2003–04 to 2004–05: Wave 2 Overview Report from the Pre-Elementary Education Longitudinal Study (PEELS)*, table 19 (NCSEER 2008-3011). Available at <http://ies.ed.gov/ncser/pdf/20083011.pdf>, last accessed March 16, 2010.

*Notes:* PEELS findings are based on a nationally representative sample of 3,104 children who were 3 through 5 years old and had individualized education programs or individualized family service plans when they were recruited for the study between March 1, 2003 and Feb. 29, 2004. Early Childhood Teacher Questionnaire and Kindergarten Teacher Questionnaire data for children in the study were collected over the course of the 2003–04 school year, beginning in November 2003 and finishing in May 2004.

Displayed results were collected from 1,320 respondents to the Early Childhood Teacher Questionnaire and 957 respondents to the Kindergarten Teacher Questionnaire for children who had valid and complete data for the time period specified and were included in the analyses.

<sup>a</sup>Percentage was calculated by dividing the number of children ages 3 through 5 receiving the specific type of service by the total number of children ages 3 through 5 enrolled in the study at the time of the data collection.

<sup>b</sup>Refers to the years during which all of the data were collected.

<sup>c</sup>Other services include health services; instruction in American Sign Language, Manual English, Cued Speech or Braille; mental health services; reader or interpreter services; vision services; and other services specified by the respondent.

- Based on the teacher reports from the 2003–04 data collection period, speech or language therapy was by far the most common service for children ages 3 through 5 served under *IDEA*, Part B (88.6 percent).
- Occupational therapy was the second most common service and was received by 31.9 percent of children ages 3 through 5 served under *IDEA*, Part B.

## **Students Ages 6 Through 21 Served Under *IDEA*, Part B**

Since the 1975 passage of the *Education for All Handicapped Children Act* (P.L. 94-142), the Department of Education has collected data on the number of children served under the law. Early collections of data on the number of children with disabilities served under Part B of *IDEA* focused on nine disability conditions. Through the subsequent years and multiple reauthorizations of the act, the disability categories have been expanded to 13 and revised, and new data collections have been required. (For a complete list of disability conditions and of data categories, see table B-1 on Page B-3.)

In 1997, the law was reauthorized with several major revisions (*IDEA Amendments of 1997*; P.L. 105-17). One revision was the requirement that race/ethnicity data be collected on the number of children served. The reauthorization also allowed states the option of using the developmental delay category for children ages 6 through 9. (For more information on this category, see table B-3 in appendix B.)

For Part B figures and tables, data presented for the 50 states and the District of Columbia include Bureau of Indian Affairs (BIA) schools. Where indicated in the footnotes, the figures and tables also include data from Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands). Please note that in this text, references to “states” encompass the 50 states and other jurisdictions as noted in the accompanying tables and figures.

## Trends in the Numbers and Percentages of Students Ages 6 Through 21 Served Under IDEA, Part B

How have the numbers and percentages of students ages 6 through 21 served under IDEA, Part B, changed over time?

**Table 1-8. Number of students ages 6 through 21 served under IDEA, Part B, and percentage of population served, by year: Fall 1996 through fall 2005**

Year	Total served under Part B (6 through 21)			Percentage <sup>a</sup> of 6- through-21 population served under Part B in the 50 states, DC and BIA schools
	For the 50 states, DC, BIA schools, Puerto Rico and the outlying areas	For the 50 states, DC and BIA schools	6-through-21 population in the 50 states and DC	
1996	5,235,952	5,182,742	60,154,825	8.6
1997	5,401,292	5,343,017	61,072,142	8.7
1998	5,541,166	5,488,001	62,204,713	8.8
1999	5,683,707	5,613,949	62,951,638	8.9
2000	5,775,722	5,705,177	65,222,894	8.7
2001	5,867,078	5,795,334	65,696,458	8.8
2002	5,959,282	5,893,038	65,845,492	8.9
2003	6,046,051	5,971,495	65,865,048	9.1
2004	6,118,437	6,033,425	65,871,265	9.2
2005	6,109,569	6,021,462	65,825,834	9.1

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 1996–2005. Data updated as of July 17, 2006. Also tables 1-3, 1-9, B-3 and B-4 in vol. 2 of this report.

U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 served under IDEA, Part B, in the 50 states, the District of Columbia and BIA schools by the general U.S. population estimates for this age range for that year. The result was multiplied by 100 to produce a percentage.

- In 2005, a total of 6,109,569 students ages 6 through 21 were served under IDEA, Part B. Of these, 6,021,462 were served in the 50 states, the District of Columbia and Bureau of Indian Affairs (BIA) schools. This number represents 9.1 percent of the U.S. general population ages 6 through 21.
- From 1996 to 2004, both the number of students ages 6 through 21 served under IDEA, Part B, and their percentage of the general population ages 6 through 21 have increased. Their number has increased by almost 900,000 students, from 5.2 million students in 1996 to 6.1 million in 2004. The percentage rose from 8.6 percent in 1996 to 9.2 percent in 2004. In 2005, the number and percentage decreased slightly.



How do the percentages of students served under IDEA, Part B, vary by type of disability and age?

**Table 1-9. Percentage<sup>a</sup> of students in four age groups from ages 3 through 21 served under IDEA, Part B, by age group and disability category: 2005**

	Age range			
	3-5	6-11	12-17	18-21
	Percent			
All disabilities	10.3	40.9	44.3	4.6
Specific learning disabilities	0.2	14.0	25.5	2.2
Speech or language impairments	4.9	14.5	2.3	0.1
Mental retardation	0.3	2.7	4.6	1.1
Emotional disturbance	0.1	2.0	4.6	0.4
Multiple disabilities	0.1	0.8	0.9	0.3
Hearing impairments	0.1	0.5	0.5	0.1
Orthopedic impairments	0.1	0.5	0.4	0.1
Other health impairments	0.2	3.2	4.1	0.3
Visual impairments	0.1	0.2	0.2	0.0
Autism	0.4	1.4	0.9	0.1
Deaf/blindness	0.0	0.0	0.0	0.0
Traumatic brain injury	0.0	0.1	0.2	0.0
Developmental delay <sup>b</sup>	3.8	1.1	†	†

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System, (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2005. Data updated as of July 17, 2006. See also <http://www.ideadata.org/PartBChildCount.asp>. These data are for the 50 states, the District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students in each age group served under IDEA, Part B, in the disability category by the total number of students in the age group served under IDEA, Part B. The result was multiplied by 100 to produce a percentage. The sum of percentages for "All disabilities" may not total 100 because of rounding.

<sup>b</sup>The category developmental delay is applicable only to children ages 3 through 9. For more information, see table B-3 in appendix B.

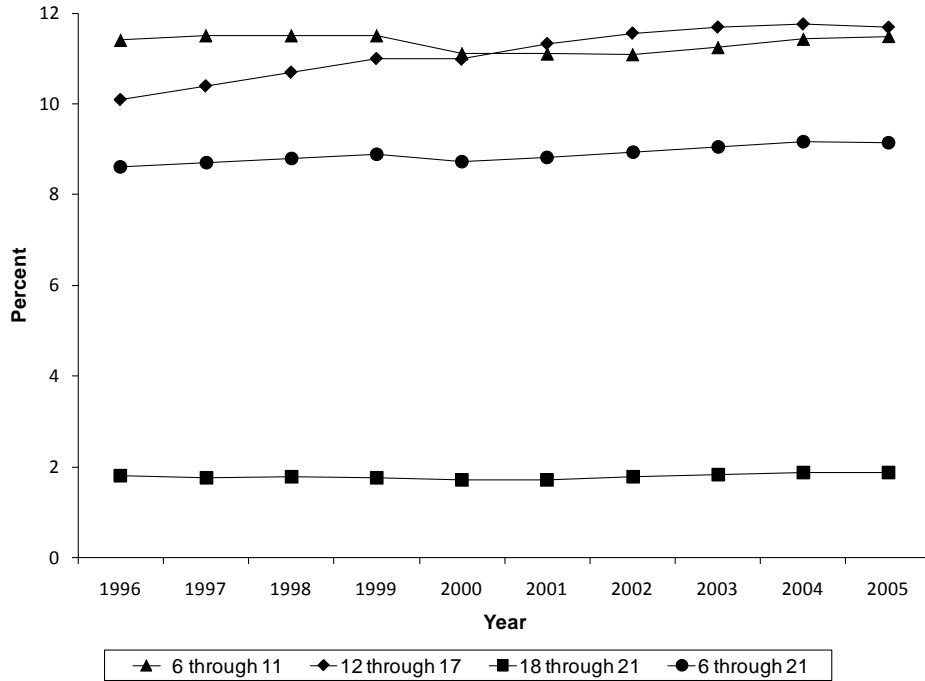
† Not applicable.

- In 2005, the largest proportion of students served under IDEA, Part B, was in the 12- to 17-year-old range (44.3 percent), while 18- to 21-year-olds made up 4.6 percent of students served under IDEA, Part B.
- The distribution of diagnosed disabilities differed across age ranges. Most students served under IDEA, Part B, in the 3- to 5-year-old range were diagnosed with either speech or language impairments or developmental delay. Among children in the elementary school age range (6 through 11) served under IDEA, Part B, speech or language impairments was still the most prevalent disability category, with specific learning disabilities just slightly less prevalent.
- In the secondary school age range (12 through 17), students served under IDEA, Part B, were most often diagnosed as having specific learning disabilities. The percentage of these same students diagnosed with speech or language impairments declined sharply for this age group. At the same time, there was an increase in the percentage of secondary school students served under IDEA, Part B, diagnosed with Mental retardation and emotional disturbance and other health impairments.

- Almost half of the 18- through 21-year-olds served under *IDEA*, Part B, were diagnosed with specific learning disabilities. Very few of these 18- through 21-year olds were diagnosed with speech or language impairments.

What are the percentages of the population ages 6 through 21 served under *IDEA*, Part B, by age group?

**Figure 1-20. Percentage<sup>a</sup> of the population in four age groups from ages 6 through 21 served under *IDEA*, Part B, by year and age group: Fall 1996 through fall 2005**



Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2005. Data updated as of July 17, 2006. Also tables 1-9, 1-10, B-3 and B-4 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

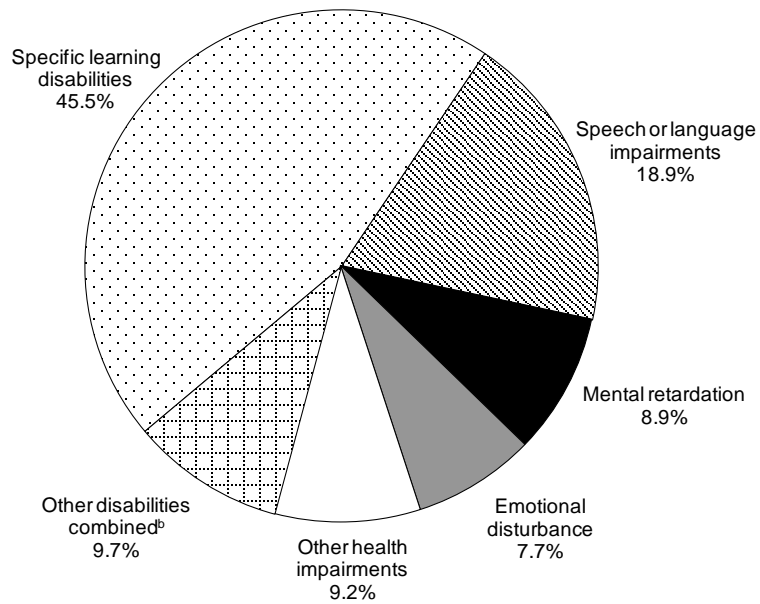
<sup>a</sup>Percentage was calculated by dividing the number of students receiving special education in the specific age group by the general U.S. population estimates for children in this age range for that year. The result was multiplied by 100 to produce a percentage.

- In 2005, the largest increases among the age groups displayed occurred for the 12-through-17 age group. In 1996, 10.1 percent of the 12-through-17 population received special education and related services. By 2005, 11.7 percent of this age group received special education and related services.

- The increase in the percentage of population receiving special education and related services was much smaller for the 6-through-11 and 18-through-21 age groups. In 1996, 11.4 percent of the 6-through-11 population and 1.8 percent of the 18-through-21 population received special education and related services. By 2005, these percentages were 11.5 and 1.9 percent, respectively.

*For what disabilities are students ages 6 through 21 served under IDEA, Part B?*

**Figure 1-21. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by disability category: Fall 2005**



*Source:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 2005. Data updated as of July 17, 2006. Also table 1-3 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 served under *IDEA*, Part B, in the disability category by the total number of students ages 6 through 21 served under *IDEA*, Part B. The result was multiplied by 100 to produce a percentage. The sum may not total 100 because of rounding.

<sup>b</sup>“Other disabilities combined” includes multiple disabilities (2.2 percent), hearing impairments (1.2 percent), orthopedic impairments (1 percent), visual impairments (0.4 percent), autism (3.2 percent), deaf-blindness (0.03 percent), traumatic brain injury (0.4 percent) and developmental delay (1.3 percent).

- In 2005, the largest disability category among students ages 6 through 21 served under *IDEA*, Part B, was specific learning disabilities (45.5 percent). The next most common disability category was speech or language impairments (18.9 percent), followed by *other health impairments* (9.2 percent), Mental retardation (8.9 percent) and emotional disturbance (7.7 percent).

- Students ages 6 through 21 in “other disabilities combined” made up the remaining 9.7 percent of students served under *IDEA*, Part B.

*How have the percentages of students served under IDEA, Part B, for particular disabilities changed over time?*

**Table 1-10. Percentage<sup>a</sup> of the population ages 6 through 21 served under IDEA, Part B, by disability category and year: Fall 1996 through fall 2005**

Disability <sup>b</sup>	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
	Percent									
Specific learning disabilities	4.4	4.5	4.5	4.5	4.4	4.3	4.3	4.3	4.2	4.1
Speech or language impairments	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7
Mental retardation	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.8
Emotional disturbance	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Multiple disabilities	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Hearing impairments	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Orthopedic impairments	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Other health impairments	0.3	0.3	0.4	0.4	0.4	0.5	0.6	0.7	0.8	0.9
Visual impairments	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Autism	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.3	0.3
Deaf-blindness	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Traumatic brain injury	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
All disabilities above	8.6	8.8	8.8	8.9	8.8	8.8	9.0	9.1	9.2	9.2

*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2005. Data updated as of July 17, 2006. 2005 data are from table 1-12 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 in the disability category served under *IDEA*, Part B, by the general U.S. population estimates for children in this age range for that year. The result was multiplied by 100 to produce a percentage.

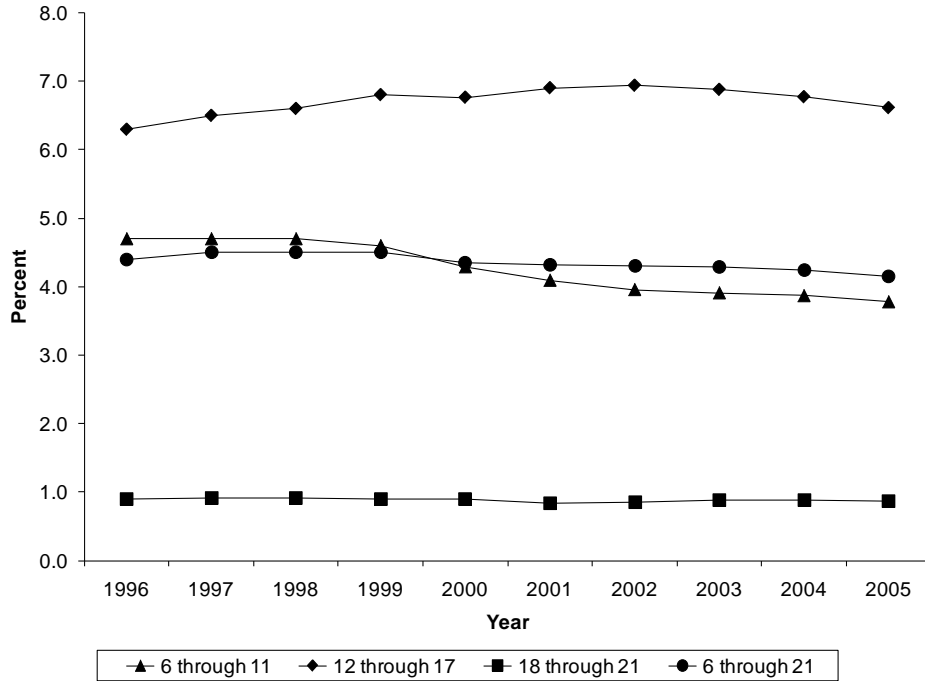
<sup>b</sup>States’ use of the developmental delay category, which is optional for children between ages 6 and 9 and not applicable to children older than 9 years of age, is not listed in table 1-10. For more information on the category and states with differences in developmental delay reporting practices, see table B-3 in appendix B.

♦ Percentage is <0.05 or less than 5/100 of 1 percent.

- For most disability categories, annual change in the percentage of the population ages 6 through 21 served under *IDEA*, Part B, was negligible from 1996 through 2005.

- For two disability categories, the percentage of population ages 6 through 21 served under *IDEA*, Part B, increased noticeably between 1996 and 2005. *Other health impairments* increased from 0.3 percent in 1996 to 0.9 percent in 2005. Autism increased from 0.1 percent in 1996 to 0.3 percent in 2005.

**Figure 1-22. Percentage<sup>a</sup> of the population in four age groups from ages 6 through 21 served under *IDEA*, Part B, because of specific learning disabilities, by year and age group: Fall 1996 through fall 2005**



*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2005. Data updated as of July 17, 2006. 2005 data for the 6 through 21 age group are from tables 1-3, 1-4, 1-5, 1-6 and 1-12 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

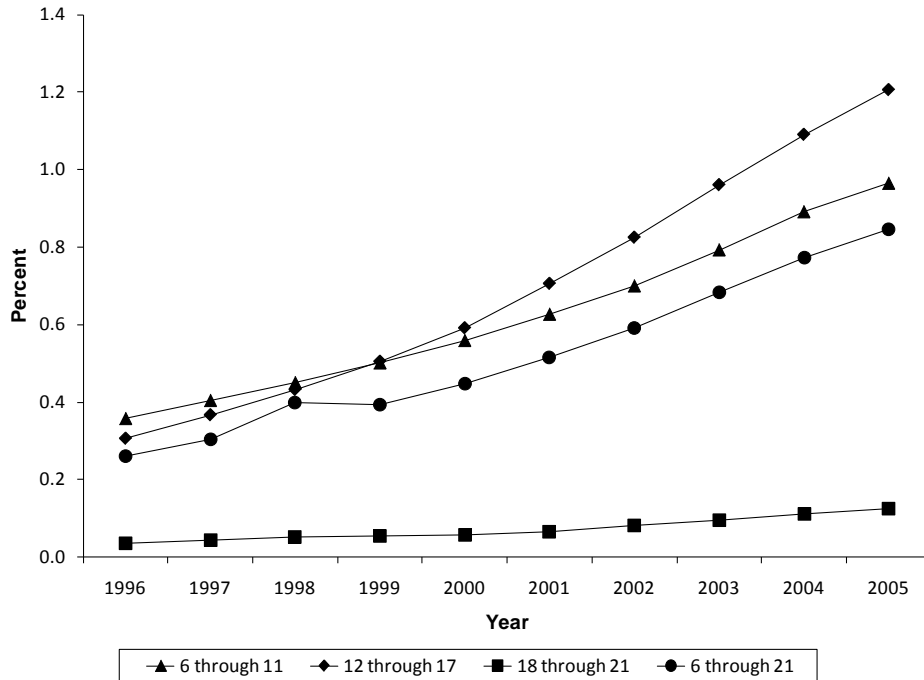
U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of students with specific learning disabilities by the general U.S. population estimates for children in this age range for that year. The result was multiplied by 100 to produce a percentage. This graph is scaled to demonstrate the change in the percentage of children with specific learning disabilities. The slope cannot be compared with the slopes of figures 1-23 and 1-24.

- In 2005, just over 4 percent of the general population, ages 6 through 21 years were served under *IDEA*, Part B, because of specific learning disabilities. That percentage, starting at 4.4 percent in 1996, rose to 4.5 percent in 1997 and decreased to 4.1 percent in 2005.

- From 1996 through 2005, the percentage of students ages 12 through 17 served under *IDEA*, Part B, because of specific learning disabilities increased from 6.3 percent to 6.6 percent.
- From 1998 through 2001, the percentage of students ages 12 through 17 with specific learning disabilities served under *IDEA*, Part B, increased, while the percentage served in the other age groups decreased. The percentage remained at 6.9 percent for students ages 12 through 17 served under *IDEA*, Part B, for specific learning disabilities from 2001 through 2003, dropping slightly to 6.8 percent in 2004 and 6.6 percent in 2005.
- From 1996 through 2005, the percentage of students ages 6 through 11 served under *IDEA*, Part B, because of specific learning disabilities decreased from 4.7 percent to 3.8 percent. Some of this decrease may be attributable to the 1997 introduction of the developmental delay category for children ages 3 through 9, which may have drawn some children who previously would have been classified as having specific learning disabilities. However, the extent of such a potential effect cannot be confirmed from these data.

**Figure 1-23. Percentage<sup>a</sup> of the population in four age groups from ages 6 through 21 served under IDEA, Part B, because of *other health impairments*, by year and age group: Fall 1996 through fall 2005**



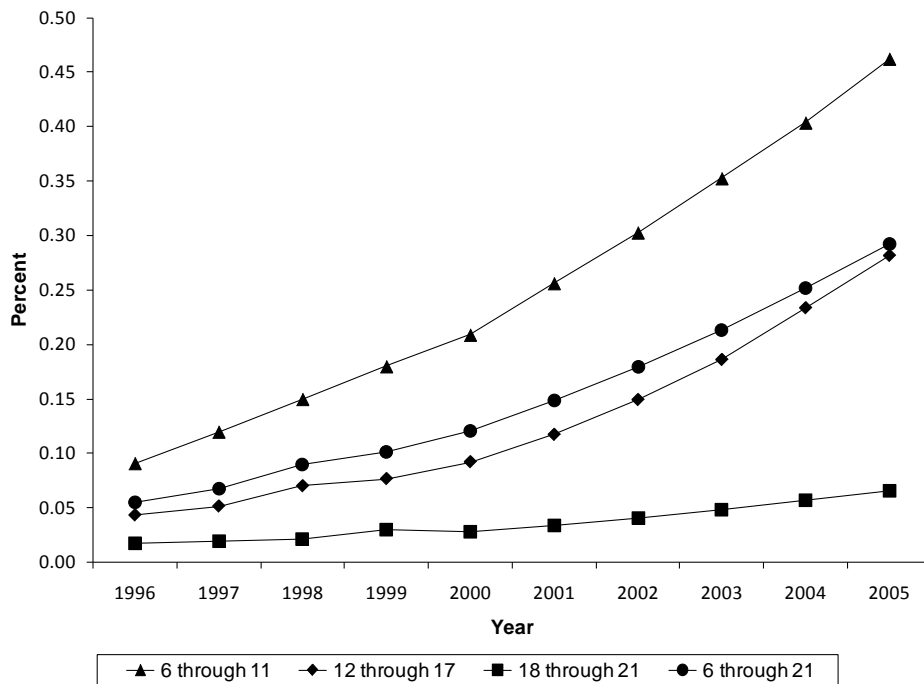
Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2005. Data updated as of July 17, 2006. 2005 data for the 6 through 21 age group are from tables 1-3, 1-4, 1-5, 1-6 and 1-12 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of students with *other health impairments* by the general U.S. population estimates for children in this age range for that year. The result was multiplied by 100 to produce a percentage. This graph is scaled to demonstrate the change in the percentage of children with *other health impairments*. The slope cannot be compared with the slopes of figures 1-22 and 1-24.

- In 2005, less than 1 percent of the general population ages 6 through 21 were served under *IDEA*, Part B, because of *other health impairments*; however, that percentage had steadily increased from 0.3 percent in 1996 to 0.8 percent in 2005.
- In 2005, students ages 12 through 17 made up the largest percentage of students served under *IDEA*, Part B, because of *other health impairments*.

**Figure 1-24. Percentage<sup>a</sup> of the population in four age groups from ages 6 through 21 served under IDEA, Part B, because of autism, by year and age group: Fall 1996 through fall 2005**



*Sources:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: “Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*,” 1996–2005. Data updated as of July 17, 2006. 2005 data for the 6 through 21 age group are from tables 1-3, 1-4, 1-5, 1-6 and 1-12 in vol. 2 of this report. These data are for the 50 states, the District of Columbia, and BIA schools.

U.S. Bureau of the Census. Population data for 1996 accessed July 2003 and population data for 1997 through 2000 accessed January through November 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN1996.txt> through [STCH-ICEN2000.txt](http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-ICEN2000.txt). Population data for 2001 through 2005 accessed August 2006 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.csv](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv). These data are now archived at <http://www.census.gov/popest/archives>.

<sup>a</sup>Percentage was calculated by dividing the number of students with autism by the general U.S. population estimates for children in this age range for that year. The result was multiplied by 100 to produce a percentage. This graph is scaled to demonstrate the change in the percentage of children with autism. The slope cannot be compared with the slopes of figures 1-22 and 1-23.

- In 2005, a little over one-quarter of 1 percent of the general population ages 6 through 21 were served under *IDEA*, Part B, because of autism; however, that percentage had steadily increased from .06 percent in 1996 to 0.29 percent in 2005.
- The percentage of the population ages 6 through 21 served under *IDEA*, Part B, because of autism increased for all age groups. The largest increase was for the 6-through-11 age group (0.09 percent in 1996 and 0.46 percent in 2005).
- When asked to explain the increase in the autism category, states frequently reported an increased awareness and diagnosis of autism, improved identification procedures, increased staff training, increased advocacy efforts, increased availability of programs and services,



improvements in data collection systems and expansion of state definitions of autism (see the Part B Child Count Data Notes in appendix B).

*What is the disability distribution among students of various races or ethnicities who are served under IDEA, Part B?*

**Table 1-11. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by disability category and race/ethnicity: Fall 2005**

Disability	American	Asian/	Black	Hispanic	White
	Indian/ Alaska Native	Pacific Islander	(not Hispanic)		(not Hispanic)
	Percent				
Specific learning disabilities	52.0	37.2	44.4	55.7	42.9
Speech or language impairments	16.6	26.5	14.2	19.0	20.4
Mental retardation	7.3	8.3	14.4	7.5	7.5
Emotional disturbance	7.8	4.1	10.9	4.7	7.7
Multiple disabilities	1.9	2.7	2.2	1.7	2.3
Hearing impairments	1.0	2.7	0.9	1.5	1.1
Orthopedic impairments	0.6	1.7	0.8	1.2	1.1
Other health impairments	7.3	6.3	7.7	5.2	11.1
Visual impairments	0.4	0.8	0.4	0.5	0.4
Autism	1.5	7.7	2.3	2.0	3.7
Deaf-blindness	0.0	0.1	0.0	0.0	0.0
Traumatic brain injury	0.4	0.4	0.3	0.3	0.4
Developmental delay <sup>b</sup>	3.2	1.5	1.4	0.7	1.4
All disabilities	100.0	100.0	100.0	100.0	100.0

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2005. Data updated as of July 17, 2006. Also table 1-16 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 in the race/ethnicity group served under *IDEA*, Part B, in the disability category by the total number of students ages 6 through 21 in the race/ethnicity group served under *IDEA*, Part B. The result was multiplied by 100 to produce a percentage. The total may not sum to 100 because of rounding.

<sup>b</sup>The category developmental delay is applicable only to children ages 6 through 9. For more information, see table B-3 in appendix B.

- In 2005, for all racial/ethnic groups, the most prevalent disability category for students ages 6 through 21 served under *IDEA*, Part B, was specific learning disabilities.
- Specific learning disabilities, speech or language impairments, Mental retardation and *other health impairments* were among the most prevalent disability categories for all racial/ethnic groups. Emotional disturbance was also common among all racial/ethnic groups except Asian/Pacific Islander. Autism appeared in the top five disability categories only for the Asian/Pacific Islander racial/ethnic group.

How does the percentage of the population served under IDEA, Part B, differ by disability category and race/ethnicity?

**Table 1-12. Percentage (risk index)<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by disability category and race/ethnicity and comparison percentage (risk index) for all other racial/ethnic groups combined<sup>b</sup>: Fall 2005**

Disability <sup>c</sup>	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)
	Risk index <sup>a</sup> (Risk index for all other racial/ethnic groups combined) <sup>b</sup>				
Specific learning disabilities	7.41 (4.11)	1.71 (4.25)	5.57 (3.89)	4.71 (4.02)	3.74 (4.79)
Speech or language impairments	2.37 (1.73)	1.29 (1.76)	1.79 (1.73)	1.63 (1.76)	1.78 (1.67)
Mental retardation	1.04 (0.81)	0.40 (0.83)	1.81 (0.63)	0.59 (0.86)	0.65 (1.06)
Emotional disturbance	1.11 (0.71)	0.20 (0.74)	1.37 (0.60)	0.43 (0.78)	0.67 (0.79)
Multiple disabilities	0.27 (0.20)	0.13 (0.20)	0.28 (0.19)	0.14 (0.21)	0.20 (0.20)
Hearing impairments	0.14 (0.11)	0.13 (0.11)	0.12 (0.11)	0.13 (0.10)	0.10 (0.13)
Orthopedic impairments	0.09 (0.10)	0.08 (0.10)	0.10 (0.10)	0.11 (0.09)	0.09 (0.10)
Other health impairments	1.04 (0.84)	0.30 (0.87)	0.96 (0.83)	0.44 (0.93)	0.97 (0.65)
Visual impairments	0.06 (0.04)	0.04 (0.04)	0.05 (0.04)	0.04 (0.04)	0.04 (0.04)
Autism	0.21 (0.29)	0.37 (0.29)	0.29 (0.29)	0.18 (0.32)	0.32 (0.24)
Deaf-blindness	0.00 <sup>d</sup> (0.00 <sup>d</sup> )	0.00 <sup>d</sup> (0.00 <sup>d</sup> )	0.00 <sup>d</sup> (0.00 <sup>d</sup> )	0.00 <sup>d</sup> (0.00 <sup>d</sup> )	0.00 <sup>d</sup> (0.00 <sup>d</sup> )
Traumatic brain injury	0.05 (0.04)	0.02 (0.04)	0.04 (0.03)	0.03 (0.04)	0.04 (0.03)
All disabilities above	13.81 (8.98)	4.67 (9.22)	12.37 (8.44)	8.43 (9.16)	8.60 (9.72)

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043: "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2005. Data updated as of July 17, 2006. Also tables 1-16a through 1-16e in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from [http://www.census.gov/popest/states/asrh/files/sc\\_est2005\\_alldata6.csv](http://www.census.gov/popest/states/asrh/files/sc_est2005_alldata6.csv).

<sup>a</sup>Percentage of the population also can be referred to as the risk index. Percentage of population (risk index) was calculated by dividing the number of students with the specific disability served under IDEA, Part B, in the racial/ethnic group by the total number of students in the racial/ethnic group in the population. The result was multiplied by 100 to produce a percentage.

- In 2005, the percentage of the population ages 6 through 21 served under *IDEA*, Part B, varied by race/ethnicity. The highest percentage served under *IDEA*, Part B (i.e., risk index) was for American Indian/Alaska Native students (13.81 percent), followed by black students (12.37 percent), white students (8.60 percent), Hispanic students (8.43 percent) and Asian/Pacific Islander students (4.67 percent).
- Regardless of race/ethnicity, the largest percentages of the population ages 6 through 21 were served under *IDEA*, Part B, because of specific learning disabilities.

<sup>b</sup>The risk index for all other students (i.e., students who are not of the racial/ethnic group of interest) is presented in parentheses below the risk index for the racial/ethnic groups. This percentage was calculated by dividing the number of students ages 6 through 21 with the disability for all of the other racial/ethnic groups combined by the total number of students in all of the other racial/ethnic groups combined in the U.S. population, ages 6 through 21. The result was multiplied by 100 to produce a percentage.

<sup>c</sup>States' use of the developmental delay category, which is optional for children between ages 6 and 9 and not applicable to children older than 9 years of age, is not listed in table 1-12. For more information on the category and states with differences in developmental delay reporting practices, see table B-3 in appendix B.

<sup>d</sup>The risk index was non-zero, but <0.005; thus, the risk index rounded to 0.00.

For students ages 6 through 21 served under IDEA, Part B, what differences exist among racial/ethnic groups with respect to the percentages of the population served under IDEA, Part B, in various disability categories?

Risk ratios compare the proportion of a particular racial/ethnic group served under Part B to the proportion so served among the other racial/ethnic groups combined. In the table below, the risk ratio of 1.80 for American Indian/Alaska Native students with specific learning disabilities indicates that they were 1.80 times more likely to be served for specific learning disabilities under IDEA, Part B, than were their age peers from the other racial/ethnic groups combined.

**Table 1-13. Risk ratios<sup>a</sup> for students ages 6 through 21 served under IDEA, Part B, by disability category and race/ethnicity: Fall 2005**

Disability <sup>b</sup>	American	Asian/	Black	Hispanic	White
	Indian/ Alaska Native	Pacific Islander	(not Hispanic)		(not Hispanic)
Specific learning disabilities	1.80	0.40	1.43	1.17	0.78
Speech or language impairments	1.37	0.73	1.03	0.93	1.06
Mental retardation	1.29	0.48	2.86	0.69	0.61
Emotional disturbance	1.57	0.27	2.28	0.55	0.84
Multiple disabilities	1.36	0.63	1.50	0.68	1.01
Hearing impairments	1.34	1.20	1.10	1.28	0.77
Orthopedic impairments	0.97	0.83	1.01	1.15	0.94
Other health impairments	1.23	0.35	1.16	0.47	1.50
Visual impairments	1.45	0.97	1.21	0.94	0.92
Autism	0.73	1.28	0.98	0.57	1.33
Deaf-blindness	1.67	1.09	0.84	1.09	0.99
Traumatic brain injury	1.48	0.59	1.16	0.67	1.21
All disabilities above	1.54	0.51	1.47	0.92	0.89

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0043 "Children with Disabilities Receiving Special Education Under Part B of the *Individuals with Disabilities Education Act*," 2005. Data updated as of July 17, 2006. Also tables 1-16, 1-16a through 1-16m and B-7 in vol. 2 of this report. These data are for the 50 states, the District of Columbia and BIA schools.

U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from [http://www.census.gov/popest/states/asrh/files/sc\\_est2004\\_alldata6.csv](http://www.census.gov/popest/states/asrh/files/sc_est2004_alldata6.csv).

<sup>a</sup>Risk ratios were calculated by dividing the risk index for the racial/ethnic group by the risk index for all other racial/ethnic groups combined and rounding the result to two decimal places. See table 1-12.

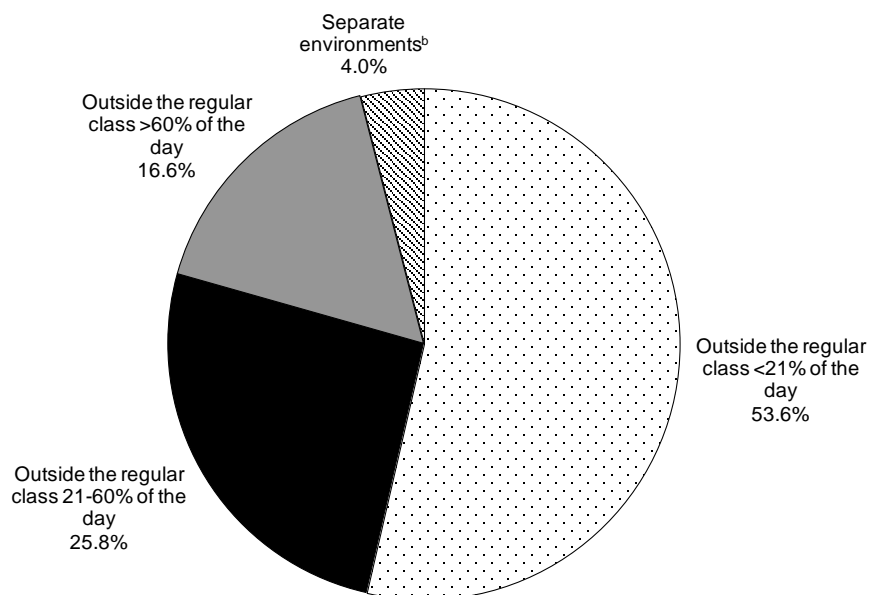
<sup>b</sup>States' use of the developmental delay category, which is optional for children between ages 6 and 9 and not applicable to children older than 9 years of age, is not listed in table 1-13. For more information about the category and states with differences in developmental delay reporting practices, see table B-3 in appendix B.

- In 2005, American Indian/Alaska Native students ages 6 through 21 and black (not Hispanic) students ages 6 through 21 were about 1.5 times more likely to be served under *IDEA*, Part B, than same-age students in all other racial/ethnic groups combined (1.54 and 1.47, respectively); Asian/Pacific Islander students, white (not Hispanic) students and Hispanic students, ages 6 through 21, were less likely to be served under Part B than same-age students of all other racial/ethnic groups combined (0.51, 0.89 and 0.92, respectively).
- American Indian/Alaska Native students ages 6 through 21 were 1.80 times more likely to be served under *IDEA*, Part B, for specific learning disabilities than same-age students of all other racial/ethnic groups combined.
- Asian/Pacific Islander students ages 6 through 21 were 1.20 times more likely to be served under *IDEA*, Part B, for hearing impairments and 1.28 times more likely to be served for autism than same-age students of all other racial/ethnic groups combined.
- Black (not Hispanic) students ages 6 through 21 were 2.86 times more likely to be served under *IDEA*, Part B, for Mental retardation and 2.28 times more likely to be served for emotional disturbance than same-age students of all other racial/ethnic groups combined.
- Hispanic students ages 6 through 21 were 1.28 times more likely to be served under *IDEA*, Part B, for hearing impairments and 1.17 times more likely to be served for specific learning disabilities than same-age students of all other racial/ethnic groups combined.
- White (not Hispanic) students ages 6 through 21 were 1.50 times more likely to be served under *IDEA*, Part B, for *other health impairments* and 1.33 times more likely to be served for autism than same-age students of all other racial/ethnic groups combined.

## School-Age Educational Environments

*To what extent are students served under IDEA, Part B, educated with their peers without disabilities?*

**Figure 1-25. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by educational environment: Fall 2005**



*Source:* U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006. Also table 2-2 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

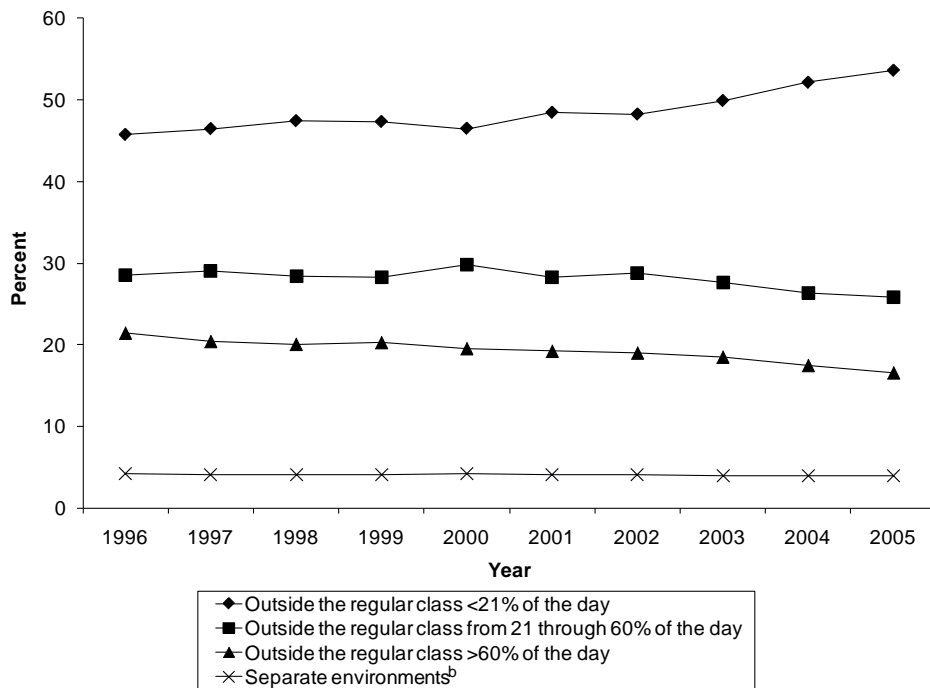
<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 served under *IDEA*, Part B, in the educational environment by the total number of students ages 6 through 21 served under *IDEA*, Part B, in all environments. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Separate environments include *public* and *private residential facilities*, *public* and *private separate schools* and *homebound/hospital* environments.

- In 2005, 96 percent of students ages 6 through 21 served under *IDEA*, Part B, were educated in regular classes. However, the amount of time they spent in regular classes varied.
- More than half of all students ages 6 through 21 served under *IDEA*, Part B (53.6 percent) were educated for most of the school day in regular classes; that is, they were *outside the regular class for less than 21 percent of the school day*.

How have the educational environments of students served under IDEA, Part B, changed over time?

**Figure 1-26. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by year and educational environment: Fall 1996 through fall 2005**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 1996–2005. Data updated as of July 17, 2006. Also table 2-5 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

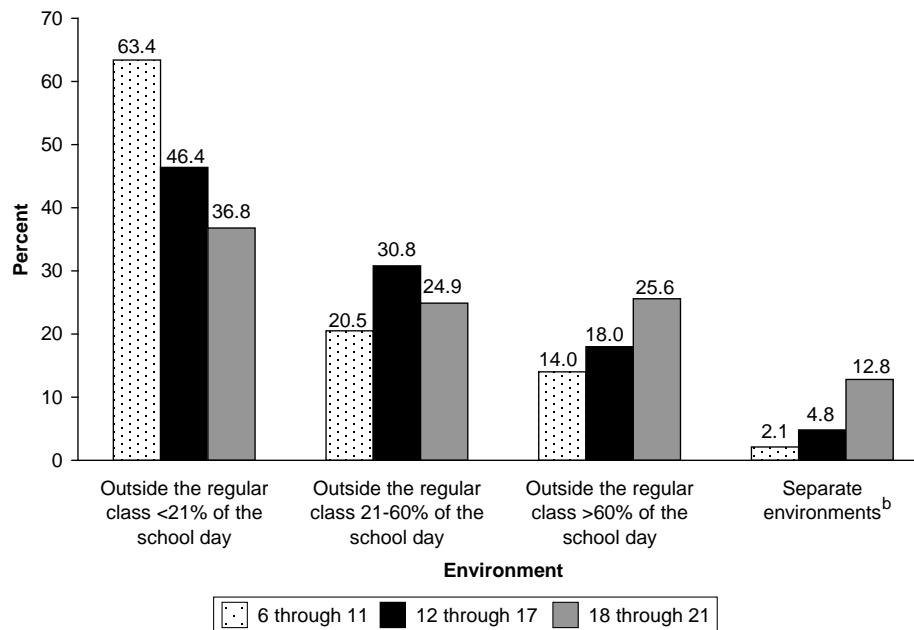
<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 with disabilities in the educational environment by the total number of students ages 6 through 21 with disabilities in all environments. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Separate environments include *public and private residential facilities, public and private separate schools and homebound/hospital environments.*

- From 1996 through 2006, the percentage of students ages 6 through 21 served under IDEA, Part B, were educated in regular classes for most of the school day (that is, *outside the regular class for less than 21 percent of the day*). The percentage increased from 45.7 percent in 1996 to 53.6 percent in 2005, an increase of 7.9 percentage points.
- The percentages of students ages 6 through 21 served under IDEA, Part B, educated *outside the regular class from 21 through 60 percent of the day but no more than 60 percent of the day* decreased from 28.5 percent in 1996 to 25.8 percent in 2005, a decrease of 2.7 percentage points.

*How do educational environments differ by age group?*

**Figure 1-27. Percentage<sup>a</sup> of students in three age groups from ages 6 through 21 served under IDEA, Part B, by educational environment and age group: Fall 2005**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006. Also table 2-4 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students served under *IDEA*, Part B, in the specific age group in the educational environment by the total number of students served under *IDEA*, Part B, in the specific age group in all educational environments. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Separate environments include *public* and *private residential facilities*, *public* and *private separate schools* and *homebound/hospital* environments.

- In 2005, for each age group, the largest proportion of students served under *IDEA*, Part B, was educated in a regular class for most of the school day; that is, they were *outside the regular class less than 21 percent of the school day*.
- Older students were educated less often than younger students in a regular class for most of the school day. A greater percentage (12.8 percent) of the oldest students served under *IDEA*, students ages 18 through 21, were educated in separate environments than either students ages 12 through 17 (4.8 percent) or students ages 6 through 11 (2.1 percent).



How do educational environments differ by disability category?

**Table 1-14. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by disability category and educational environment: Fall 2005**

Disability	Time outside the regular class			Separate environments <sup>b</sup> (%)
	<21 percent of the day (%)	21-60 percent of the day (%)	>60 percent of the day (%)	
Specific learning disabilities	53.6	34.6	10.8	1.0
Speech or language impairments	88.0	6.9	4.6	0.5
Mental retardation	13.9	29.3	50.0	6.8
Emotional disturbance	34.7	21.7	26.8	16.8
Multiple disabilities	13.2	16.9	45.1	24.7
Hearing impairments	48.3	18.8	19.5	13.5
Orthopedic impairments	49.4	18.4	25.5	6.7
Other health impairments	55.8	28.3	12.8	3.2
Visual impairments	57.3	16.5	14.0	12.2
Autism	31.3	18.2	39.8	10.7
Deaf-blindness	22.1	15.3	33.9	28.6
Traumatic brain injury	40.0	27.5	24.5	8.0
Developmental delay <sup>c</sup>	59.5	23.4	15.8	1.3
All disabilities	53.6	25.8	16.6	4.0

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006. Also table 2-2 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 with the specific disability served under *IDEA*, Part B, in the educational environment by the total number of students ages 6 through 21 with the specific disability served under *IDEA*, Part B, in all environments. The result was multiplied by 100 to produce a percentage.

<sup>b</sup>Separate environments include *public and private residential facilities, public and private separate schools and homebound/hospital environments*.

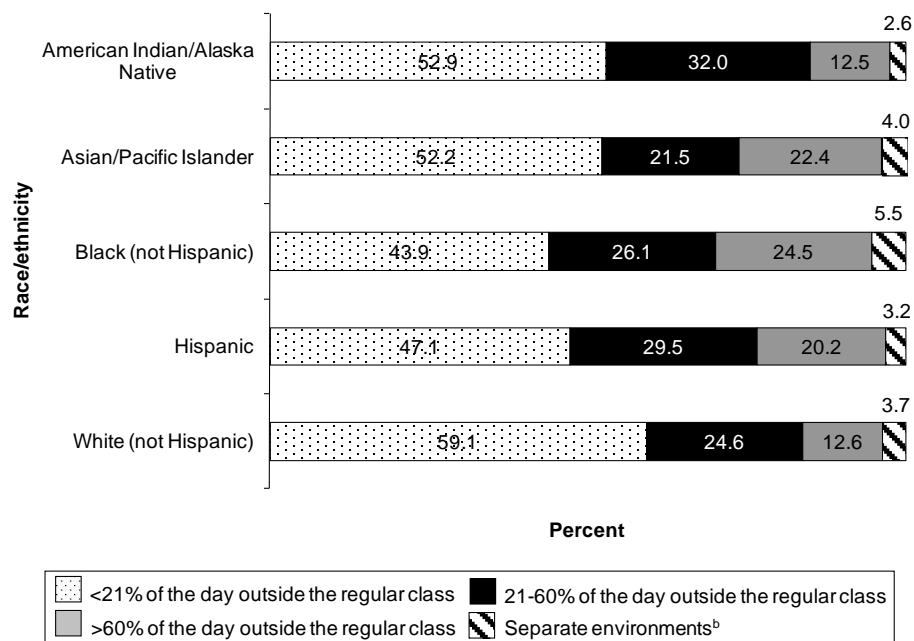
<sup>c</sup>The category developmental delay is applicable only to children ages 6 through 9. For more information, see table B-3 in appendix B.

- In 2005, the percentage of students served under *IDEA*, Part B, receiving special education in each environment varied by disability category.
- Most students with speech or language impairments (88 percent) were educated in regular classes for most of the school day (that is, *outside the regular class less than 21 percent of the school day*). Only 4.6 percent of students with speech or language impairments were educated *outside the regular class for more than 60 percent of the day*. Less than 1 percent (0.5 percent) were educated in separate environments.
- Only 13.9 percent of students with Mental retardation and 13.2 percent of students with multiple disabilities were educated in regular classes for most of the school day (that is, *outside the regular class less than 21 percent of the day*).

- More than one-third (34.6 percent) of students with specific learning disabilities were educated *outside the regular class for 21 through 60 percent of the day*; 28.3 percent of students with *other health impairments* and 29.3 percent with Mental retardation were also educated in this environment.
- Half (50 percent) of the students with Mental retardation were educated *outside the regular class for more than 60 percent of the day*. Less than half of the students with multiple disabilities (45.1 percent) or autism (39.8 percent) were educated *outside the regular class for more than 60 percent of the day*.
- A larger percentage of students with deaf-blindness (28.6 percent) or multiple disabilities (24.7 percent) were educated in *separate environments* than students with other disabilities.

*To what extent are students with disabilities in different racial/ethnic groups being educated with their peers without disabilities?*

**Figure 1-28. Percentage<sup>a</sup> of students ages 6 through 21 served under IDEA, Part B, by race/ethnicity and educational environment: Fall 2005**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006. Also tables 2-7a through 2-7e in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>Percentage was calculated by dividing the number of students ages 6 through 21 in the race/ethnicity category served under *IDEA*, Part B, in the educational environment by the total number of students ages 6 through 21 in the race/ethnicity category served under *IDEA*, Part B, in all educational environments. The result was multiplied by 100 to produce a percentage.

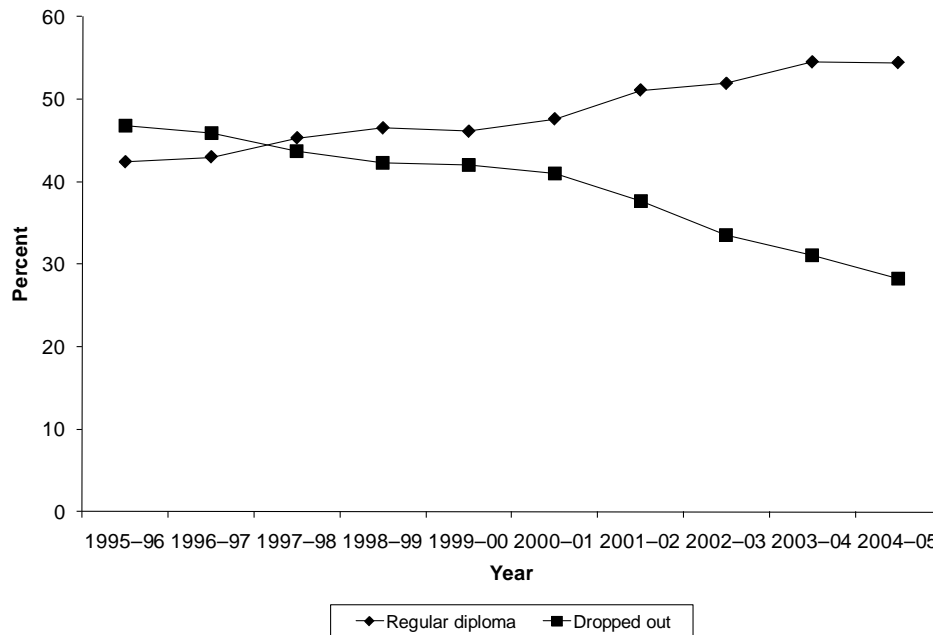
<sup>b</sup>Separate environments include *public* and *private residential facilities*, *public* and *private separate schools* and *homebound/hospital* environments.

- In 2005, for each racial/ethnic group, the largest percentage of students ages 6 through 21 served under *IDEA*, Part B, were educated in regular classes for most of the school day (that is, *outside the regular class less than 21 percent of the day*). However, the percentage of students in this environment varied for different racial/ethnic groups.
- In 2005, 43.9 percent of black (not Hispanic) students ages 6 through 21 served under *IDEA*, Part B, were educated in the regular class for most of the school day compared to 59.1 percent of white (not Hispanic) students with disabilities.

## Trends in School Exiting and Transition

*How have graduation and dropout rates for students served under IDEA, Part B, changed over time?<sup>12</sup>*

**Figure 1-29. Percentage<sup>a</sup> of students ages 14 through 21 served under IDEA, Part B, who graduated with a regular high school diploma<sup>b</sup> or dropped out, by year: 1995–96<sup>c</sup> through 2004–05<sup>c</sup>**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: “Children with Disabilities Exiting Special Education,” 1995–96 through 2004–05. Data updated as of July 17, 2006. Also table 4-3 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>12</sup> The graduation and dropout rates used in this report are not comparable to the graduation and dropout rates typically used for regular education. The calculation of these rates is quite different. These rates are sometimes referred to as leaver rates. Regular education, in contrast, often uses a four-year adjusted cohort graduation rate (e.g., the number of students who graduate in four years with a *regular high school diploma* divided by the number of students who entered high school four years earlier).

- In 2004–05, a total of 54.4 percent of the students ages 14 through 21 served under *IDEA*, Part B, exited school by *graduating with a regular high school diploma*, and 28.3 percent exited school by *dropping out*.
- From 1995–96 through 2004–05, the percentage of students served under *IDEA*, Part B, exiting school by *graduating with a regular high school diploma* increased from 42.4 percent to 54.4 percent.
- From 1995–96 through 2004–05, the percentage of students served under *IDEA*, Part B, exiting school by *dropping out* decreased from 46.8 percent to 28.3 percent.

<sup>a</sup>The percentage of students served under *IDEA*, Part B, who *graduated with a regular high school diploma* and the percentage who *dropped out* are performance indicators used by OSEP to measure progress in improving results for students served under *IDEA*, Part B. The appropriate method for calculating graduation and dropout rates depends on the question to be answered and is limited by the data available. For reporting under the *Government Performance and Results Act (GPRA)*, OSEP calculates the graduation rate by dividing the number of students ages 14 through 21 served under *IDEA*, Part B, who *graduated with a regular high school diploma* by the number of students served under *IDEA*, Part B, in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma*; *received a certificate of completion*; *reached maximum age for services*; *died*; and *dropped out*). The dropout rate is calculated in the same manner, but with the number of dropouts in the numerator. A dropout is defined as a student served under *IDEA*, Part B, who was enrolled at the start of the reporting period, was not enrolled at the end of the reporting period, and did not exit special education through any other basis described (*transferred to regular education*; *graduated with a regular high school diploma*; *received a certificate*; *reached maximum age*; *died*; or *moved, known to be continuing*). In 2004–05, the data collection category *moved, not known to be continuing*, used in previous years, was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* category. The *dropped out* category includes dropouts, runaways, GED recipients, expulsions, status unknown and other exiters, such as those who moved and were not known to be continuing. In states where students may receive a GED without dropping out of school, students who were jointly enrolled in secondary school and a GED program may be reported as graduating with a diploma. In all other cases, GED recipients should be reported as dropouts.

<sup>b</sup>Students who *graduated with regular high school diploma* exited an educational program through receipt of a high school diploma identical to that for which students without disabilities were eligible. These were students who met the same standards for graduation as those for students without disabilities.

<sup>c</sup>Data are from a cumulative 12-month reporting period, which may vary from state to state.

How have graduation rates changed over time for students with different disabilities?<sup>13</sup>

**Table 1-15. Percentage<sup>a</sup> of students ages 14 through 21 served under IDEA, Part B, who graduated with a regular high school diploma<sup>b</sup>, by disability category and year: 1995–96<sup>c</sup> through 2004–05<sup>c</sup>**

Disability	1995–96	1996–97	1997–98	1998–99 <sup>d</sup>	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05
Percent										
Specific learning disabilities	48.2	48.7	51.0	51.9	51.6	53.5	56.9	57.4	59.6	59.6
Speech or language impairments	42.2	44.9	48.1	50.5	53.3	52.2	55.7	59.2	61.3	64.9
Mental retardation	34.0	33.0	34.3	36.1	34.4	35.0	37.8	36.9	39.0	35.1
Emotional disturbance	25.1	25.8	27.4	29.2	28.6	28.9	32.1	35.4	38.4	40.1
Multiple disabilities	35.3	35.8	39.0	41.1	42.5	41.6	45.2	45.3	48.1	43.1
Hearing impairments	58.8	61.8	62.3	60.9	61.0	60.1	66.9	66.5	67.6	69.6
Orthopedic impairments	53.6	54.9	57.9	53.9	51.3	57.4	56.4	56.5	62.7	62.0
Other health impairments	53.0	52.9	56.8	55.3	56.4	56.1	59.2	59.0	60.5	61.9
Visual impairments	65.0	64.4	65.1	67.4	66.3	65.9	70.8	68.5	73.4	72.4
Autism	36.4	33.6	38.7	40.2	40.7	42.1	51.1	50.5	58.5	55.6
Deaf-blindness <sup>e</sup>	39.5	40.4	67.7	46.8	40.2	41.2	49.1	53.8	51.6	53.7
Traumatic brain injury	54.0	57.3	58.2	60.5	56.8	57.5	64.4	63.4	61.9	62.8
All disabilities	42.4	43.0	45.3	46.5	46.1	47.6	51.1	51.9	54.5	54.4

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: “Children with Disabilities Exiting Special Education,” 1995–96 through 2004–05. Data updated as of July 17, 2006. Also table 4-1 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>The percentage of students served under *IDEA*, Part B, who *graduated with a regular high school diploma* is a performance indicator used by OSEP to measure progress in improving results for students served under *IDEA*, Part B. The appropriate method for calculating graduation rates depends on the question to be answered and is limited by the data available. For reporting under the *Government Performance and Results Act (GPRA)*, OSEP calculates the graduation rate by dividing the number of students ages 14 through 21 served under *IDEA*, Part B, who *graduated with a regular high school diploma* by the number of students served under *IDEA*, Part B, in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma*; *received a certificate of completion*; *reached maximum age for services*; *died*; and *dropped out*). In states where students may receive a GED without dropping out of school, students who were jointly enrolled in secondary school and a GED program may be reported as graduating with a diploma. For table 1-15, the percentage was calculated by dividing the number of students ages 14 through 21 in the disability category served under *IDEA*, Part B, who *dropped out* by the total number of students ages 14 through 21 in the disability category served under *IDEA*, Part B, who are known to have left school.

<sup>b</sup>Students who *graduated with regular high school diploma* exited an educational program through receipt of a high school diploma identical to that for which students without disabilities were eligible. These were students who met the same standards for graduation as those for students without disabilities.

<sup>c</sup>Data are from a cumulative 12-month reporting period, which may vary from state to state.

<sup>d</sup>Two large states appear to have underreported dropouts in 1998–99. As a result, the graduation rate is somewhat inflated that year.

<sup>e</sup>Percentages are based on fewer than 200 students exiting school.

<sup>13</sup> The graduation rate used in this report is not comparable to the graduation rates typically used for regular education. The calculation of this rate is quite different and is sometimes referred to as a leaver rate. Regular education, in contrast, often uses a four-year adjusted cohort graduation rate (e.g., the number of students who graduate in four years with a *regular high school diploma* divided by the number of students who entered high school four years earlier).

- From 1995–96 through 2004–05, the rate at which students with disabilities *graduated with a regular high school diploma* improved for students in all disability categories. The largest gains were made by students with speech or language impairments (22.7 percentage point increase) and autism (19.2 percentage point increase). Notable gains were also made by students with emotional disturbance (15 percentage point increase) and specific learning disabilities (11.4 percentage point increase).
- From 1995–96 through 2004–05, there was little change in the relative standing of the graduation rates for the various disability categories. With the exception of 1997–98, students with visual impairments and students with hearing impairments consistently had the highest graduation rates.
- From 1995–96 through 2004–05, students with emotional disturbance and Mental retardation consistently had the lowest graduation rates.

*How have dropout rates changed over time for students with different disabilities?*

**Table 1-16. Percentage<sup>a</sup> of students ages 14 through 21 served under IDEA, Part B, who dropped out of school, by disability category and year: 1995–96<sup>b</sup> through 2004–05<sup>b</sup>**

Disability	1995– 96	1996– 97	1997– 98	1998– 99 <sup>c</sup>	1999– 2000	2000– 01	2001– 02	2002– 03	2003– 04	2004– 05
Percent										
Specific learning disabilities	44.4	43.4	41.3	40.2	39.9	38.7	35.4	31.6	29.1	26.8
Speech or language impairments	50.4	48.0	44.5	41.6	39.2	39.7	35.8	31.2	29.4	25.2
Mental retardation	38.0	38.2	36.3	34.9	35.7	34.3	31.2	28.6	27.6	24.5
Emotional disturbance	69.9	69.2	67.2	65.5	65.2	65.0	61.2	55.9	52.3	48.2
Multiple disabilities	27.4	27.6	26.3	28.1	25.7	26.7	25.9	24.2	22.2	21.0
Hearing impairments	28.3	25.6	23.5	24.7	24.0	24.5	21.0	19.0	16.7	13.1
Orthopedic impairments	28.9	27.3	24.3	27.4	30.6	27.0	24.3	22.2	16.5	14.5
Other health impairments	36.8	37.8	34.9	36.1	35.3	36.2	32.7	29.5	27.8	24.7
Visual impairments	22.3	21.3	21.7	20.9	20.3	21.1	17.8	15.4	12.7	11.3
Autism	23.8	29.5	19.2	22.8	23.5	20.8	17.6	15.5	13.2	10.8
Deaf-blindness <sup>d</sup>	12.8	26.0	11.8	23.4	25.6	22.9	27.3	26.5	17.5	20.0
Traumatic brain injury	30.7	29.6	26.1	27.0	28.7	28.9	24.6	22.9	23.0	18.5
All disabilities	46.8	45.9	43.7	42.3	42.1	41.0	37.6	33.6	31.1	28.3

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB # 1820-0521: "Children with Disabilities Exiting Special Education," 1995–96 through 2004–05. Data updated as of July 17, 2006. Also table 4-1 in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>The percentage of students served under IDEA, Part B, who *dropped out* is a performance indicator used by OSEP to measure progress in improving results for students served under IDEA, Part B. The appropriate method for calculating dropout rates depends on the question to be answered and is limited by the data available. For reporting under the *Government Performance and Results Act (GPRA)*, OSEP calculates the dropout rate by dividing the number of students ages 14 through 21 served under IDEA, Part B, who *dropped out* by the number of students served under IDEA, Part B, in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma; received a certificate of completion; reached maximum age for services; died; and dropped out*). A dropout is defined as a student served under IDEA, Part B, who was enrolled at the start of the reporting period, was not enrolled at the end of the reporting period, and did not exit special education through any other basis described (*transferred to regular education; graduated with a regular high school diploma; received a certificate; reached maximum age; died; or moved, known to be continuing*). In 2004–05, the data collection category *moved, not known to be continuing*, used in previous years, was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* category. The *dropped out* category includes dropouts, runaways, GED recipients, expulsions, status unknown and other exiters, such as those who moved and were not known to be continuing. In states where students may receive a GED without dropping out of school, students who were jointly enrolled in secondary school and a GED program may be reported as graduating with a diploma. In all other cases, GED recipients should be reported as dropouts.

For table 1-16, the percentage was calculated by dividing the number of students ages 14 through 21 in the disability category served under IDEA, Part B, who *graduated with a regular high school diploma* by the total number of students ages 14 through 21 in the disability category served under IDEA, Part B, who are known to have left school.

<sup>b</sup>Data are from a cumulative 12-month reporting period, which may vary from state to state.

<sup>c</sup>Two large states appear to have underreported the number of dropouts in 1998–99. As a result, the dropout rate is somewhat understated for that year.

<sup>d</sup>Percentages are based on fewer than 200 students exiting school.

- From 1995–96 through 2004–05, the dropout rate declined for students in all disability categories except deaf-blindness. The improvement was most notable for students with speech or language impairments (25.2 percentage point decrease), emotional disturbance (21.7 percentage point decrease), autism (13 percentage point decrease) and specific learning disabilities (17.6 percentage point decrease).
- From 1995–96 through 2004–05, there was little change in the relative standing of the dropout rates for the various disability categories.
- Students with visual impairments and students with hearing impairments were consistently among the students with the lowest dropout rates. Students with emotional disturbance consistently had the highest dropout rates. In every year, the dropout rate for students with emotional disturbance was substantially higher than the dropout rate for the next highest disability category.
- Students with autism moved from the middle of the distribution to having one of the lowest dropout rates, while students with deaf-blindness moved from having one of the lowest dropout rates to the middle of the distribution.



*How do graduation and dropout rates vary for students with disabilities in different racial/ethnic groups?*

**Table 1-17. Number and percentage<sup>a</sup> of students ages 14 through 21 served under IDEA, Part B, who graduated with a regular high school diploma<sup>b</sup> or dropped out, by race/ethnicity: 2004–05<sup>c</sup>**

Race/ethnicity	Graduated with a regular diploma		Dropped out	
	Number	Percentage	Number	Percentage
American Indian/Alaska Native	3,015	49.4	2,587	42.4
Asian/Pacific Islander	4,302	66.7	1,082	16.8
Black (not Hispanic)	33,041	39.2	29,642	35.1
Hispanic	27,035	47.1	20,039	34.9
White (not Hispanic)	143,640	61.5	56,324	24.1

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: “Children with Disabilities Exiting Special Education,” 2004–05. Data updated as of July 17, 2006. Also tables 4-4a through 4-4e in vol. 2 of this report. These data are for the 50 states, District of Columbia, BIA schools, Puerto Rico and the four outlying areas.

<sup>a</sup>The percentage of students served under *IDEA*, Part B, who *graduated with a regular high school diploma* and the percentage who *dropped out* are performance indicators used by OSEP to measure progress in improving results for students served under *IDEA*, Part B. The appropriate method for calculating graduation and dropout rates depends on the question to be answered and is limited by the data available. For reporting under the *Government Performance and Results Act (GPRA)*, OSEP calculates the graduation rate by dividing the number of students ages 14 through 21 served under *IDEA*, Part B, who *graduated with a regular high school diploma* by the number of students served under *IDEA*, Part B, in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma; received a certificate of completion; reached maximum age for services; died; and dropped out*). The dropout rate is calculated in the same manner, but with the number of dropouts in the numerator. A dropout is defined as a student served under *IDEA*, Part B, who was enrolled at the start of the reporting period, was not enrolled at the end of the reporting period, and did not exit special education through any other basis described (*transferred to regular education; graduated with a regular high school diploma; received a certificate; reached maximum age; died; or moved, known to be continuing*). In 2004–05, the data collection category *moved, not known to be continuing*, used in previous years, was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* category. The *dropped out* category includes dropouts, runaways, GED recipients, expulsions, status unknown and other exiters, such as those who moved and were not known to be continuing. In states where students may receive a GED without dropping out of school, students who were jointly enrolled in secondary school and a GED program may be reported as graduating with a diploma. In all other cases, GED recipients should be reported as dropouts.

For table 1-17, the percentage was calculated by dividing the number of students ages 14 through 21 in the racial/ethnic group served under *IDEA*, Part B, who *graduated with a regular high school diploma* (or *dropped out*) by the total number of students ages 14 through 21 in the racial/ethnic group served under *IDEA*, Part B, who are known to have left school.

<sup>b</sup>Students who *graduated with regular high school diploma* exited an educational program through receipt of a high school diploma identical to that for which students without disabilities were eligible. These were students who met the same standards for graduation as those for students without disabilities.

<sup>c</sup>Data are from a cumulative 12-month reporting period, which may vary from state to state.

- In 2004–05, the rate at which students served under *IDEA*, Part B, *graduated with a regular high school diploma* was highest for Asian/Pacific Islander (66.7 percent) and white (61.5 percent) students served under *IDEA*, Part B. The graduation rate was lowest for black students served under *IDEA*, Part B (39.2 percent). The graduation rate for all students served under *IDEA*, Part B, was 54.4 percent (see table 1-15).
- The dropout rate was lowest for Asian/Pacific Islander (16.8 percent) and white (24.1 percent) students served under *IDEA*, Part B. The dropout rate was highest for American Indian/Alaska Native students served under *IDEA*, Part B (42.4 percent). The dropout rate for all students served under *IDEA*, Part B, was 28.3 percent (see table 1-16).

- Hispanic (34.9 percent) and black (35.1 percent) students served under *IDEA*, Part B, had similar dropout rates.

## **The Special Education Elementary Longitudinal Study**

The Special Education Elementary Longitudinal Study (SEELS) is one of the national evaluation studies that resulted from provisions in the 1997 reauthorization of *IDEA* and was conducted for OSEP between 2000 and 2006. Collecting information about students with disabilities three times over a 5-year period, SEELS generated information about the characteristics, experiences, programs and outcomes of elementary and middle school students with disabilities. SEELS included a nationally representative sample of more than 11,000 students who on Dec. 1, 2000, were ages 6 through 13 and receiving special education services. Though a small percentage of SEELS students were in early middle school at the start of the study, the majority of students were elementary school students.

SEELS collected information from parents regarding students' functioning, out of school supports, expectations and school experiences. Teachers reported on students' overall school programs, instructional settings, participation in accountability systems, accommodations, classroom activities and performance. Face-to-face direct assessments of students measured their academic performance in reading and mathematics and in academic problem-solving, and student interviews focused on their self-concept and attitudes toward school.

Table 1-18 that follows presents data about participation of elementary school and middle school students in their state accountability testing.<sup>14</sup> SEELS findings can be generalized to students with disabilities nationally and to students in various federal special education disability categories applicable to students in the SEELS age range. The data analyzed for table 1-18 come from the SEELS' spring 2004 data collection, when SEELS students were 10-to-17 years old. Not all disability categories are represented in table 1-18.

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<sup>14</sup> *Accountability testing* refers to state assessments for measuring student performance. Results of these assessments are used to determine whether schools and school districts have met state-determined goals for annual yearly progress, as required under the *Elementary and Secondary Education Act*, as amended by the *No Child Left Behind Act of 2001* (Public Law 107-100).

*To what extent do students with disabilities participate in their state accountability testing?*

**Table 1-18. Percentage of students ages 10 through 17 receiving special education and related services under IDEA, Part B, who participated in accountability testing, by type of participation and disability classification: 2004**

Type of participation	Specific learning disabilities	Speech or language impairments	Mental retardation	Emotional disturbance	Hearing impairments	Visual impairments
Take standardized tests without accommodations or modifications	16	34	3	17	20	5
Take standardized tests with accommodations or modifications	70	58	43	64	63	71
Participate in alternate assessments	14	6	46	15	16	18
Do not participate in standardized tests or alternate assessments	1	2	8	4	1	6

Type of participation	Orthopedic impairments	Other health impairments	Autism	Traumatic brain injury	Multiple disabilities
Take standardized tests without accommodations or modifications	17	20	5	7	2
Take standardized tests with accommodations or modifications	52	65	37	69	40
Participate in alternate assessments	25	12	48	21	45
Do not participate in standardized tests or alternate assessments	7	2	10	4	13

*Source:* Marder, C. (2009). *Facts from SEELS, Elementary and Middle School Students with Disabilities: Are They Accessing the General Education Curriculum?* Menlo Park, CA: SRI International. Available at [http://www.seels.net/info\\_reports/Access1.12.09.pdf](http://www.seels.net/info_reports/Access1.12.09.pdf), last accessed Dec. 15, 2009.

*Note:* Displayed results were collected in the spring of 2004 from teacher respondents to the SEELS Wave 3 Teacher Questionnaire for 5,487 children who had valid and complete data and were included in the analyses. The sum of percentages may not total 100 because of rounding.

- In 2004, the vast majority of students in all disability categories participated in their state accountability testing through standardized or alternate assessments. Between one-half and three-fourths of students with most disabilities participated in standardized tests with accommodations or modifications. The fraction was closer to two-fifths of students with Mental retardation (43 percent), autism (37 percent) and multiple disabilities (40 percent).

- Students with speech or language impairments (34 percent) were the most likely to take standardized tests without accommodations or modifications, followed by students with hearing impairments and other health impairments (20 percent), emotional disturbance and orthopedic impairments (17 percent), and specific learning disabilities (16 percent).
- Students with multiple disabilities (2 percent) were the least likely to take standardized tests without accommodations or modifications, followed by students with Mental retardation (3 percent), visual impairments and autism (5 percent), and traumatic brain injury (7 percent).
- Students with Mental retardation, autism, and multiple disabilities were almost as likely to participate in alternate assessments as in standardized assessments. Forty-six percent of students with Mental retardation participated in alternate assessments and 46 percent participated in standardized assessments with and without accommodations or modifications. Similarly, 48 percent of students with autism participated in alternate assessments, while 42 percent participated in standardized assessments with and without accommodations or modifications. Forty-five percent of students with multiple disabilities participated in alternate assessments, and 42 percent participated in standardized assessments with and without accommodations or modifications.
- Across the disability categories, multiple disabilities has the largest percentage of students (13 percent) who did not participate in standardized or alternate assessments, followed by autism (10 percent), Mental retardation (8 percent), orthopedic impairments (7 percent) and visual impairments (6 percent).
- Specific learning disabilities and hearing impairments have the smallest percentage of students (1 percent) who did not participate in standardized or alternate assessments, followed by speech or language impairments and other health impairments (2 percent) and emotional disturbance and traumatic brain injury (4 percent).

## National Assessment of Educational Progress

The 2005 National Assessment of Educational Progress (NAEP), *The Nation's Report Card*, presents the results of national and state assessments of reading and mathematics based on nationally representative samples of approximately 165,000 fourth-grade and 159,000 eighth-grade students in reading and 172,000 fourth-grade and 162,000 eighth-grade students in mathematics. NAEP results are presented in two ways: in terms of scale scores on a 0–500 scale for grades 4 and 8; and as the percentage of students scoring at or above three benchmarks called achievement levels. The achievement levels represent performance standards showing what students should know and be able to do. *Basic* denotes partial mastery of the knowledge and skills that are fundamental for proficient work at a given grade. *Proficient* represents solid academic performance. Students reaching this level have demonstrated competency over challenging subject matter. *Advanced* signifies superior performance. The results that follow present scale scores on a 0–500 scale but present achievement-level data as percentages of students performing *below basic*, *at or above basic* or *at or above proficient*.

A sampling procedure was used to select students at each grade being tested. Students were selected on a random basis, without regard for disability status. Once the students were selected, the schools identified those in the sample who had a disability (e.g., those served under *IDEA*, Part B; those served under Section 504 of the *Rehabilitation Act of 1973*). School staff who were familiar with those students with disabilities were asked a series of questions to help staff decide which students could participate in the assessment and which students would require accommodations.

Before 1996, no testing accommodations were provided in the mathematics assessment to students with disabilities.<sup>15</sup> Before 1998, no testing accommodations were provided in the reading assessment to students with disabilities. In 1996, NAEP introduced administration procedures that allowed the use of accommodations for students who needed them to participate in the mathematics assessment and, in 1998, for students who required them to participate in the reading assessment. Because the reading assessment measures students' reading performance, some accommodations allowed in the mathematics assessment, such as reading aloud, were not allowed in the reading assessment.

The students with disabilities who participated in the NAEP reading and mathematics assessments were not a nationally representative sample of students with all disability types. Therefore, the achievement results presented in the following tables and figures cannot be generalized to the total population of students with disabilities.

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<sup>15</sup> A student identified on the NAEP Administration Schedule as having a disability is a student with an IEP or equivalent classification, such as a 504 plan. See U.S. Department of Education, Institute of Education Sciences, NCES, *NAEP Inclusion Policy*, 2008. Available at [http://nces.ed.gov/nationsreportcard/about/inclusion.asp#exclusion\\_rates](http://nces.ed.gov/nationsreportcard/about/inclusion.asp#exclusion_rates), last accessed Aug. 20, 2008.

To what extent have students with disabilities participated in the NAEP reading assessment?

**Table 1-19. Total number of students assessed and percentage of the sampled students<sup>a</sup> who were identified as students with disabilities and who were excluded<sup>b</sup> and assessed<sup>c</sup> with and without accommodations in the NAEP reading assessment, by grades 4 and 8 public and nonpublic schools: Various years, 1992–2005**

Student characteristics	Accommodations not permitted <sup>d</sup>			Accommodations permitted <sup>d</sup>				
	1992	1994	1998 <sup>e</sup>	1998 <sup>e</sup>	2000 <sup>e</sup>	2002	2003	2005
<b>Grade 4</b>								
Total number of students assessed	6,300	7,400	7,700	7,800	8,100	140,500	187,600	165,700
<b>Students with disabilities</b>								
Percent identified	7	10	11	10	11	12	13	13
Percent excluded	4	4	6	4	4	5	4	5
Percent assessed	3	6	5	6	7	7	8	8
Percent without accommodations	3	6	5	3	5	4	4	3
Percent with accommodations	†	†	†	3	2	3	4	5
<b>Grade 8</b>								
Total number of students assessed	9,500	10,100	11,100	11,200	-	115,200	155,200	159,400
<b>Students with disabilities</b>								
Percent identified	8	11	10	10	-	12	13	12
Percent excluded	5	6	5	3	-	4	4	4
Percent assessed	3	5	5	7	-	8	9	8
Percent without accommodations	3	5	5	5	-	5	4	3
Percent with accommodations	†	†	†	2	-	3	5	5

Source: Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics (NCES), *The Nation's Report Card, Reading 2005*, table A-1 (NCES 2006-451). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>, last accessed April 30, 2008.

Note: The numbers of students are rounded to the nearest hundred. The percentages presented in the table are based on the number of students identified as students with disabilities who were considered for the assessment, which is different from the total number of students (with and without disabilities) who were ultimately assessed shown in the table. Detail may not sum to totals because of rounding.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>The NAEP program has established procedures to include as many students with disabilities as possible in the assessments. Inclusion of a student with disabilities is encouraged if that student (a) participated in the regular state academic assessment in the subject being tested, and (b) if that student can participate in NAEP with the accommodations NAEP allows. If the student did not participate in the regular state assessment, or if the student participated in the regular state assessment with accommodations that NAEP does not allow, then school staff are asked whether that student could participate in NAEP with the NAEP allowable accommodations. School staff make the decisions about whether to include a student with disabilities in a NAEP assessment, and which testing accommodations, if any, he or she should receive. The NAEP program furnishes tools to assist school personnel in making those decisions.

<sup>c</sup>Sampled students with disabilities who were assessed were not a nationally representative sample of students with all disability types. Therefore, their performance results cannot be generalized to the total population of students with disabilities.

- The percentage of fourth-grade students in the sample who were identified as students with disabilities and were considered for the reading assessment when accommodations were permitted increased from 10 percent in 1998 to 13 percent in 2005.
- The percentage of fourth-grade students in the sample who were identified as students with disabilities and were excluded from the NAEP reading assessment when accommodations were permitted has consistently been in the 4 to 5 percent range from 1998 to 2005.
- Over the same time period, the percentage of fourth-grade students in the sample who were identified as students with disabilities and included in the assessment when accommodations were permitted increased from 6 percent in 1998 to 7 percent in 2000 and 2002, and 8 percent in 2003 and 2005.
- The percentage of eighth-grade students in the sample who were identified as students with disabilities and were considered for the reading assessment when accommodations were permitted increased from 10 percent in 1998 to 12 percent in 2005.
- From 1998 through 2005, a smaller percentage of eighth-grade students in the sample who were identified as students with disabilities were excluded from the reading assessment, once accommodations were permitted. In 1998, 3 percent of sampled eighth-grade students with disabilities for whom accommodations were permitted were excluded from the reading assessment. Five percent were excluded from the 1998 second sample of students who were assessed with no accommodations permitted. In 2005, 4 percent of eighth-grade students in the sample who were identified with disabilities were excluded from the reading assessment, which did permit accommodations.

<sup>d</sup>Before 1998, no significant accommodations were provided in the NAEP reading assessment to students with disabilities. In 1998, administration procedures allowed use of accommodations, such as extra testing time or individual rather than group administration, for students who require them to participate. Because this assessment measures reading performance, some accommodations allowed in the mathematics assessment, such as reading aloud, were not allowed. The accommodations are available to students whose IEPs specifically require them.

<sup>e</sup>In 1998 and 2000 (for grade 4 only), separate samples of students with disabilities were assessed using both sets of administration procedures (i.e., accommodations not permitted and permitted). Table 1-19 shows results for both samples in 1998 and results for the accommodations permitted samples only in subsequent years.

† Not applicable. Accommodations were not permitted in this sample.

- Not available. Data were not collected at grade 8 in 2000.

To what extent have students with disabilities participated in the NAEP mathematics assessment?

**Table 1-20. Total number of students assessed and percentage of the sampled students<sup>a</sup> who were identified as students with disabilities and who were excluded<sup>b</sup> and assessed<sup>c</sup> with and without accommodations in the NAEP mathematics assessment, by grades 4 and 8 public and nonpublic schools: Various years, 1992–2005**

Student characteristics	Accommodations not permitted <sup>d</sup>		Accommodations permitted <sup>d</sup>			
	1992	1996 <sup>e</sup>	1996 <sup>e</sup>	2000 <sup>e</sup>	2003	2005
<b>Grade 4</b>						
Total number of students assessed	7,200	6,600	6,900	13,900	190,100	172,000
<b>Students with disabilities</b>						
Percent identified	7	11	10	12	13	13
Percent excluded	4	5	3	3	3	2
Percent assessed	3	6	7	9	10	10
Percent without accommodations	3	6	4	5	4	3
Percent with accommodations	†	†	4	4	6	7
<b>Grade 8</b>						
Total number of students assessed	7,700	7,100	7,100	15,900	153,200	161,600
<b>Students with disabilities</b>						
Percent identified	7	9	9	10	13	12
Percent excluded	4	4	3	3	3	3
Percent assessed	3	5	6	7	10	10
Percent without accommodations	3	5	4	5	4	3
Percent with accommodations	†	†	2	2	6	7

Source: Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics (NCES), *The Nation's Report Card, Mathematics 2005*, table A-1 (NCES 2006-453). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006453.pdf>, last accessed April 30, 2008.

Note: The numbers of students are rounded to the nearest hundred. The percentages presented in the table are based on the number of students identified as students with disabilities who were considered for the assessment which is different from the total number of students (with and without disabilities) who were ultimately assessed shown in the table. Detail may not sum to totals because of rounding.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>The NAEP program has established procedures to include as many students with disabilities as possible in the assessments. Inclusion of a student with disabilities is encouraged if that student (a) participated in the regular state academic assessment in the subject being tested, and (b) if that student can participate in NAEP with the accommodations NAEP allows. If the student did not participate in the regular state assessment, or if the student participated in the regular state assessment with accommodations that NAEP does not allow, then school staff are asked whether that student could participate in NAEP with the NAEP allowable accommodations. School staff make the decisions about whether to include a student with disabilities in a NAEP assessment, and which testing accommodations, if any, he or she should receive. The NAEP program furnishes tools to assist school personnel in making those decisions.

<sup>c</sup>Sampled students with disabilities who were assessed were not a nationally representative sample of students with all disability types. Therefore, their performance results cannot be generalized to the total population of students with disabilities.



- The percentage of fourth-grade students in the sample who were identified as students with disabilities and considered for the NAEP mathematics assessment when accommodations were permitted increased from 10 percent in 1996 to 13 percent in 2005. During the same time period when accommodations were permitted, the percentage of students with disabilities who were excluded from the assessment decreased slightly from 3 percent in 1996 to 2 percent in 2005.
- The percentage of fourth-graders in the sample who were identified as students with disabilities and assessed in mathematics when accommodations were permitted increased from 7 percent in 1996 to 10 percent in 2005.
- The percentage of fourth-graders in the sample who were identified as students with disabilities and assessed in mathematics with accommodations permitted also increased from 4 percent in 1996 to 7 percent in 2005.
- The percentage of eighth-grade students in the sample who were identified as students with disabilities and considered for the mathematics assessment when accommodations were permitted increased from 9 percent in 1996 to 12 percent in 2005. The percentage of eighth-grade students in the sample who were identified as students with disabilities and were excluded from the assessment remained at 3 percent from 1996 to 2005, when accommodations were permitted. During the same time period, the percentage of students with disabilities assessed when accommodations were permitted increased from 6 percent in 1996 to 10 percent in 2005.
- The percentage of eighth-grade students in the sample who were identified as students with disabilities and assessed in mathematics with accommodations permitted rose from 2 percent in 1996 and 2000 to 6 percent in 2003 and a high of 7 percent in 2005.

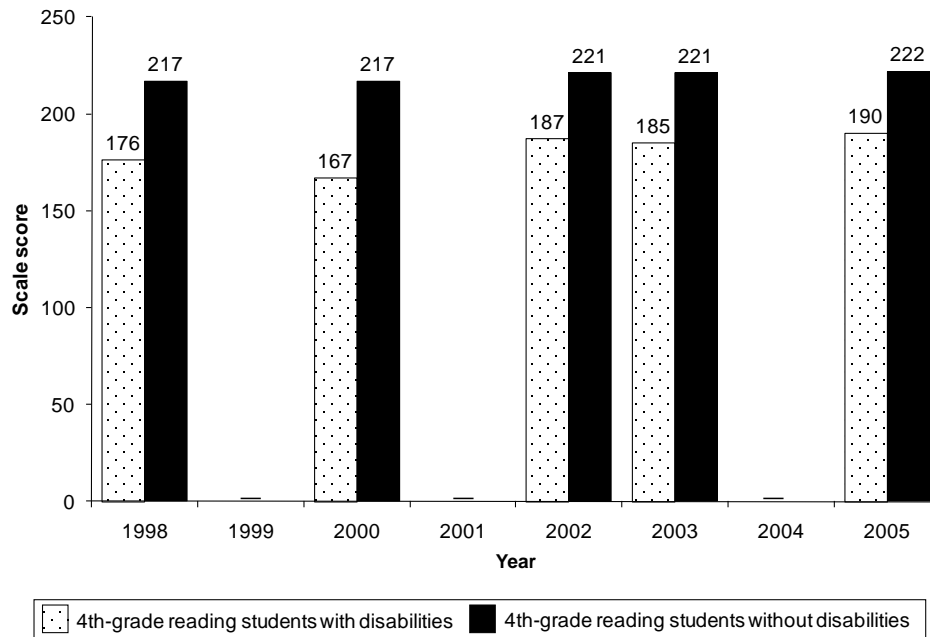
<sup>d</sup>Before 1996, no testing accommodations were provided in the mathematics assessment to students with disabilities. In 1996, administration procedures allowed use of accommodations, such as extra testing time or individual rather than group administration, to students who required them to participate. The accommodations are available to students whose IEPs specifically require them.

<sup>e</sup>In 1996 and 2000, separate samples of students with disabilities were assessed using both sets of administration procedures (i.e., accommodations not permitted and permitted). Table 1-20 shows results for both samples in 1996 and results for the accommodations permitted samples only in subsequent years.

<sup>†</sup> Not applicable. Accommodations were not permitted in this sample.

How have students with disabilities performed on the NAEP reading assessment compared to their peers without disabilities?

**Figure 1-30. Average NAEP scale scores on reading of grade 4 public school sampled students<sup>a</sup> who were identified as students with disabilities<sup>b</sup> and students without disabilities, by year: 1998–2005**



Source: Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, *The Nation's Report Card*, Reading Assessments, 1998–2005. Adapted from and available at [http://nationsreportcard.gov/reading\\_math\\_2005/s0014.asp](http://nationsreportcard.gov/reading_math_2005/s0014.asp), last accessed March 10, 2010.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

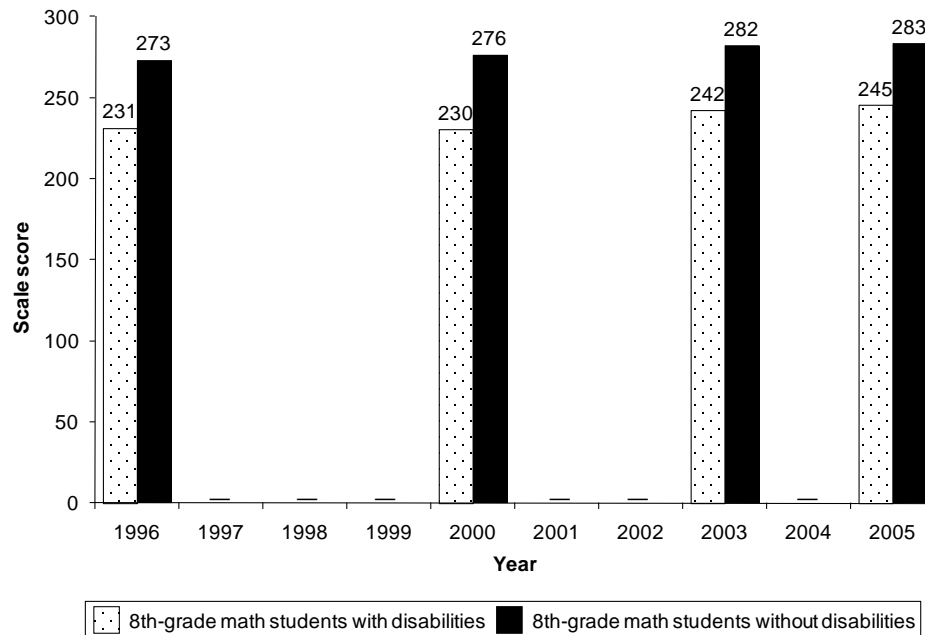
<sup>b</sup>Sampled students with disabilities who participated in the NAEP reading assessment were not a nationally representative sample of students with all disability types. Therefore, the performance results cannot be generalized to the total population of students with disabilities.

— Data not available. Data were not collected in this year.

- From 1998 through 2005, performance of fourth-grade students with disabilities on the NAEP assessment of reading was below that of their peers without disabilities. In 2005, the average scale reading score of fourth-grade students with disabilities was 190 compared to 220 for fourth-grade students without disabilities.
- On average, the performance of fourth-grade students with disabilities on reading improved since 1998, when their average scale score on reading was 176, compared to 190 in 2005.

*How have students with disabilities performed on the NAEP mathematics assessment compared to their peers without disabilities?*

**Figure 1-31. Average NAEP scale scores on mathematics of grade 8 public school sampled students<sup>a</sup> who were identified as students with disabilities<sup>b</sup> and students without disabilities, by year: 1996–2005**



*Source:* Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, *The Nation's Report Card*, Mathematics Assessments, 1996–2005. Adapted from and available at [http://nationsreportcard.gov/reading\\_math\\_2005/s0029.asp](http://nationsreportcard.gov/reading_math_2005/s0029.asp), last accessed March 10, 2010.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>Sampled students with disabilities who participated in the NAEP mathematics assessment were not a nationally representative sample of students with all disability types. Therefore, the performance results cannot be generalized to the total population of students with disabilities.

— Data not available. Data were not collected in this year.

- From 1996 through 2005, performance of eighth-grade students with disabilities on the NAEP mathematics assessment was below that of their peers without disabilities. In 2005, the average scale mathematics score of eighth-grade students with disabilities was 244, compared to 283 for eighth-grade students without disabilities.
- On average, the performance of eighth-grade students with disabilities on mathematics improved since 1996, when their average scale score on mathematics was 231 compared to 244 in 2005.

*To what extent have students with disabilities been excluded from the NAEP reading and mathematics assessments?*

**Table 1-21. Percentages of sampled students<sup>a</sup> who were identified as students with disabilities and who were excluded<sup>b</sup> from NAEP reading and mathematics assessments, by grades 4 and 8 public and nonpublic schools: 2005**

Grade	Students with disabilities			
	Identified from sampled students for reading assessment	Identified but excluded from reading assessment	Identified from sampled students for math assessment	Identified but excluded from math assessment
Grade 4	13	5	13	2
Grade 8	12	4	12	3

*Sources:* Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics (NCES), *The Nation's Report Card, Reading 2005*, table A-1 (NCES 2006-451). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>, last accessed April 30, 2008. Also, *The Nation's Report Card, Mathematics 2005*, table A-1 (NCES 2006-453). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006453.pdf>, last accessed April 30, 2008.

*Note:* The percentages presented in the table are based on the number of students identified as students with disabilities who were considered for the assessments. Sampled students with disabilities who were ultimately assessed were not a nationally representative sample of students with all disability types. Therefore, their performance results cannot be generalized to the total population of students with disabilities.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>The NAEP program has established procedures to include as many students with disabilities as possible in the assessments. Inclusion of a student with disabilities is encouraged if that student (a) participated in the regular state academic assessment in the subject being tested, and (b) if that student can participate in NAEP with the accommodations NAEP allows. If the student did not participate in the regular state assessment, or if the student participated in the regular state assessment with accommodations NAEP does not allow, then school staff are asked whether that student could participate in NAEP with the NAEP allowable accommodations. School staff make the decisions about whether to include a student with disabilities in a NAEP assessment, and which testing accommodations, if any, he or she should receive. The NAEP program furnishes tools to assist school personnel in making those decisions.

- Thirteen percent of fourth-grade students in the sample for the NAEP reading assessment were identified as students with disabilities. However, the percentage of fourth-grade students who were identified as students with disabilities and were excluded from the reading assessment was 5 percent.
- Twelve percent of eighth-grade students in the sample for the NAEP reading assessment were identified as students with disabilities. However, the percentage of eighth-grade students who were identified as students with disabilities and were excluded from the reading assessment was 4 percent.
- Thirteen percent of fourth-grade students in the sample for the NAEP mathematics assessment were identified as students with disabilities. However, the percentage of fourth-grade students who were identified as students with disabilities and were excluded from the mathematics assessment was 2 percent.

- Twelve percent of the eighth-grade students in the sample for the NAEP mathematics assessment were identified as student with disabilities. However, the percentage of eighth-grade students who were identified as students with disabilities and were excluded from the mathematics assessment was 3 percent.

*How has the performance of students with disabilities on the NAEP assessment of reading compared to the performance of students without disabilities?*

**Table 1-22. Percentage of sampled students<sup>a</sup> who participated in the NAEP reading assessment and percentage who performed at various achievement levels, by students with and without disabilities and by grades 4 and 8 public schools: 2005**

Student characteristic	Average scale scores <sup>b</sup>	Percentage of all assessed students	Percentages of students who performed at achievement levels of		
			Below basic	At or above basic <sup>c</sup>	At or above proficient
Fourth-grade students with disabilities	190	10	67	33	11
Fourth-grade students without disabilities	220	90	34	66	32
Eighth-grade students with disabilities	226	9	67	33	6
Eighth-grade students without disabilities	264	91	25	75	31

*Source:* Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics (NCES), *The Nation's Report Card, Reading 2005*, tables A-7 and A-12 (NCES 2006-451). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>, last accessed March 10, 2010.

*Note:* Sampled students with disabilities who participated in the NAEP reading assessment were not a nationally representative sample of students with all disability types. Therefore, the performance results cannot be generalized to the total population of students with disabilities.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>For fourth grade, scale scores range from 208 to 237 for basic, 238 to 267 for proficient and 268 to 500 for advanced. For eighth grade, scale scores range from 243 to 280 for basic, 281 to 322 for proficient and 323 to 500 for advanced. In U.S. Department of Education, Institute of Education Sciences, NCES, *The Nation's Report Card, Reading 2005* (NCES 2006-451). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006451.pdf>, last accessed March 10, 2010.

<sup>c</sup>Percentage at or above basic includes *basic*, *proficient* and *advanced*.

- The average scale scores for fourth-grade and eighth-grade students with disabilities were in the *below basic* range for the NAEP reading assessment; whereas, the average scale scores for students without disabilities fell in the *basic* achievement level range for the same assessment.
- In 2005, half as many fourth-grade students with disabilities (33 percent) scored at the *at or above basic* achievement level on the reading assessment compared to fourth-grade students without disabilities (66 percent). Only 11 percent of fourth-grade students with disabilities

achieved the level of *at or above proficient* on the reading assessment, compared to 32 percent of their peers without disabilities.

- One-third (33 percent) of eighth-grade students with disabilities scored at the *at or above basic* achievement level on the reading assessment, compared to 75 percent of eighth-grade students without disabilities. Only 6 percent of eighth-grade students with disabilities achieved the level of *at or above proficient* on the reading assessment, compared to 31 percent of their peers without disabilities.

**Table 1-23. Percentage of sampled students<sup>a</sup> who participated in the NAEP mathematics assessment and percentage who performed at various achievement levels, by students with and without disabilities and by grades 4 and 8 public schools: 2005**

Student characteristic	Average scale scores <sup>b</sup>	Percentage of all assessed students	Percentages of students who performed at achievement levels of		
			Below basic	At or above basic <sup>c</sup>	At or above proficient
Fourth-grade students with disabilities	218	12	44	56	16
Fourth-grade students without disabilities	240	88	17	83	38
Eighth-grade students with disabilities	244	11	69	31	7
Eighth-grade students without disabilities	281	89	28	72	31

*Source:* Data taken from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics (NCES), *The Nation's Report Card, Mathematics 2005*, tables A-7 and A-12 (NCES 2006-453). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006453.pdf>, last accessed March 10, 2010.

*Note:* Sampled students with disabilities who participated in the NAEP mathematics assessment were not a nationally representative sample of students with all disability types. Therefore, the performance results cannot be generalized to the total population of students with disabilities.

<sup>a</sup>“Sampled students” refers to students in the U.S. population who were selected on a random basis for possible participation in the NAEP assessments.

<sup>b</sup>For fourth grade, scale scores range from 214 to 248 for basic, 249 to 281 for proficient and 282 to 500 for advanced. For eighth grade, scale scores range from 262 to 298 for basic, 299 to 332 for proficient and 333 to 500 for advanced. In U.S. Department of Education, Institute of Education Sciences, NCES, *The Nation's Report Card, Mathematics 2005* (NCES 2006-453). Available at <http://nces.ed.gov/nationsreportcard/pdf/main2005/2006453.pdf>, last accessed March 10, 2010.

<sup>c</sup>Percentage at or above basic includes *basic*, *proficient* and *advanced*.

- The average scale scores for fourth-grade students with and without disabilities were in the *basic* achievement level range for the NAEP mathematics assessment. In contrast, the average scale scores for eighth-graders with disabilities were in the *below basic* level range for the same assessment, and for eighth-graders without disabilities, in the *basic* achievement level range.
- Fifty-six percent of fourth-grade students with disabilities scored at the *at or above basic* achievement level on the mathematics assessment, compared to 83 percent of eighth-grade students without disabilities. Only 16 percent of fourth-grade students with disabilities

achieved the level of *at or above proficient* on the mathematics assessment, compared to 38 percent of their peers without disabilities.

- Thirty-one percent of eighth-grade students with disabilities scored at the *at or above basic* achievement level on the mathematics assessment, compared to almost three-fourths (72 percent) of eighth-grade students without disabilities. Only 7 percent of eighth-grade students with disabilities achieved the level of *at or above proficient* on the mathematics assessment, compared to 31 percent of their peers without disabilities.

## **National Longitudinal Transition Study-2**

The National Longitudinal Transition Study-2 (NLTS2) is a 10-year study covering school years 2000–2001 through 2009–2010. The study collected data on a nationally representative sample of students in five waves, every 2 years from 2002 to 2009. To construct its sample of students, NLTS2 identified and randomly selected school districts on the basis of their geographic region, size and socioeconomic status. From the more than 500 districts that agreed to participate, NLTS2 randomly selected a target sample of approximately 12,000 students, based on their age and disability classification. A total of 11,276 students participated in NLTS2.

NLTS2 is documenting the experiences of sample students receiving special education (i.e., served under *IDEA*, Part B), who were 13 to 16 years of age in 2000, as they move from secondary school into adult roles. The study is focusing on a wide range of topics, such as high school coursework, extracurricular activities, academic performance, postsecondary education and training, employment, independent living and community participation. NLTS2 has five data sources:

- Direct assessment of the academic achievement of youths with disabilities;
- An adult-completed rating of the functional performance of youths for whom the direct assessment of academic achievement was reported to be inappropriate;
- A telephone interview with parents of both groups of youths;
- Self-administered surveys of school staff serving individual sample members; and
- School districts' reports of the primary disability category in which students were provided special education services when selected for the study.

Highlights of study results that follow relate to performance of secondary school students with disabilities on standardized assessments of academic achievement and functional behavior.

NLTS2 had 6,273 students participate in the academic achievement and functional skills assessments. These students were 13 to 16 years old and receiving special education and related services in grade 7 or above on Dec. 1, 2000. NLTS2 assessed each student in the sample only once, during the data collection in which the student was 16 through 18 years old. The oldest two single-year age cohorts of students (i.e., those ages 15 or 16 when sampled) reached the eligible age range (16 through 18) in Wave 1 (the 2001–02 school year) and the younger two cohorts (i.e., those ages 13 or 14 when sampled) reached the eligible age range (16 through 18) in Wave 2 (the 2003–04 school year). In Wave 1, 2,583 students took the Woodcock-Johnson III (WJ-III) direct academic assessment, and 577 had the Scales of Independent Behavior-Revised (SIB-R) functional assessment completed for them. In Wave 2, 2,639 students participated in the WJ-III assessment, and 474 students were assessed with the SIB-R. NLTS2 combined data from its direct assessment of 5,222 students across the 2001–02 and 2003–04 waves of data collection as reflected in the first three exhibits that follow. NLTS2 also combined data from its functional assessment of 1,051 students across the same two data collection waves as reflected in the last two exhibits in this section.

A structured screening process was used to determine whether students in the NLTS2 sample should be given the research edition of the WJ-III subtests of academic achievement or the SIB-R functional rating instrument SIB-R. The WJ-III direct assessment of academic performance is used to examine language arts skills, mathematics and content knowledge in science and social studies, while the functional rating scale is designed to assess skills needed to function independently in home, social, school, work and community settings. The WJ-III direct assessment was completed by a student and the SIB-R functional assessment was completed by a teacher, other school staff member, or parent.

For each mean and percentage given in the NLTS2 exhibits that follow, a standard error is presented that indicates the precision of the estimates. A standard error acknowledges that any population estimate that is calculated from a sample will only approximate the true value for the population. The true population value will fall within the ranged demarcated by the estimate, plus or minus 1.96 times the standard error 95 percent of the time. For example, if it is estimated that 24.3 percent of youths with disabilities in the study received standard scores on a test that were less than 70, and the standard error is 1.8, then one can be 95 percent confident that the true percent for the population is between 20.7 percent and 27.8 percent (i.e., within plus or minus  $1.96 \times 1.8$  percentage points of 24.3). Smaller standard errors allow for greater confidence in the estimate, whereas larger standard errors require caution.

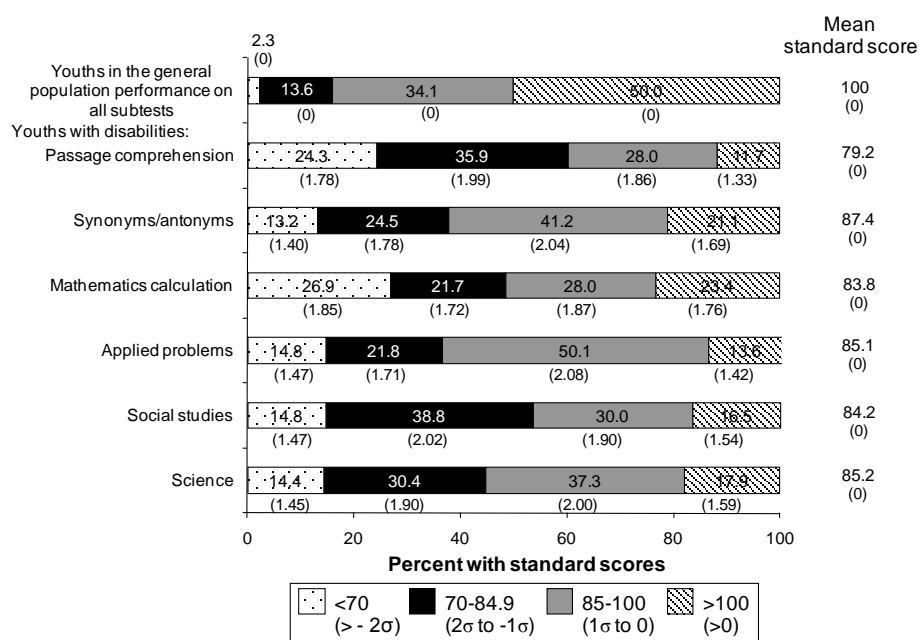


## **NLTS2 Academic Assessments**

The direct assessment of academic performance uses research editions of subtests of the Woodcock-Johnson III (WJ-III) that test language arts skills (passage comprehension and the use of synonyms and antonyms), mathematics abilities (calculation procedures and solving applied problems) and content knowledge in science and social studies. The WJ-III is a norm-referenced test. Instead of using absolute scores, it used a benchmark against which the test scores of the students with disabilities were compared. This benchmark was developed using a sample of the general population that mirrored its overall demographic composition. The performance of individuals in this group (referred to as the general population) generated a distribution of standard scores rescaled to have a mean of 100 and a standard deviation of 15. The WJ-III sample scores collected in waves, then, tell each student's performance on the test in relation to the general population. This normalization process makes the test scores comparable. Since the normalized mean was 100, a score reflects a position in the distribution of general population standard scores that reveals how that student or group of students achieved academically in a given subject compared to the general population. A score of 70, for example, indicates that the student achieved at 2 standard deviations (30 points) below the mean of the general population.

How have secondary school students with disabilities (who qualify for direct assessments of academic performance and for whom functional assessments are considered inappropriate) performed on standardized assessments of academic achievement compared to students in the general population?

**Figure 1-32. Performance of secondary school students with disabilities who qualify for direct assessments compared to the performance of students in the general population on Woodcock-Johnson III subtests: 2001–02<sup>a</sup> and 2003–04<sup>a</sup>**



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2, Woodcock-Johnson III direct assessments, 2001–02 and 2003–04. In Wagner, M., Newman, L., Cameto, R., and Levine, P. (2006). *The Academic Achievement and Functional Performance of Youth With Disabilities: A Report From the National Longitudinal Transition Study-2 (NLTS2)*, fig. 1 (NCSE 2006-3000). Available at <http://ies.ed.gov/ncser/pdf/20063000.pdf>, last accessed Oct. 9, 2009.

Notes: Displayed results were collected from 5,222 students who participated in the direct assessments and who had valid and complete data that were included in the analyses. Results were based on two waves of data collection—Wave 1 in 2001–02 (2,583 students assessed) and Wave 2 in 2003–04 (2,639 students assessed). NLTS2 assessed each sample student only once (when student reached a specific age) and combined data across the two data collection waves.

Standard errors are in parentheses below each standard score. The sum of percentages may not total 100 because of rounding.

<sup>a</sup>Refers to the school years during which the data were collected.

$\sigma$  = Standard deviation. (SD). SD is used to describe the variability of the distribution of standard scores. The larger the SD, the larger the amount of variability of scores around the mean. Standard scores below 70 are more than two SDs below the mean; standard scores from 70 through 84.9 are more than one but less than two SDs below the mean; standard scores from 85 through 100 are zero to one SDs below the mean; and standard scores above 100 have SDs greater than zero.

- Approximately 2 percent of students in the general population scored below 70 (more than two standard deviations below the mean) on all subtests of the Woodcock-Johnson III listed in fig. 1-32. In comparison, 26.9 percent of secondary school students with disabilities who qualified for direct assessments scored below 70 on the mathematics calculation subtest; 24.3 percent of students with disabilities scored below 70 on the passage comprehension subtest;

14.8 percent scored below 70 on the applied problems and social studies subtests; 14.4 percent scored below 70 on the science subtest; and 13.2 percent scored below 70 on the synonyms/antonyms subtest.

- On average, secondary school students with disabilities who qualified for direct assessments scored lowest on passage comprehension (mean standard score of 79.2) and highest on synonyms/antonyms (mean standard score of 87.4).
- Some secondary school students with disabilities who qualified for direct assessments were performing well, with 23.4 percent scoring above the general population mean on mathematics calculation and 21.1 percent on synonyms/antonyms. Passage comprehension, the subtest with the lowest mean standard score, was also the subtest with the smallest percentage of secondary school students with disabilities scoring above average (11.7 percent).

*How have secondary school students with disabilities (who qualify for direct assessments of academic performance and for whom functional assessments are considered inappropriate) performed on standardized assessments of academic achievement by type of disability?*

**Table 1-24. Mean standard scores of secondary school students with disabilities who qualify for direct assessments on Woodcock-Johnson III subtests, by disability category: 2001–02<sup>a</sup> and 2003–04<sup>a</sup>**

Subtests	Other health impairment	Visual impairment	Emotional disturbance	Specific learning disability	Speech or language impairment	Orthopedic impairment
Mean standard score (standard error)						
Passage comprehension	85.8 (1.10)	84.7 (2.33)	84.2 (1.42)	81.9 (1.00)	81.4 (1.15)	78.8 (1.59)
Synonyms/antonyms	95.0 (0.86)	94.0 (1.89)	93.4 (1.12)	89.5 (0.81)	89.9 (0.93)	88.2 (1.23)
Mathematics calculation	88.2 (1.07)	92.2 (2.41)	86.2 (1.22)	86.1 (1.09)	91.7 (1.14)	82.6 (1.64)
Applied problems	88.4 (0.85)	87.6 (2.23)	88.2 (1.06)	88.3 (0.77)	87.9 (0.98)	79.8 (1.44)
Social studies	87.7 (0.99)	88.4 (2.28)	87.8 (1.23)	86.6 (0.90)	85.6 (1.01)	84.3 (1.27)
Science	90.0 (0.94)	88.8 (2.05)	89.3 (1.25)	87.6 (0.91)	85.6 (1.02)	83.4 (1.28)

Subtests	Hearing impairment	Traumatic brain injury	Autism	Deaf-blindness	Multiple disabilities	Mental retardation
Mean standard score (standard error)						
Passage comprehension	75.6 (1.73)	74.1 (2.96)	69.6 (2.38)	66.3 (3.81)	61.5 (2.66)	55.7 (1.41)
Synonyms/antonyms	84.1 (1.44)	83.7 (1.95)	81.3 (2.16)	75.5 (2.88)	71.6 (2.11)	65.3 (1.06)
Mathematics calculation	91.5 (1.42)	80.0 (2.65)	80.2 (2.39)	77.7 (3.39)	65.6 (2.89)	61.4 (1.43)
Applied problems	83.9 (1.32)	80.6 (2.23)	71.2 (2.36)	72.8 (3.45)	62.9 (2.42)	63.4 (1.31)
Social studies	80.5 (1.57)	79.1 (2.47)	73.9 (2.42)	73.8 (3.03)	67.5 (1.95)	65.1 (0.98)
Science	75.4 (1.77)	80.0 (2.74)	75.7 (2.21)	68.4 (3.65)	69.3 (2.04)	67.0 (1.15)

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2, Woodcock-Johnson III direct assessments, 2001–02 and 2003–04. In Wagner, M., Newman, L., Cameto, R., and Levine, P. (2006). *The Academic Achievement and Functional Performance of Youth With Disabilities: A Report From the National Longitudinal Transition Study-2 (NLTS2)*, table 1 (NCSE 2006-3000). Available at <http://ies.ed.gov/ncser/pdf/20063000.pdf>, last accessed Oct. 9, 2009.

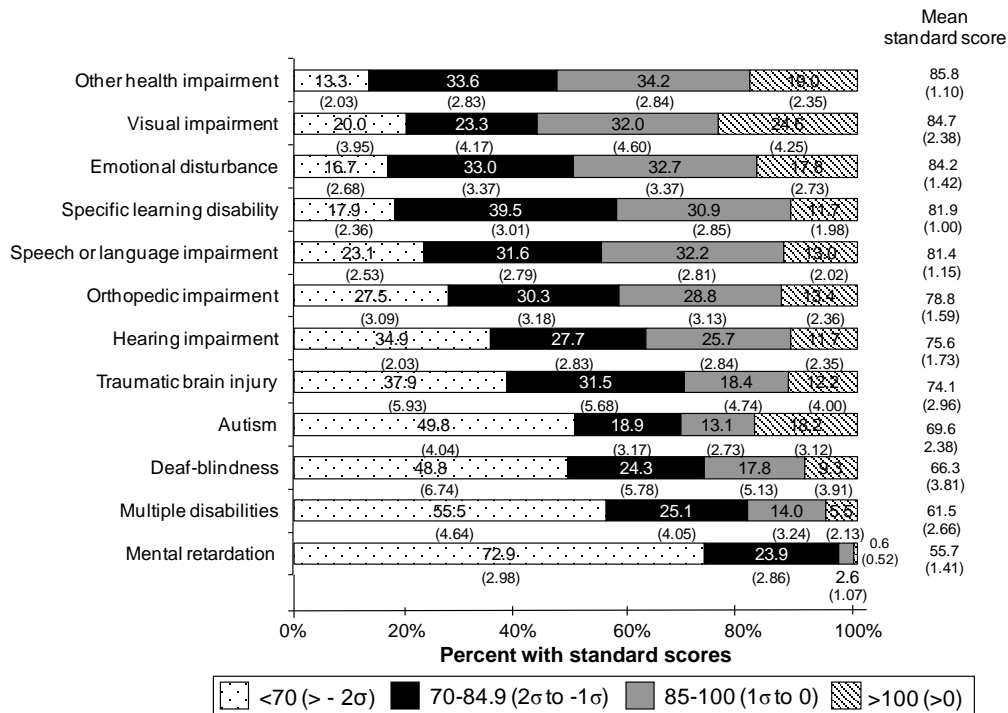
Notes: Displayed results were collected from 5,222 students who participated in the direct assessments and who had valid and complete data that were included in the analyses. Results were based on two waves of data collection—Wave 1 in 2001–02 (2,583 students assessed) and Wave 2 in 2003–04 (2,639 students assessed). NLTS2 assessed each sample student only once (when student reached a specific age) and combined data across the two data collection waves.

<sup>a</sup>Refers to the school years during which the data were collected.

- Academic achievement for secondary school students who qualified for direct assessments varied considerably across disability categories according to combined results on assessments in 2001–02 and 2003–04. Mean standard scores ranged from 55.7 and 61.5 on the passage comprehension subtest for students with Mental retardation and multiple disabilities, respectively, to 93.4, 94 and 95 on the synonyms/antonyms subtest for students with emotional disturbance, visual impairments or *other health impairments*, respectively.
- Within disability categories, performance varied across assessment subtests—secondary school students in each category performed better in some academic areas than others. For example, students with hearing impairments exhibited stronger mathematics calculation skills than five other types of skills or knowledge.

How have secondary school students with disabilities (who qualify for direct assessments of academic performance and for whom functional assessments are considered inappropriate) performed on standardized assessments of passage comprehension by type of disability?

**Figure 1-33. Performance of secondary school students with disabilities who qualify for direct assessments on the Woodcock-Johnson III passage comprehension subtest, by disability category: 2001–02<sup>a</sup> and 2003–04<sup>a</sup>**



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2, Woodcock-Johnson III direct assessments, 2001–02 and 2003–04. In Wagner, M., Newman, L., Cameto, R., and Levine, P. (2006). *The Academic Achievement and Functional Performance of Youth With Disabilities: A Report From the National Longitudinal Transition Study-2 (NLTS2)*, fig. 2 (NCSE 2006-3000). Available at <http://ies.ed.gov/ncser/pdf/20063000.pdf>, last accessed Oct. 9, 2009.

Notes: Displayed results were collected from 5,222 students who participated in the direct assessments and who had valid and complete data that were included in the analyses. Results were based on two waves of data collection—Wave 1 in 2001–02 (2,583 students assessed) and Wave 2 in 2003–04 (2,639 students assessed). NLTS2 assessed each sample student only once (when student reached a specific age) and combined data across the two data collection waves.

Standard errors are in parentheses below each standard score. The sum of percentages may not total 100 because of rounding.

<sup>a</sup>Refers to the school years during which the data were collected.

$\sigma$  = Standard deviation (SD). SD is used to describe the variability of the distribution of standard scores. The larger the SD, the larger the amount of variability of scores around the mean. Standard scores below 70 are more than two SDs below the mean; standard scores from 70 through 84.9 are more than one but less than two SDs below the mean; standard scores from 85 through 100 are zero to one SDs below the mean; and standard scores above 100 have SDs greater than zero.

- Although within each disability category most students had reading comprehension standard scores that were below the population mean, there were some students in each disability category performing at every level, including above the general population mean.

- In every disability category, some students had above-average reading skills, ranging from 24.6 percent of those with visual impairments, 19 percent of those with *other health impairments* and 18.2 percent of those with autism to 5.5 percent of those with multiple disabilities and 0.6 percent of those with Mental retardation.

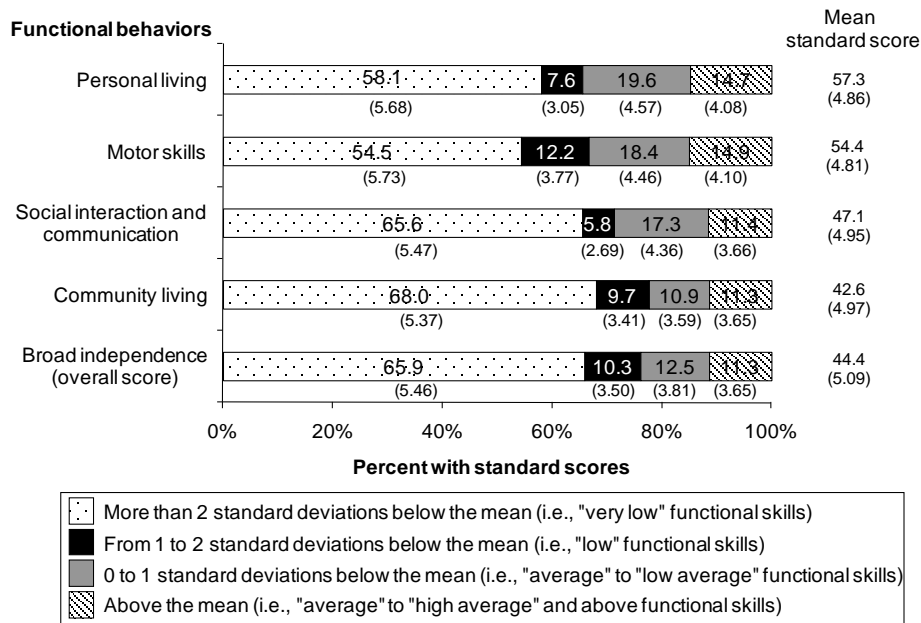
## **NLTS2 Assessments of Functional Skills**

NLTS2 includes a functional rating for youths with disabilities for whom the direct assessment of academic performance was reported to be inappropriate because their sensory, physical, behavioral or cognitive disabilities made them unable to follow instructions or answer questions reliably in spoken or written English, Braille or large print. Administered by teachers, school staff or parents, the functional rating instrument is the adult-completed *Scales of Independent Behavior-Revised (SIB-R)*. The SIB-R is a comprehensive measure of adaptive and problem behaviors related to functional independence and adaptive functioning in school, home, employment, and community settings. Its subtests focus on motor skills, social interaction and communication skills, personal living skills and community living skills. These four subtest clusters also are combined into an overall scale referred to as “broad independence.”

Findings regarding functional skills are reported as standard scores, which have a mean of 100 and a standard deviation of 15, based on the performance of the norm group that was intended to mirror the demographic composition of the general population. The performance of individuals in the norm group (also referred to as the general population) is the benchmark against which scores on the SIB-R are compared. In the general population, the distribution of test scores on each cluster is equally divided above and below the mean, and more than 80 percent have skills that are within one standard deviation below the mean or higher. Individuals scoring 100 or above are considered to have “average” to “high-average” and above functional skills for youths their age in the general population. Youths scoring up to one standard deviation below the mean have “average” to “low-average” functional skills, and those scoring from one to two standard deviations below the mean have “low” functional skills. Youths who are rated more than two standard deviations below the mean (about 2 percent of the general population) have “very low” functional skills. Youths with standard scores six or more standard deviations below the mean likely find most age-appropriate functional skills extremely difficult or impossible to perform.

How do secondary school students with disabilities (who qualify for functional assessments and for whom direct assessments of academic performance are considered inappropriate) perform on standardized assessments of functional behaviors?

**Figure 1-34. Performance of secondary school students with disabilities who qualify for functional assessments on the Scales of Independent Behavior-Revised, by functional behavior: 2001–02<sup>a</sup> and 2003–04<sup>a</sup>**



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2, Scales of Independent Behavior functional assessments, 2001–02 and 2003–04. In Wagner, M., Newman, L., Cameto, R., and Levine, P. (2006). *The Academic Achievement and Functional Performance of Youth With Disabilities: A Report From the National Longitudinal Transition Study-2 (NLTS2)*, fig. 4 (NCSE 2006-3000). Available at <http://ies.ed.gov/ncser/pdf/20063000.pdf>, last accessed Oct. 9, 2009.

Notes: Displayed results were collected from 1,051 students who participated in the functional assessments and who had valid and complete data that were included in the analyses. Results were based on two waves of data collection—Wave 1 in 2001–02 (577 students assessed) and Wave 2 in 2003–04 (474 students assessed). NLTS2 assessed each sample student only once (when student reached a specific age) and combined data across the two data collection waves.

Standard errors are in parentheses below each standard score. The sum of percentages may not total 100 because of rounding.

Standard deviation (SD) is used to describe the variability of the distribution of standard scores. The larger the SD, the larger the amount of variability of scores around the mean. Standard scores below 70 are more than two SDs below the mean; standard scores from 70 through 84.9 are more than one but less than two SDs below the mean; standard scores from 85 through 100 are zero to one SDs below the mean; and standard scores above 100 have SDs greater than zero.

<sup>a</sup>Refers to the school years during which the data were collected.

- The majority of secondary school students with disabilities for whom functional ratings were appropriate and completed in 2001–02 and 2003–04 had standard scores below 70. These scores fell more than two standard deviations below the general population mean scores on all four functional domains and the broad independence overall score. These students have very low functional skills.



- About one-third of secondary school students with disabilities who qualified for functional assessments scored within one standard deviation below the mean or better than the mean on personal living skills (34.3 percent) and motor skills (33.3 percent). More than one-fourth (28.7 percent) scored within one standard deviation below the mean or better than the mean on social interaction and communication skills, and a little less than one-fourth (23.8 percent) scored within one standard deviation below the mean or better than the mean on broad independence, which is an overall measure of functional independence. In other words, these students had personal living, motor, social interaction and communication skills and broad independence in overall functioning that ranged from low average to high average and above.
- One-fifth (22.2 percent) of secondary school students with disabilities who qualified for functional assessments scored within one standard deviation below the mean or better than the mean on community living skills and had community living skills that ranged from low average to high average and above. Over two-thirds (68 percent) scored more than two standard deviations below the mean and had very low community living skills.

*How have secondary school students with disabilities (who qualify for functional assessments and for whom direct assessments of academic performance are considered inappropriate) performed on standardized assessments of broad independence by type of disability?*

**Table 1-25. Performance of secondary school students with disabilities who qualify for functional assessments on the broad independence measure of the Scales of Independent Behavior-Revised, by disability category: 2001–02<sup>a</sup> and 2003–04<sup>a</sup>**

	Other disabilities <sup>b</sup>	Mental retardation	Hearing impairment	Visual impairment	Orthopedic impairment	Autism	Multiple disabilities	Deaf-blindness
Percent/Mean standard score (standard error)								
Percentage with standard scores:								
More than two standard deviations below the mean	20.6 (11.70)	89.3 (3.84)	68.3 (11.59)	80.5 (7.84)	92.4 (4.68)	96.2 (1.81)	95.8 (1.91)	94.9 (4.26)
From 1 to 2 standard deviations below the mean	18.7 (11.28)	7.3 (3.23)	7.4 (6.52)	8.9 (5.64)	3.2 (3.11)	2.0 (1.33)	2.0 (1.33)	2.3 (2.91)
0 to 1 standard deviations below the mean	31.2 (13.41)	2.1 (1.78)	10.6 (7.67)	10.6 (6.09)	4.3 (3.58)	0 †	1.4 (1.12)	2.8 (3.20)
Above the mean	29.6 (13.22)	1.3 (1.41)	13.8 (8.59)	0 †	0 †	1.9 (1.29)	0.8 (0.85)	0 †
Mean standard score	90.1 (8.82)	22.7 (3.41)	52.7 (10.31)	21.4 (6.86)	9.5 (4.34)	14.2 (2.29)	10.2 (2.10)	13.3 (4.55)

*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, National Longitudinal Transition Study-2, Scales of Independent Behavior functional assessments, 2001–02 and 2003–04. In Wagner, M., Newman, L., Cameto, R., and Levine, P. (2006). *The Academic Achievement and Functional Performance of Youth With Disabilities: A Report From the National Longitudinal Transition Study-2 (NLTS2)*, table 3 (NCSE 2006-3000). Available at <http://ies.ed.gov/ncser/pdf/20063000.pdf>, last accessed Oct. 9, 2009.

*Notes:* Displayed results were collected from 1,051 students who participated in the functional assessments and who had valid and complete data that were included in the analyses. Results were based on two waves of data collection—Wave 1 in 2001–02 (577 students assessed) and Wave 2 in 2003–04 (474 students assessed). NLTS2 assessed each sample student only once (when student reached a specific age) and combined data across the two data collection waves.

Percentages with standard scores may not total 100 because of rounding.

Standard deviation (SD) is used to describe the variability of the distribution of standard scores. The larger the SD, the larger the amount of variability of scores around the mean. Standard scores below 70 are more than two SDs below the mean; standard scores from 70 through 84.9 are more than one but less than two SDs below the mean; standard scores from 85 through 100 are zero to one SDs below the mean; and standard scores above 100 have SDs greater than zero.

<sup>a</sup>Refers to the school years during which the data were collected.

<sup>b</sup>“Other disabilities” includes the categories of specific learning disability, speech or language impairment, emotional disturbance, other health impairment and traumatic brain injury. These categories are combined here because of small numbers of students in these categories assessed with the rating scale.

† Not applicable.

- Broad independence is an overall measure of functional independence. Combined scores from functional ratings of students with disabilities who qualified for functional assessments in 2001–02 and 2003–04 show that the majority in each disability category were rated more than two standard deviations below the general population mean score of the broad independence measure, with the exception of secondary school students in the “other disabilities” category.

## Evaluation of States' Monitoring and Improvement Practices Under *IDEA*

In 2004, the U.S. Department of Education (Department) contracted with Westat to conduct a five-year study of states' monitoring and improvement practices under *IDEA*. Until 2004, there had been no independent and systematic examination of monitoring systems across the states.<sup>16</sup> In the Department's view, such an examination of monitoring systems could inform its efforts to provide monitoring guidance to states and, thus, enable it to better carry out its responsibilities under *IDEA*. The project had three objectives:

1. To describe the nature and scope of states' monitoring systems.

This objective was aimed at developing a description of what states did to meet their monitoring responsibilities under *IDEA* in 2004–05 and 2006–07. To meet this objective, the evaluators collected data on state monitoring structures and monitoring approaches and practices. Also, the evaluators collected information on unique state circumstances that may influence state monitoring; for example, some states must monitor certain programs or indicators or use certain monitoring procedures based on a court order.

2. To describe states' monitoring systems at two points in time.

This objective was intended to determine if and how states' Part B and Part C monitoring systems were different at two points in time. The project included two site visits two years apart to Part B and Part C programs in a sample of 20 states. States' Part B and Part C monitoring systems can be influenced by a variety of factors, such as changes to the law, guidance from the Department, technical assistance received from various sources (e.g., National Center for Special Education Accountability Monitoring) and contextual factors (e.g. state size). These factors can in turn shape how monitoring is carried out by states in any given monitoring cycle. As such, it was believed to be important to collect data at two points in time in order to capture the variability between and within states' monitoring systems and to be able to fully describe their nature and design.

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<sup>16</sup> In this discussion of the evaluation of states' monitoring and improvement practices, references to "states" encompass the 50 states and the District of Columbia.

3. To create a general framework that conveys the key components of state monitoring systems.

This objective was focused on identifying characteristics of monitoring systems that experts would expect to influence the efficiency and effectiveness of state monitoring systems. While it was not the intention of the project to assess, report or comment on the efficiency or effectiveness of states' monitoring systems, the project did intend to assess the extent to which state monitoring system designs in the sample of 20 states adhere to key components that experts would expect in the general framework for monitoring.

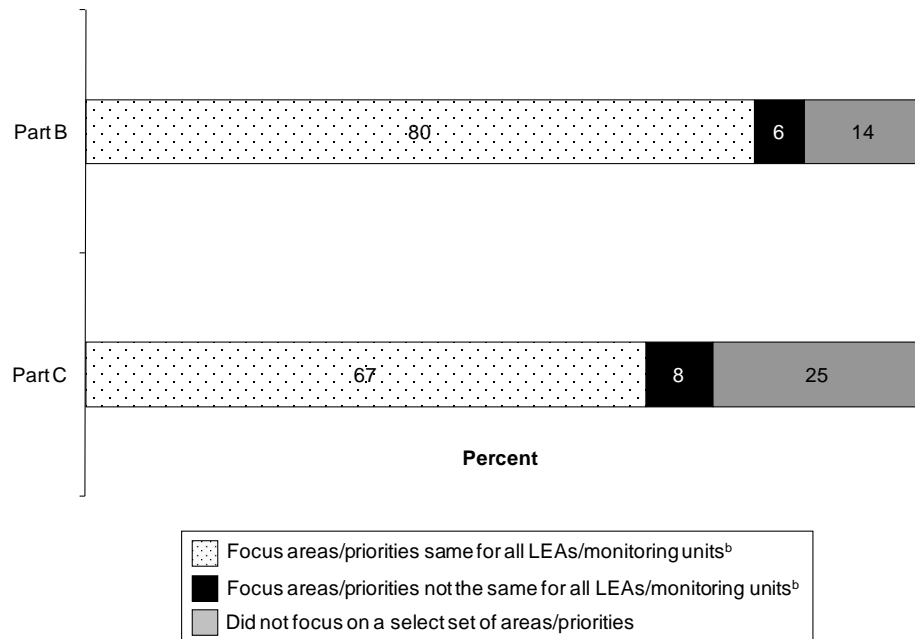
The data in this *29th Annual Report to Congress* are from the evaluation's first data collection activity, a mail survey about states' monitoring and improvement practices in the 2004–05 school year for Part B and the “last complete monitoring period” for Part C.<sup>17</sup> Questionnaires were sent to Part B state directors of special education and Part C coordinators in the 50 states and the District of Columbia in fall 2005. The results of the survey provide information about the monitoring systems in all states and the varied approaches to monitoring. Results are based on a 100 percent response rate.

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<sup>17</sup> For Part B, the monitoring period is the school year. For Part C, the monitoring period is the year-long period assigned by the state for monitoring Part C programs. For example, the Part C monitoring period can run from Oct. 1 of a given year to the following Sept. 30. In other states, the Part C monitoring year can correspond to the calendar year. For the mail survey, a state's “last complete monitoring period” would be the complete year-long monitoring period that coincided most closely with the 2004–05 school year—e.g., Jan. 1 to Dec. 31, 2005; July 1, 2004 to June 30, 2005; Oct. 1, 2004, to Sept. 30, 2005; or “other” year-long period identified by the state.

*To what extent do states focus on a select set of areas or priorities for local monitoring and improvement planning?*

**Figure 1-35. Percentage of states that focused on a select set of areas or priorities for local monitoring and improvement planning, by IDEA, Part B and Part C: 2004–05<sup>a</sup>**



*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States’ Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States’ Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-2 and E-8 (NCSE 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

*Note:* All percentages are based on 50 states and the District of Columbia. All states responded to this item on both the Part B and the Part C Monitoring Evaluation Questionnaires. Percentages may not sum to 100 percent because of rounding.

<sup>a</sup>For Part B, 2004-05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004-05 refers to the year-long monitoring period about which states were asked to report.

<sup>b</sup>To ensure uniformity in the collection of the mail survey data, the term “monitoring unit” was used throughout the Part C mail survey. A monitoring unit was defined as “the organizational entity on which a state’s monitoring mainly focuses, which can be a local or regional unit.” A monitoring unit for Part B is the local education agency (LEA).

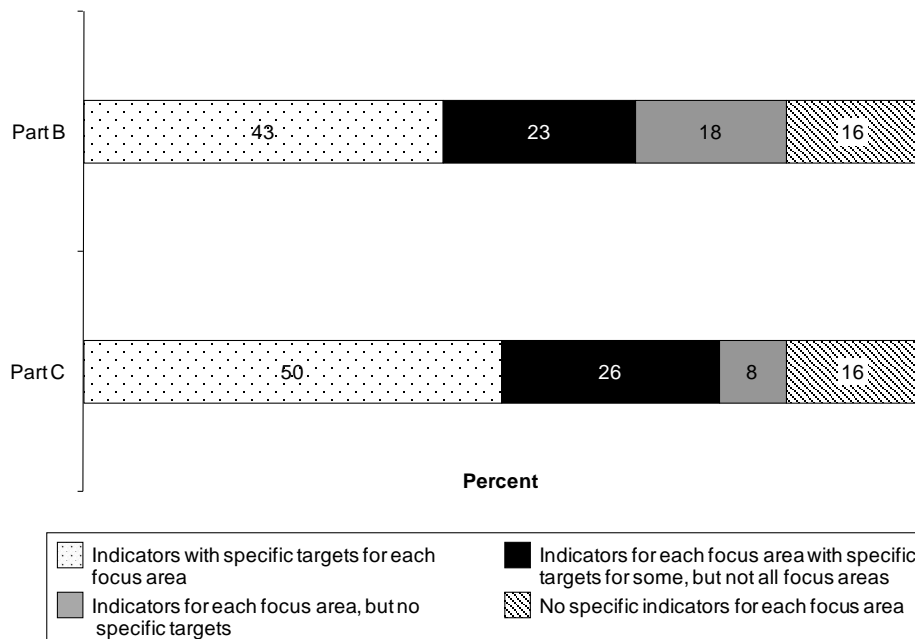
- Based on responses to the Part B and C Monitoring Evaluation Questionnaires, in 2004–05, more states for Part B than for Part C focused their local monitoring and improvement planning on a select set of areas or priorities that were the same for all LEAs/monitoring units (80 percent of states for Part B as compared to 67 percent of states for Part C).
- According to responses to the Part B Monitoring Evaluation Questionnaire, in 2004–05, common areas of focus for states’ Part B local monitoring and improvement planning were educational environments (69 percent), access to the regular education curriculum (59 percent), graduation rates (57 percent), performance on child/student assessment (55 percent)

and dropout rates (53 percent) (Garrison-Mogren et al. 2007, *Characteristics of States' Monitoring and Improvement Practices*, table D-3).

- In 2004–05, common areas of focus for states' Part C local monitoring and improvement planning were IFSP requirements and procedures (69 percent), transition to preschool (65 percent), natural environments (63 percent), child find (57 percent) and transition to other settings (53 percent), according to responses to the Part C Monitoring Evaluation Questionnaire (Garrison-Mogren et al. 2007, *Characteristics of States' Monitoring and Improvement Practices*, table E-9).

*To what extent do states that have a select set of focus areas for all local monitoring and improvement planning activities have corresponding indicators and targets?*

**Figure 1-36. Percentage of states with a select set of focus areas for local monitoring and improvement planning that had specific targets related to the indicators for each focus area, by IDEA, Part B and Part C: 2004–05<sup>a</sup>**



*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States' Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-6 and E-12 (NCSER 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

*Note:* States that did not have a select set of focus areas or priorities (see previous figure) were not asked this question and therefore were not included in the denominator ( $n=7$  or 14 percent of states for Part B and  $n=13$  or 25 percent of states for Part C). All states with focus areas responded to this item on both the Part B and Part C Monitoring Evaluation Questionnaires ( $n=44$  for Part B and  $n=38$  for Part C). Percentages may not sum to 100 percent because of rounding.

For Part B, 2004–05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004–05 refers to the year-long monitoring period about which states were asked to report.

- In 2004–05, of those states that indicated they had a select set of focus areas and priorities, the percentage that reported having specific targets related to the indicators for each focus area was 43 percent for Part B and 50 percent for Part C.
- Eighteen percent of states reported having indicators for each focus area but no specific targets for Part B. Only 8 percent of states reported having indicators for each focus area but no specific targets for Part C.
- For both Part B and Part C, 16 percent of states with focus areas reported that they did not have indicators for each focus area.

*How do states select LEAs/monitoring units for monitoring?*

**Table 1-26. Percentage of states using various methodologies to select LEAs/monitoring units<sup>a</sup> for monitoring, by IDEA, Part B and Part C, and type of selection methodology: 2004–05<sup>b</sup>**

Selection methodology	Part B	Part C
All LEAs/monitoring units selected for monitoring every year	6	39
LEAs/monitoring units selected according to a regular cycle	39	37
LEAs/monitoring units selected according to a cycle determined by prior compliance/performance	10	4
LEAs/monitoring units selected based on prior compliance/performance alone	25	6
Some LEAs/monitoring units selected according to a cycle. Others selected based on prior compliance/performance	18	12
Other selection methods or more than one option selected	2	2

*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States' Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-15 and E-20 (NCSER 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

*Note:* All percentages are based on 50 states and the District of Columbia. All states responded to this item on both the Part B and the Part C Monitoring Evaluation Questionnaires. Percentages may not sum to 100 percent because of rounding.

<sup>a</sup>To ensure uniformity in the collection of the mail survey data, the term “monitoring unit” was used throughout the Part C mail survey. A monitoring unit was defined as “the organizational entity on which a state’s monitoring mainly focuses, which can be a local or regional unit.” A monitoring unit for Part B is the local education agency (LEA).

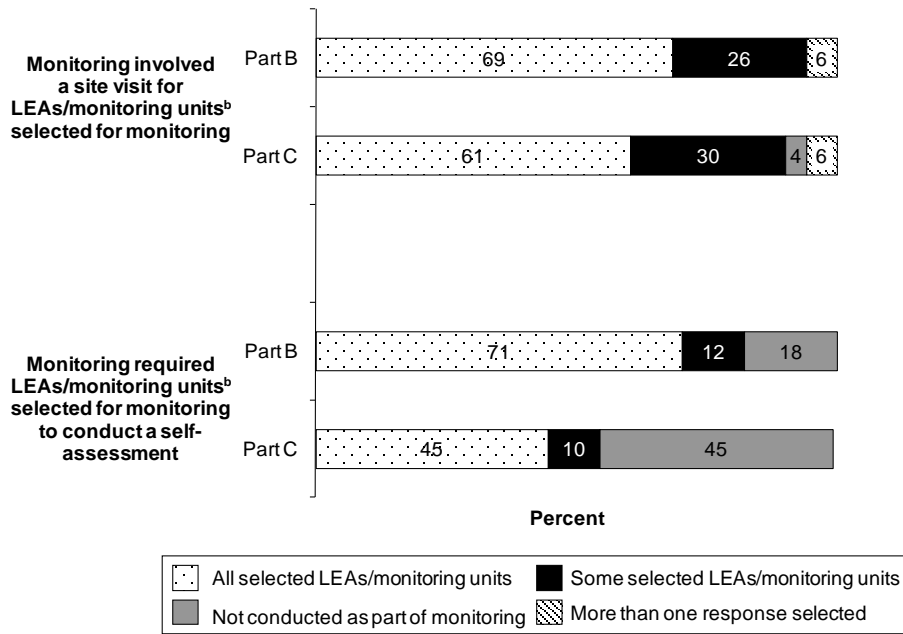
For Part B, 2004-05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004-05 refers to the year-long monitoring period about which states were asked to report.

- In 2004–05, 39 percent of states reported monitoring all of their monitoring units for Part C each year, but for Part B, only 6 percent of states reported monitoring all of their LEAs each year.
- More states reported using compliance or performance data alone when selecting LEAs/monitoring units for Part B than for Part C (25 percent of states for Part B versus 6 percent of states for Part C).

- Ten percent of states reported selecting LEAs for Part B monitoring according to a cycle determined by prior compliance or performance, while 18 percent reported selecting some LEAs for Part B monitoring according to a cycle and other LEAs based on prior compliance or performance. In comparison, 4 percent of states reported selecting Part C monitoring units according to a cycle determined by prior compliance or performance and 12 percent of states reported selecting some Part C monitoring units according to a cycle and others based on prior compliance or performance.

*What activities do states conduct as part of their monitoring efforts?*

**Figure 1-37. Percentages of states that included site visits and self-assessments by LEAs/monitoring units as part of monitoring activities, by IDEA, Part B and Part C and type of monitoring activity: 2004–05<sup>a</sup>**



*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States' Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-26, D-27, E-30 and E-31 (NCSER 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

*Note:* All percentages are based on 50 states and the District of Columbia. All states responded to each of these items on both the Part B and the Part C Monitoring Evaluation Questionnaires. Percentages may not sum to 100 percent because of rounding.

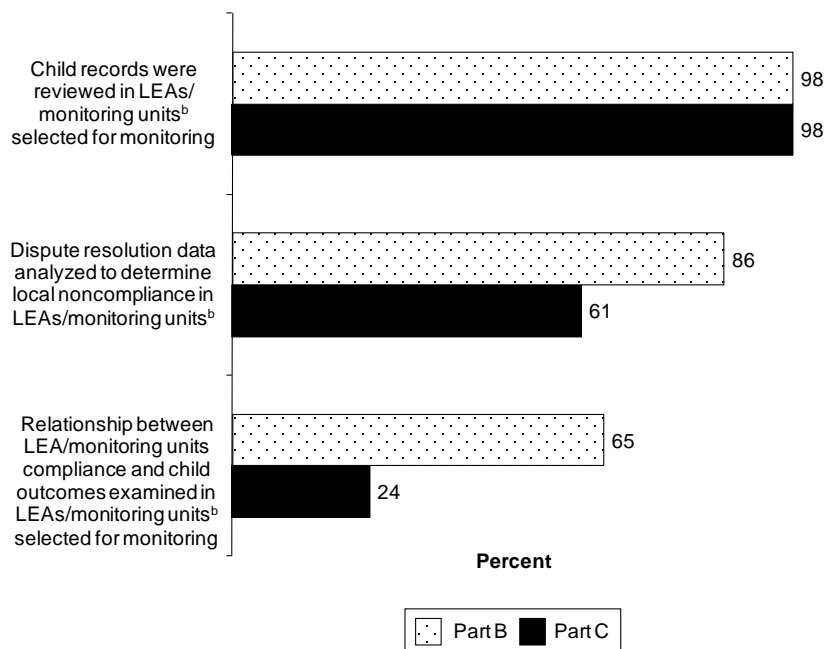
<sup>a</sup>For Part B, 2004-05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004-05 refers to the year-long monitoring period about which states were asked to report.

<sup>b</sup>To ensure uniformity in the collection of the mail survey data, the term “monitoring unit” was used throughout the Part C mail survey. A monitoring unit was defined as “the organizational entity on which a state’s monitoring mainly focuses, which can be a local or regional unit.” A monitoring unit for Part B is the local education agency (LEA).



- In 2004–05, most states reported conducting site visits with all LEAs/monitoring units selected for monitoring (69 percent of states for Part B and 61 percent of states for Part C).
- For Part B, 71 percent of states reported requiring all of the LEAs selected for monitoring to conduct a self-assessment, but for Part C, only 45 percent of states reported requiring all of the selected monitoring units to conduct a self-assessment.

**Figure 1-38. Percentage of states conducting various monitoring activities, by IDEA, Part B and Part C, and type of monitoring activity: 2004–05<sup>a</sup>**



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States' Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-20, D-41, D-75, E-24, E-44 and E-78 (NCSE 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

Note: All percentages based on 50 states and the District of Columbia. All states responded to each of these items on both the Part B and the Part C Monitoring Evaluation Questionnaires.

<sup>a</sup>For Part B, 2004-05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004-05 refers to the year-long monitoring period about which states were asked to report.

<sup>b</sup>To ensure uniformity in the collection of the mail survey data, the term “monitoring unit” was used throughout the Part C mail survey. A monitoring unit was defined as “the organizational entity on which a state’s monitoring mainly focuses, which can be a local or regional unit.” A monitoring unit for Part B is the local education agency (LEA).

- Almost all states reported reviewing child records as part of their monitoring effort in 2004–05 (98 percent for both Part B and Part C).

- Dispute resolution data were analyzed more frequently by states for Part B than for Part C to determine whether local noncompliance had occurred (86 percent for Part B as compared to 61 percent for Part C).
- The relationship between LEA/monitoring unit compliance and child outcomes was examined more frequently by states for Part B than for Part C (65 percent for Part B as compared to 24 percent for Part C).

*How have states' monitoring and improvement activities changed since IDEA 1997?*

**Table 1-27. Percentage of states reporting changes to various monitoring and improvement activities since the enactment of the IDEA amendments of 1997, by IDEA, Part B and Part C, and type and degree of change: 2004–05<sup>a</sup>**

	Part B	Part C
Using data to plan monitoring and improvement activities has . . .		
Greatly increased	88	84
Slightly increased	6	12
Stayed the same	6	4
Slightly decreased	0	0
Greatly decreased	0	0
Focusing on child outcomes in monitoring and improvement activities has . . .	75	45
Greatly increased	20	37
Slightly increased	4	18
Stayed the same	0	0
Slightly decreased	0	0
Greatly decreased	2	0
Nonresponse		
Emphasizing compliance issues such as process and procedural requirements has . . .		
Greatly increased	4	49
Slightly increased	18	25
Stayed the same	55	25
Slightly decreased	18	0
Greatly decreased	6	0

*Source:* U.S. Department of Education, Institute of Education Sciences, National Center for Special Education Research, Part B and Part C Monitoring Evaluation Questionnaires, 2004–05. In Garrison-Mogren, R., Fiore, T., Bollmer, J., Brauen, M., and Monk, T. (2007). *Characteristics of States' Monitoring and Improvement Practices: State Responses to the Part B and Part C Mail Survey from the Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*, tables D-89 and E-92 (NCSER 2008-3008). Available at <http://ies.ed.gov/ncser/pdf/20083008.pdf>, last accessed Dec. 2, 2009.

*Note:* All percentages based on 50 states and the District of Columbia. All states responded to each of these items on both the IDEA, Part B and the Part C Monitoring Evaluation Questionnaires. Percentages may not sum to 100 percent because of rounding.

<sup>a</sup>For Part B, 2004-05 refers to the school year monitoring period about which states were asked to report. For Part C, 2004-05 refers to the year-long monitoring period about which states were asked to report.

- Almost all states reported that their use of data in planning their state's monitoring and improvement activities in 2004–05 increased since 1997. This was true for both Part B (94 percent) and Part C (96 percent). Most states indicated that the use of data increased greatly (88 percent for Part B and 84 percent for Part C).
- For both Part B and Part C, almost all states reported that the focus on child outcomes increased since 1997 (95 percent for Part B and 82 percent for Part C). Most states indicated that the focus on child outcomes increased greatly (75 percent for Part B compared with 45 percent for Part C).
- For Part C, almost 75 percent of states identified emphasizing compliance issues as an activity that increased since 1997. For Part B, only 22 percent of states identified an increase in this activity.



## **Section II**

### **The State Picture**



## Introduction to State Profiles

This section focuses on the 50 states and the District of Columbia (D.C.). Most of the data are available in the tables in vols. 2 and 3. This section combines data from those tables as well as other data from the Data Analysis System (DANS) to provide a picture of special education and early intervention services in each state. It also includes information about the state's public school enrollment, per-pupil expenditures and whether the state provides early intervention services to children under age 3 at risk of experiencing a substantial developmental delay if they do not receive services. Presented for each state and D.C. are several major kinds of information that were based on data from DANS, including tables from vols. 2 and 3, as listed below.

### Part B

Percentage of students ages 6 through 21 with disabilities educated in regular classes at least 80 percent of the school day (i.e., they were <i>outside the regular class for less than 21 percent of the school day</i> )	Table 2-2, vol. 2
Percentage of students ages 14 through 21 with disabilities exiting school with a regular high school diploma (graduation rate) <sup>18</sup>	Table 4-1, vol. 2
Percentage of students ages 14 through 21 with disabilities dropping out (dropout rate) <sup>18</sup>	Table 4-1, vol. 2

### Part C

Percentage of infants and toddlers served through Part C	Table 6-1, vol. 3
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities (i.e., combination of <i>home</i> and <i>program designed for typically developing children</i> ) <sup>19</sup>	Table 6-4, vol. 3

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<sup>18</sup> See footnote a to figure 1-29 in section I of this report for information on how the graduation (or dropout) rate (percentage) was calculated by using as numerator and denominator the data provided for each state in table 4-1, vol. 2.

<sup>19</sup> Table 6-4, vol. 2, provides data for each state and D.C. used to calculate percentage as shown in the state profile. Percentage was calculated by dividing total number of infants and toddlers birth through age 2 served under *IDEA*, Part C, in settings typical for children without disabilities by the number of infants and toddlers birth through age 2 served under *IDEA*, Part C, in all settings, then multiplying the result by 100.

In this section, state-reported data for **Part B** include:

*Child count* data collected annually by all states as of Dec. 1, 2005 (except Alaska, Bureau of Indian Affairs (BIA) schools, Iowa, Maryland and Texas, which used the last Friday in October 2005 as the reference date for reporting these data, and Massachusetts, which reported data as of Oct. 1, 2005);

*Educational environments* data collected by all states as of Dec. 1, 2005 (except for the above five states and BIA schools as described above); and

*Exiting* data collected cumulatively during a state-determined 12-month reporting period, 2004–05.

State-reported data for **Part C** include:

*Child count* data collected annually by all states as of Dec. 1, 2005 (except Iowa and Maryland, which used the last Friday in October 2005 as the reference date for reporting these data); and

*Program settings* data collected by all states as of Dec. 1, 2004.

Some profiles on Part B and Part C may contain cells that do not display percentages.

Corresponding footnotes indicate that these percentages “cannot be displayed due to cell suppression.”

Cell suppression was instituted with the *28th Annual Report to Congress* to protect the identity of children in accordance with the Department’s privacy policy. Further information about cell suppression can be found in “Notes Concerning the Data Tables That Follow,” at the beginning of both vols. 2 and 3.



## **State Profiles**

## Alabama

Number of regular school districts <sup>1</sup>	165
Total public school enrollment <sup>2</sup>	741,758
Per-pupil expenditures <sup>3</sup>	\$7,073
Percentage of population residing in urban areas <sup>4</sup>	55.4
Percentage of children under age 18 below poverty level <sup>5</sup>	22.6

### Special Education<sup>6</sup>

	Alabama <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	45	44	48	56	67	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	20	17	18	20	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	38	40	38	36	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

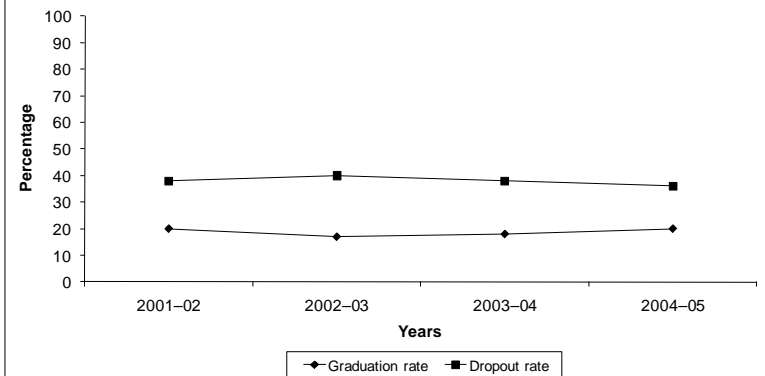
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Alabama (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Alabama Department of Rehabilitation Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,476

	Alabama <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.2	1.2	1.2	1.3	1.4	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	82	86	91	91	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

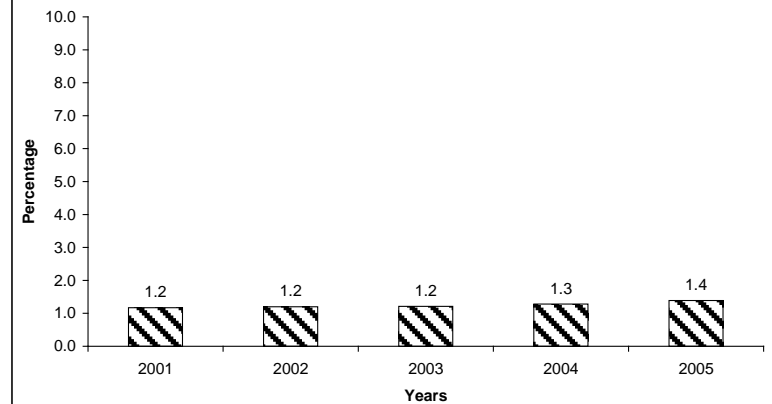
— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## Alaska

Number of regular school districts <sup>1</sup>	54
Total public school enrollment <sup>2</sup>	133,288
Per-pupil expenditures <sup>3</sup>	\$10,847
Percentage of population residing in urban areas <sup>4</sup>	65.6
Percentage of children under age 18 below poverty level <sup>5</sup>	12.9

### Special Education<sup>6</sup>

	Alaska <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	57	57	58	58	55	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	38	39	56	52	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	60	59	40	37	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

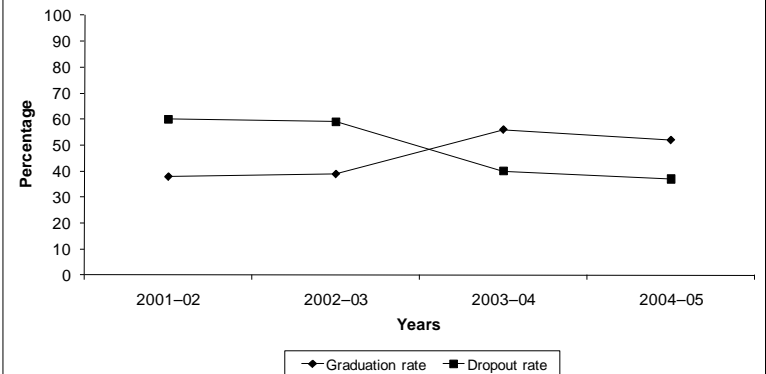
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Alaska (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Alaska Department of Health and Social Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

642

	Alaska <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.2	2.1	2.1	2.0	2.1	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	96	91	94	.	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

. Cannot be calculated due to cell suppression.

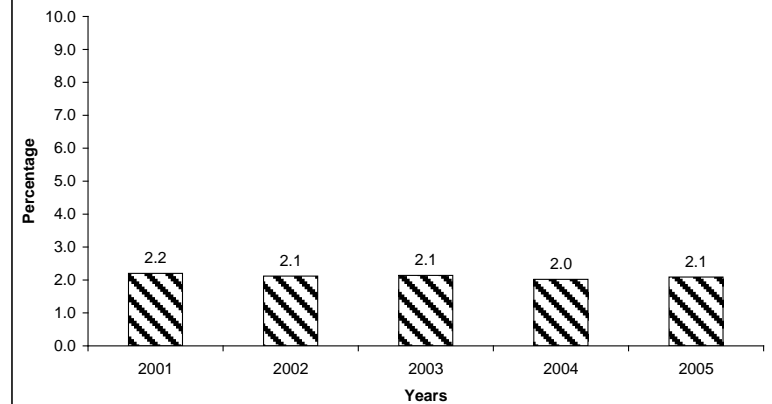
— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## Arizona

Number of regular school districts <sup>1</sup>	218
Total public school enrollment <sup>2</sup>	1,094,454
Per-pupil expenditures <sup>3</sup>	\$6,184
Percentage of population residing in urban areas <sup>4</sup>	88.2
Percentage of children under age 18 below poverty level <sup>5</sup>	21.5

### Special Education<sup>6</sup>

	Arizona <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	48	48	48	49	51	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	50	54	53	59	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	48	44	44	38	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>b</sup>Arizona did not report any students receiving a certificate of completion.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD),

“Local Education Agency Universe Survey,” 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), “State Nonfiscal Survey of Public Elementary/Secondary Education,” 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

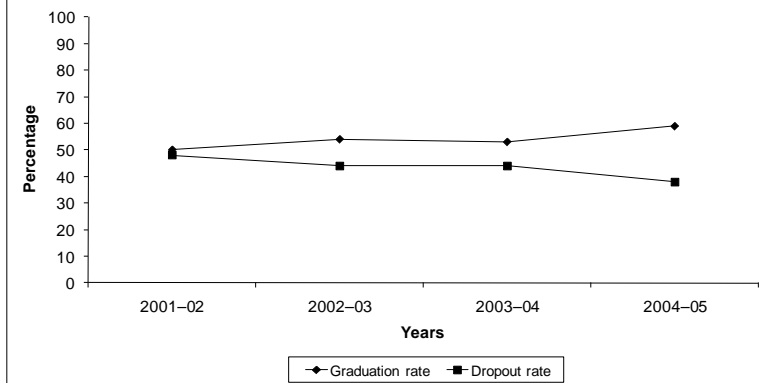
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Arizona (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Arizona Department of Economic Security

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

4,450

	Arizona <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.2	1.4	1.4	1.5	1.6	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	73	85	.	86	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

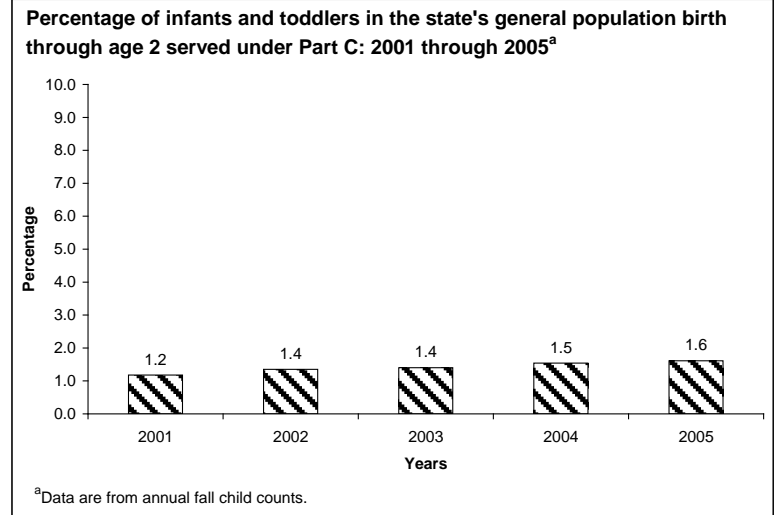
. Cannot be calculated due to cell suppression.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Arkansas

Number of regular school districts <sup>1</sup>	253
Total public school enrollment <sup>2</sup>	474,206
Per-pupil expenditures <sup>3</sup>	\$7,659
Percentage of population residing in urban areas <sup>4</sup>	52.5
Percentage of children under age 18 below poverty level <sup>5</sup>	22.7

### Special Education<sup>6</sup>

	Arkansas <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	39	39	41	44	48	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	75	79	81	75	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	21	18	16	22	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

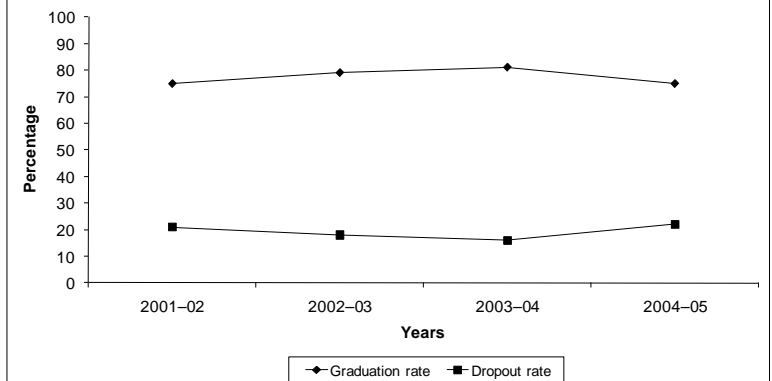
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF) 100-Percent Data Universe: Total Population, Census 2000*. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saife/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Arkansas (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Arkansas Department of Health and Human Services/Developmental Disabilities

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,547

	Arkansas <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.5	2.6	2.5	2.4	2.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	69	67	72	77	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

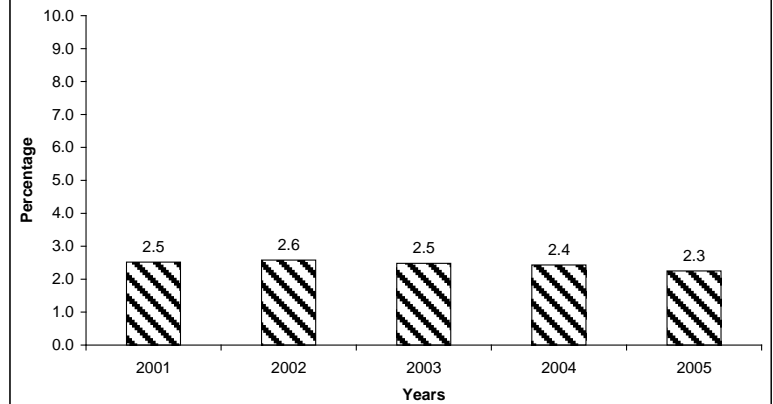
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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## California

Number of regular school districts <sup>1</sup>	987
Total public school enrollment <sup>2</sup>	6,437,202
Per-pupil expenditures <sup>3</sup>	\$7,905
Percentage of population residing in urban areas <sup>4</sup>	94.4
Percentage of children under age 18 below poverty level <sup>5</sup>	18.7

### Special Education<sup>6</sup>

	California <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	53	50	49	49	50	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	54	57	63	58	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	38	35	30	35	—	38	28	19-65	6-50	40	29

<sup>a</sup> Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

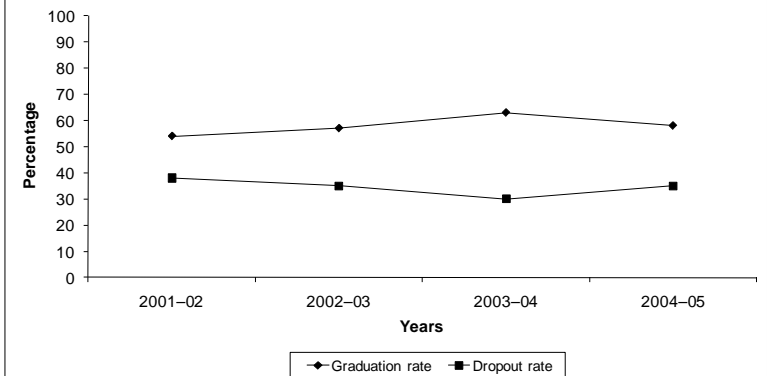
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

California (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

California Department of Developmental Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

32,268

	California <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.8	1.7	1.8	2.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	73	83	.	.	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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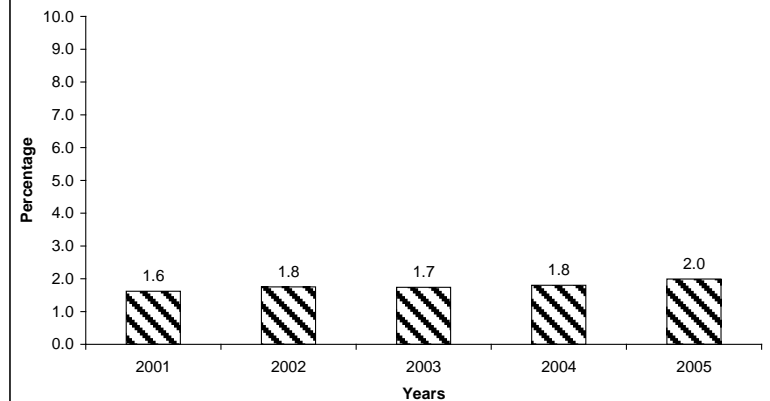
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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## Colorado

Number of regular school districts <sup>1</sup>	179
Total public school enrollment <sup>2</sup>	779,826
Per-pupil expenditures <sup>3</sup>	\$7,826
Percentage of population residing in urban areas <sup>4</sup>	84.5
Percentage of children under age 18 below poverty level <sup>5</sup>	12.8

### Special Education<sup>6</sup>

	Colorado <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	71	69	70	70	70	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	39	52	57	70	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	55	43	38	22	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

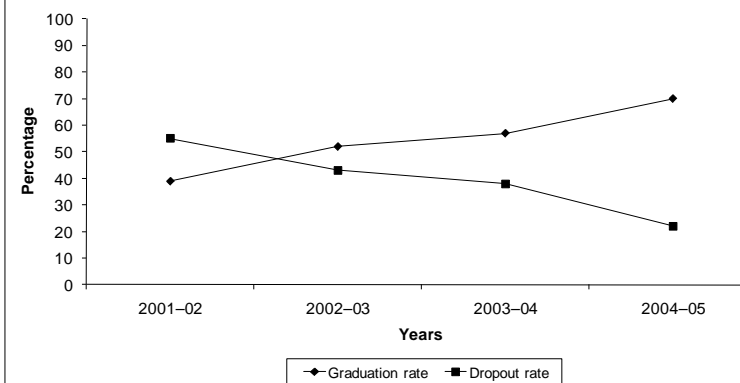
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Colorado (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Colorado Department of Human Services/Developmental Disabilities

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,754

	Colorado <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.4	1.5	1.7	1.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	86	94	97	97	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

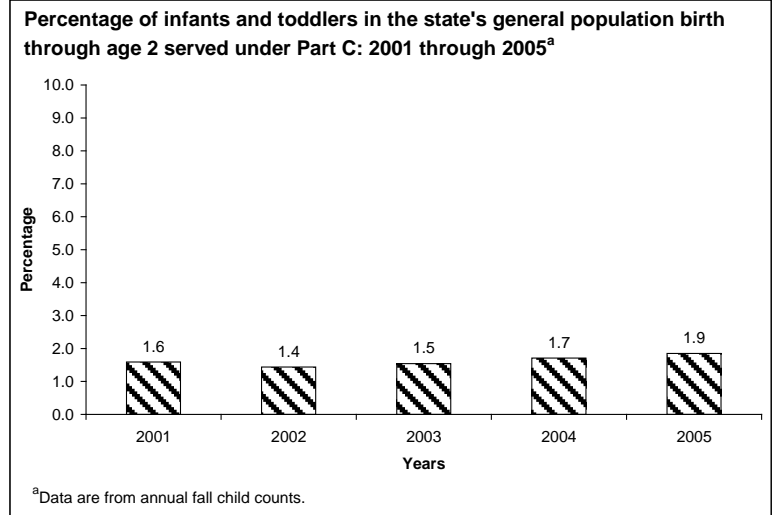
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Connecticut

Number of regular school districts <sup>1</sup>	166
Total public school enrollment <sup>2</sup>	575,059
Per-pupil expenditures <sup>3</sup>	\$12,263
Percentage of population residing in urban areas <sup>4</sup>	87.7
Percentage of children under age 18 below poverty level <sup>5</sup>	11.4

### Special Education<sup>6</sup>

	Connecticut <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	55	56	57	61	65	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	58	63	66	69	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	38	36	31	28	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

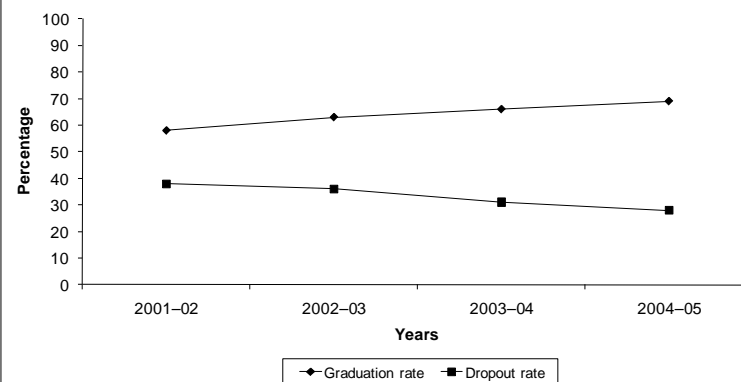
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Connecticut (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Connecticut Department of Mental retardation

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,970

	Connecticut <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	3.0	3.2	2.9	3.1	3.2	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	100	100	100	100	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

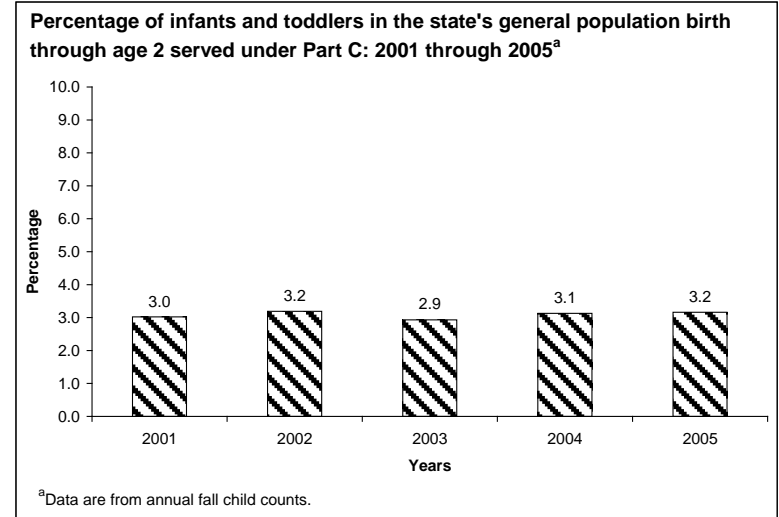
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Delaware

Number of regular school districts <sup>1</sup>	19
Total public school enrollment <sup>2</sup>	120,937
Per-pupil expenditures <sup>3</sup>	\$10,911
Percentage of population residing in urban areas <sup>4</sup>	80.1
Percentage of children under age 18 below poverty level <sup>5</sup>	13.4

### Special Education<sup>6</sup>

	Delaware <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	35	38	40	45	50	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	52	63	63	68	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	40	28	29	22	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

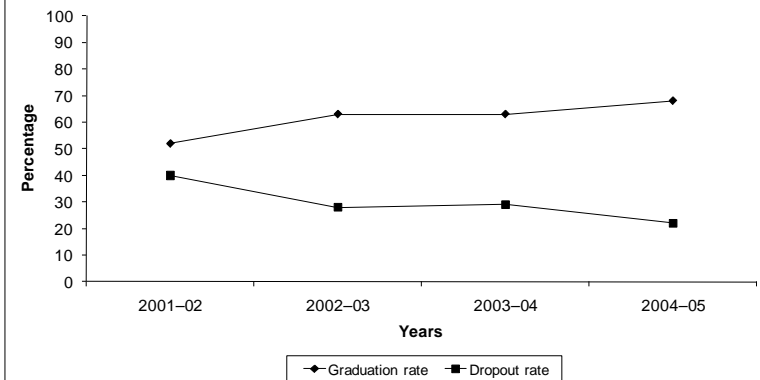
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



**Delaware (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Delaware Department of Health and Social Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

985

	Delaware <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.9	3.2	2.9	3.0	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	75	72	76	83	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

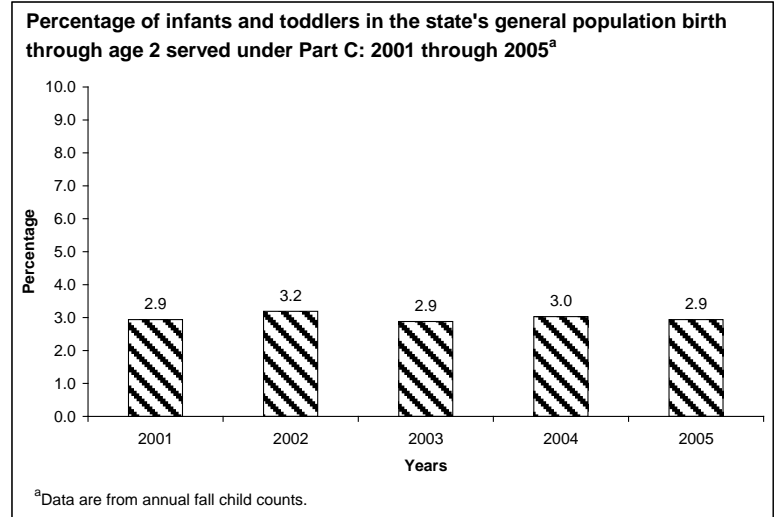
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## District of Columbia

Number of regular school districts <sup>1</sup>	1
Total public school enrollment <sup>2</sup>	76,876
Per-pupil expenditures <sup>3</sup>	\$13,348
Percentage of population residing in urban areas <sup>4</sup>	100.0
Percentage of children under age 18 below poverty level <sup>5</sup>	29.2

## Special Education<sup>6</sup>

	District of Columbia <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	3	13	14	12	23	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	17	26	20	.	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	65	71	67	.	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

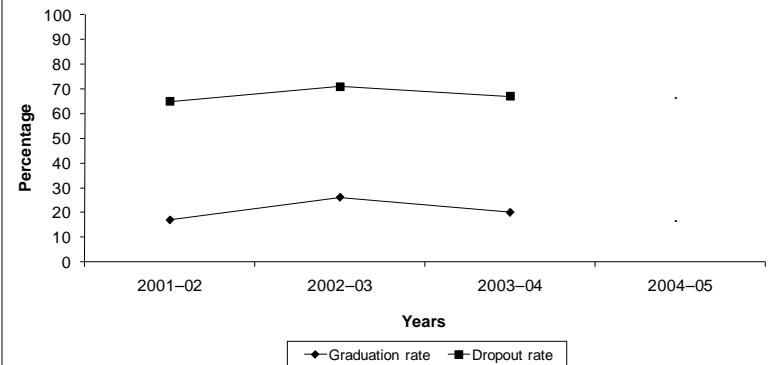
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

. For 2004–05, percentage cannot be calculated because data were not available.

**District of Columbia (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

District of Columbia Department of Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

405

Part C	District of Columbia <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.4	1.3	1.1	1.3	1.7	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	57	43	49	56	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

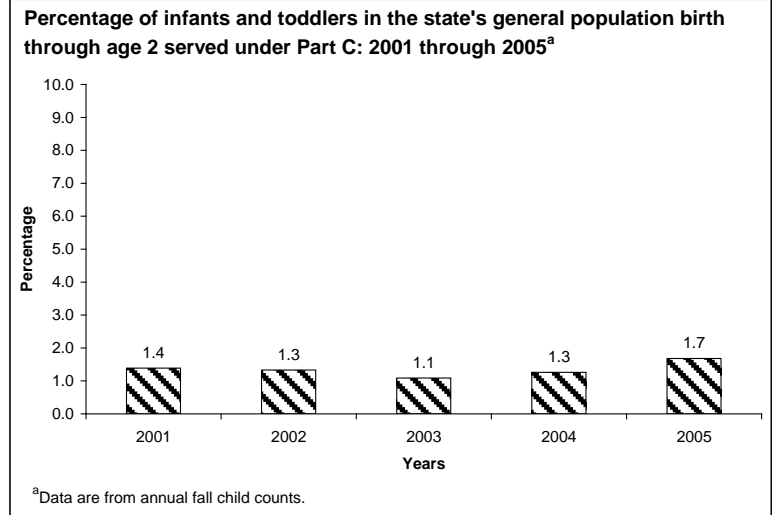
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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Florida

Number of regular school districts <sup>1</sup>	67
Total public school enrollment <sup>2</sup>	2,675,024
Per-pupil expenditures <sup>3</sup>	\$7,215
Percentage of population residing in urban areas <sup>4</sup>	89.3
Percentage of children under age 18 below poverty level <sup>5</sup>	17.3

### Special Education<sup>6</sup>

	Florida <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	49	49	51	50	55	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	35	41	41	41	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	30	28	29	30	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

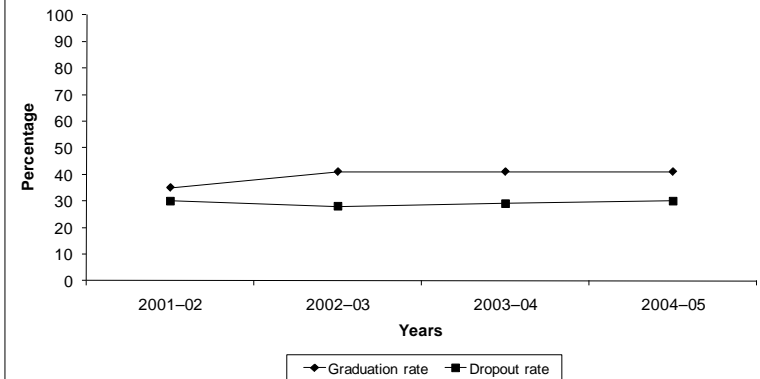
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Florida (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Florida Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

12,037

	Florida <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.7	2.3	1.9	1.8	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	67	35	26	33	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

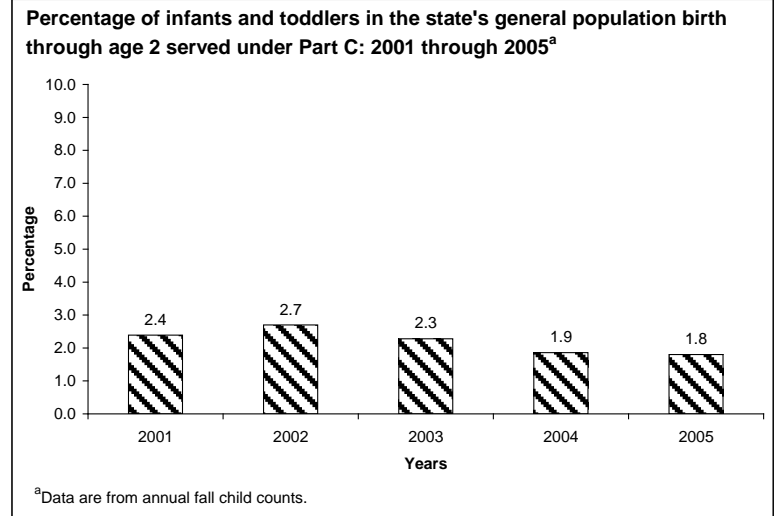
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<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Georgia

Number of regular school districts <sup>1</sup>	180
Total public school enrollment <sup>2</sup>	1,598,461
Per-pupil expenditures <sup>3</sup>	\$8,065
Percentage of population residing in urban areas <sup>4</sup>	71.6
Percentage of children under age 18 below poverty level <sup>5</sup>	19.4

### Special Education<sup>6</sup>

	Georgia <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	37	43	48	51	54	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	29	27	32	27	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	40	40	27	33	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

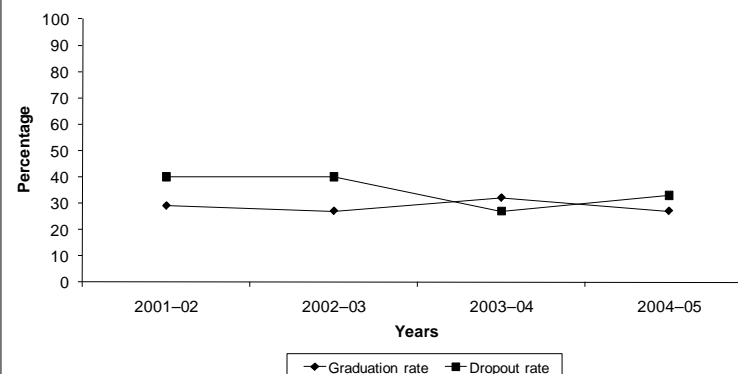
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Georgia (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Georgia Department of Human Resources/Division of Public Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

5,576

	Georgia <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.0	1.0	1.2	1.3	1.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	92	100	100	100	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

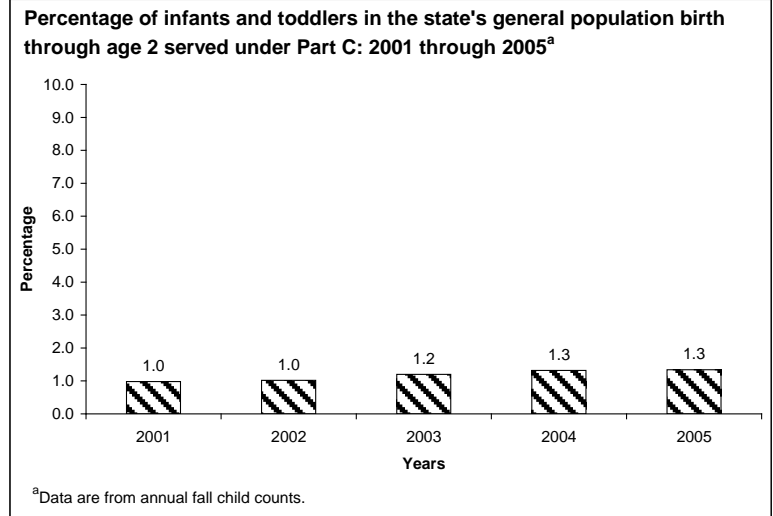
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Hawaii

Number of regular school districts <sup>1</sup>	1
Total public school enrollment <sup>2</sup>	182,818
Per-pupil expenditures <sup>3</sup>	\$8,997
Percentage of population residing in urban areas <sup>4</sup>	91.5
Percentage of children under age 18 below poverty level <sup>5</sup>	10.8

## Special Education<sup>6</sup>

	Hawaii <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	11	24	24	24	23	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	71	86	67	82	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	25	12	18	6	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

**Sources:**

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

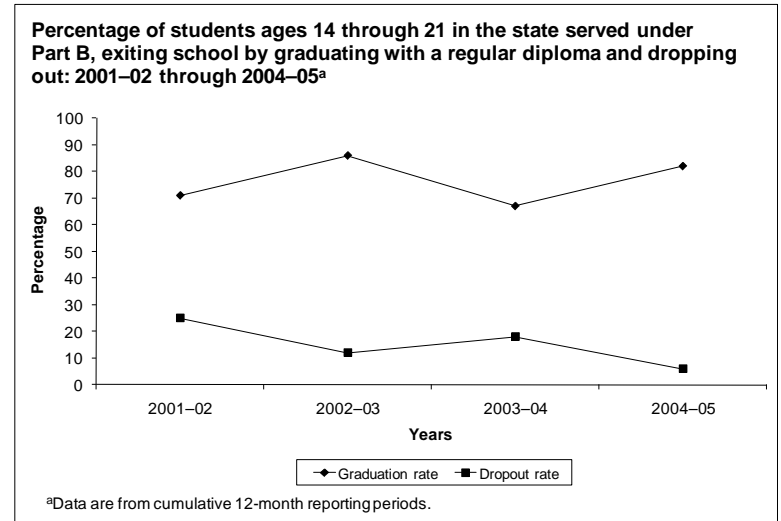
<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).





**Hawaii (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Hawaii Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

3,688

	Hawaii <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	8.1	9.7	7.8	7.3	6.7	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	83	83	88	89	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

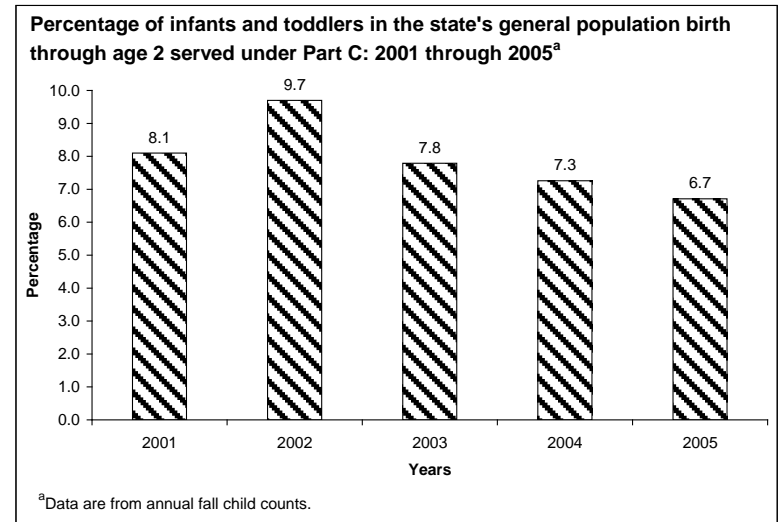
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Idaho

Number of regular school districts <sup>1</sup>	122
Total public school enrollment <sup>2</sup>	261,982
Per-pupil expenditures <sup>3</sup>	\$6,319
Percentage of population residing in urban areas <sup>4</sup>	66.4
Percentage of children under age 18 below poverty level <sup>5</sup>	15.1

### Special Education<sup>6</sup>

	Idaho <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	65	62	59	59	64	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	63	65	65	66	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	32	29	32	30	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

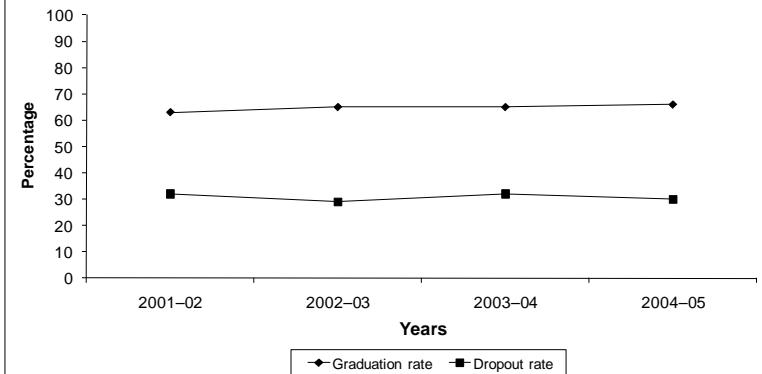
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Idaho (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Idaho Department of Health and Welfare

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,881

	Idaho <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.1	2.2	2.4	2.7	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	87	88	88	93	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

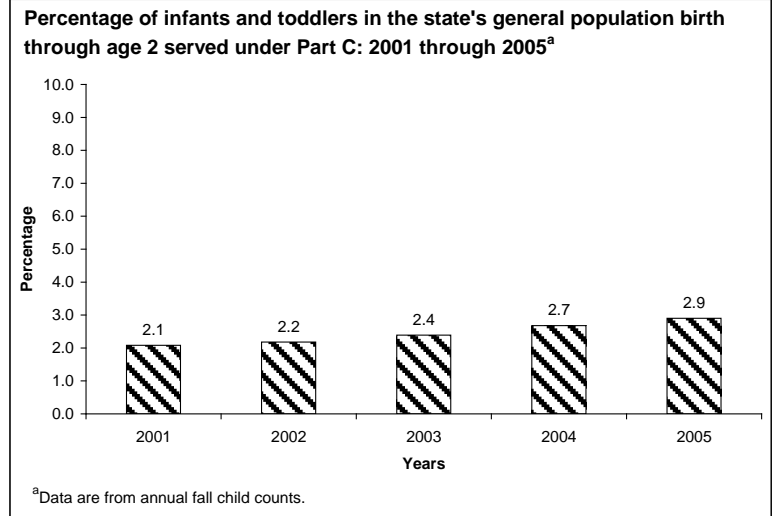
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Illinois

Number of regular school districts <sup>1</sup>	875
Total public school enrollment <sup>2</sup>	2,111,706
Per-pupil expenditures <sup>3</sup>	\$8,896
Percentage of population residing in urban areas <sup>4</sup>	87.8
Percentage of children under age 18 below poverty level <sup>5</sup>	16.7

### Special Education<sup>6</sup>

	Illinois <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	39	42	44	47	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	51	62	71	71	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	46	35	27	26	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

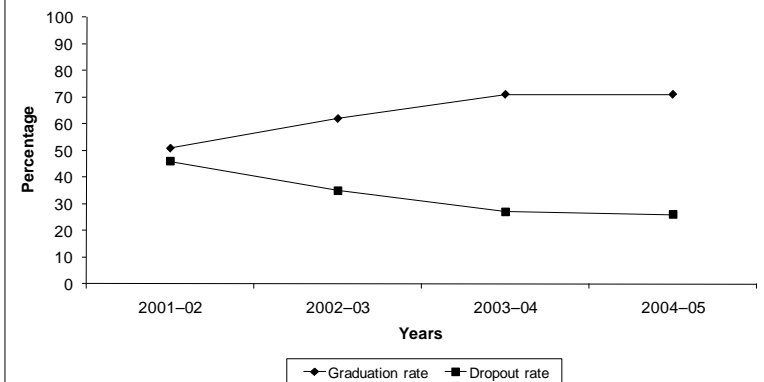
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Illinois (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Illinois Department of Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

16,175

	Illinois <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.9	2.0	2.4	2.9	3.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	78	80	82	82	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

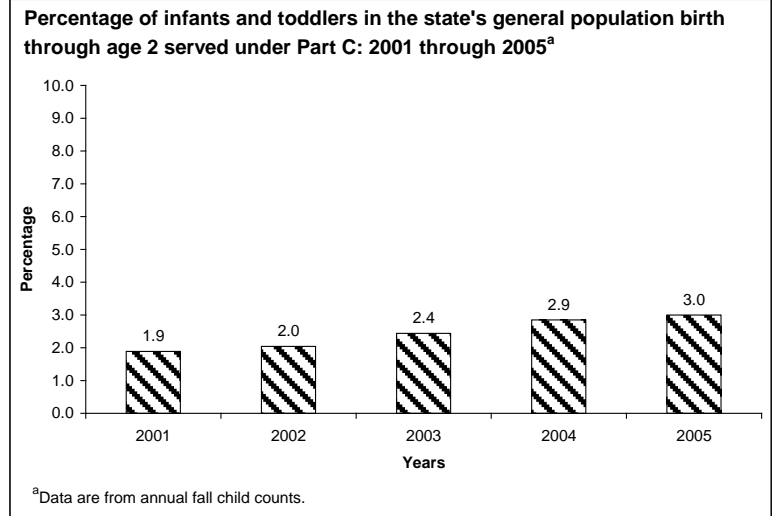
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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Indiana

Number of regular school districts <sup>1</sup>	294
Total public school enrollment <sup>2</sup>	1,035,074
Per-pupil expenditures <sup>3</sup>	\$8,919
Percentage of population residing in urban areas <sup>4</sup>	70.8
Percentage of children under age 18 below poverty level <sup>5</sup>	15.7

### Special Education<sup>6</sup>

	Indiana <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	58	58	58	60	62	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	43	41	39	40	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	46	46	50	49	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

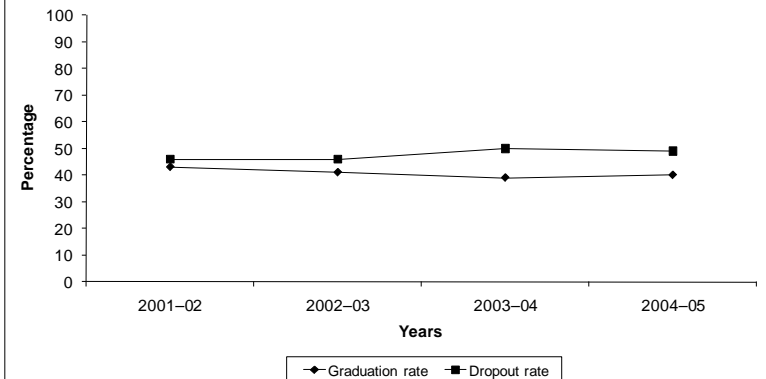
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saiepe/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Indiana (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Indiana Family and Social Services Administration

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

10,418

	Indiana <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	3.6	3.7	4.0	4.2	4.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	88	90	90	94	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

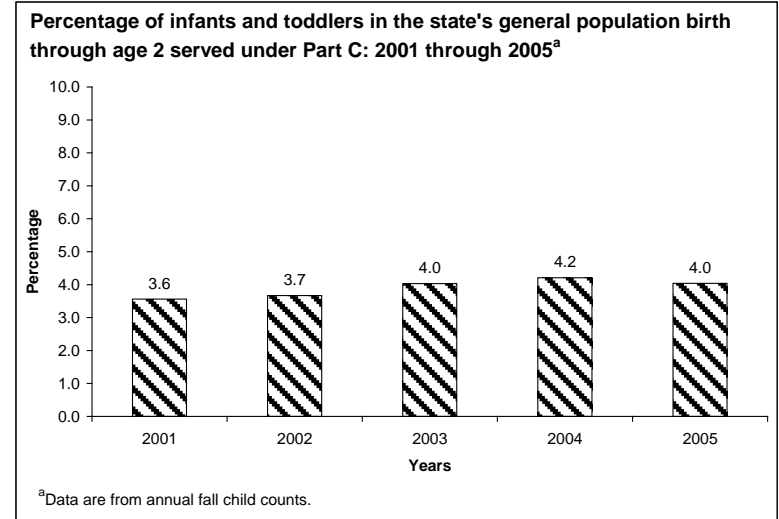
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Iowa

Number of regular school districts <sup>1</sup>	365
Total public school enrollment <sup>2</sup>	483,482
Per-pupil expenditures <sup>3</sup>	\$7,962
Percentage of population residing in urban areas <sup>4</sup>	61.1
Percentage of children under age 18 below poverty level <sup>5</sup>	13.1

## Special Education<sup>6</sup>

	Iowa <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	44	44	44	44	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	64	64	67	67	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	34	30	28	29	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

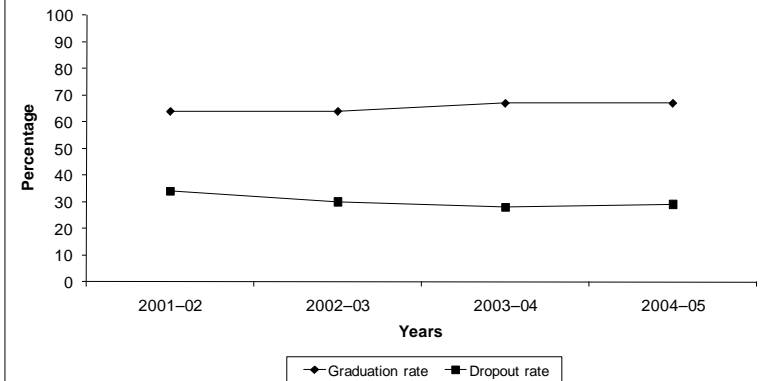
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saipe/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



**Iowa (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Iowa Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,588

	Iowa <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.5	1.8	2.0	2.1	2.4	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	92	94	95	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

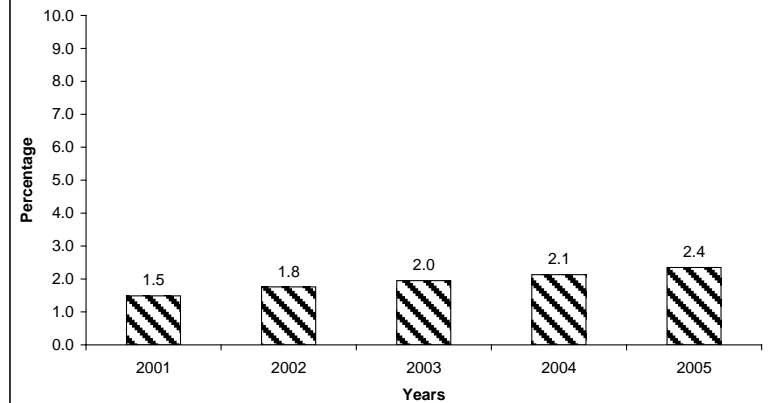
— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

**Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>**



<sup>a</sup>Data are from annual fall child counts.

## Kansas

Number of regular school districts <sup>1</sup>	300
Total public school enrollment <sup>2</sup>	467,285
Per-pupil expenditures <sup>3</sup>	\$7,926
Percentage of population residing in urban areas <sup>4</sup>	71.4
Percentage of children under age 18 below poverty level <sup>5</sup>	14.6

### Special Education<sup>6</sup>

	Kansas <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	58	59	58	56	59	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	61	64	67	70	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	37	34	32	28	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>b</sup>Kansas did not report any students receiving a certificate of completion.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

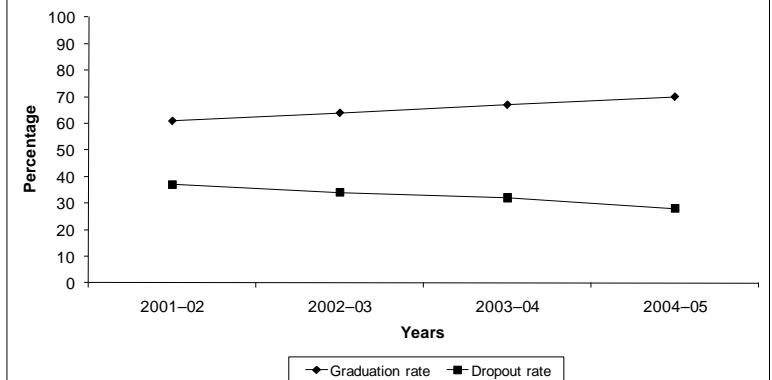
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Kansas (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Kansas Department of Health and Environment

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,985

	Kansas <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.5	2.4	2.6	2.6	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	91	94	94	97	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

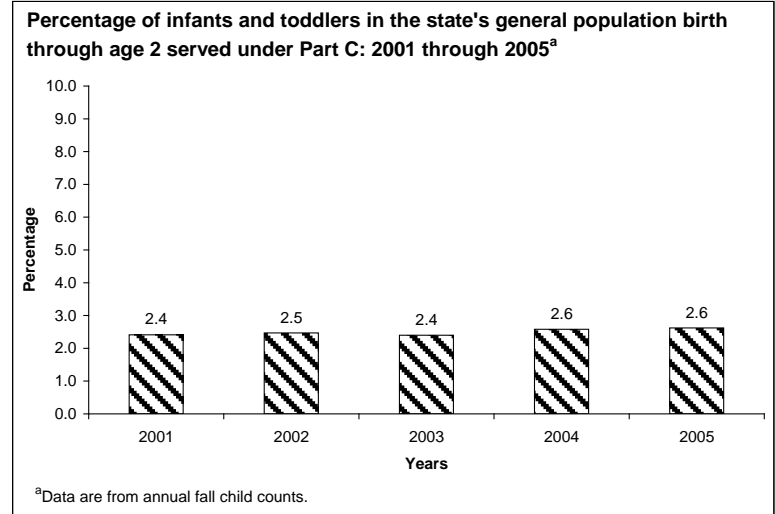
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Kentucky

Number of regular school districts <sup>1</sup>	176
Total public school enrollment <sup>2</sup>	679,878
Per-pupil expenditures <sup>3</sup>	\$7,132
Percentage of population residing in urban areas <sup>4</sup>	55.8
Percentage of children under age 18 below poverty level <sup>5</sup>	22.2

### Special Education<sup>6</sup>

	Kentucky <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	56	57	59	62	64	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	49	55	57	61	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	42	38	36	30	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

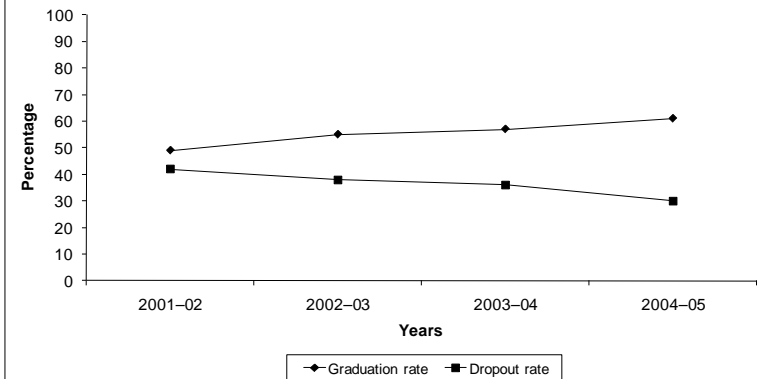
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Kentucky (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Kentucky Department of Health Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,549

	Kentucky <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.6	2.4	2.3	2.2	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	91	93	.	.	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

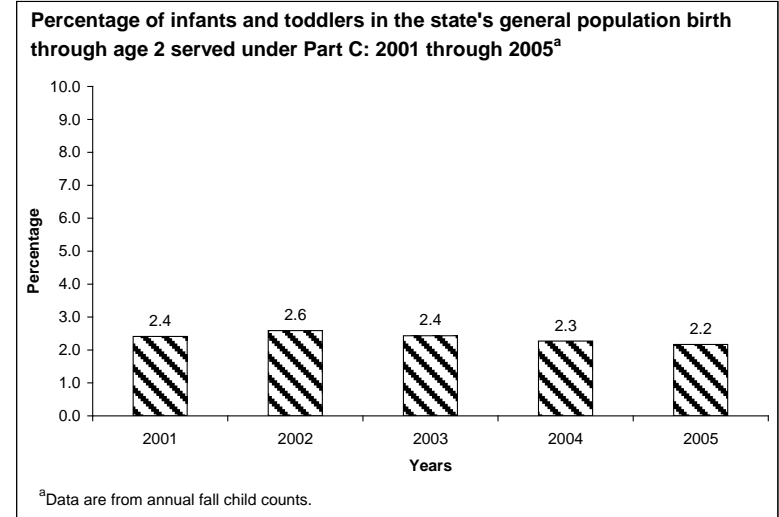
.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Louisiana

Number of regular school districts <sup>1</sup>	68
Total public school enrollment <sup>2</sup>	654,526
Per-pupil expenditures <sup>3</sup>	\$7,669
Percentage of population residing in urban areas <sup>4</sup>	72.6
Percentage of children under age 18 below poverty level <sup>5</sup>	27.4

### Special Education<sup>6</sup>

	Louisiana <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	46	48	50	53	58	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	22	26	23	30	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	56	50	54	43	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

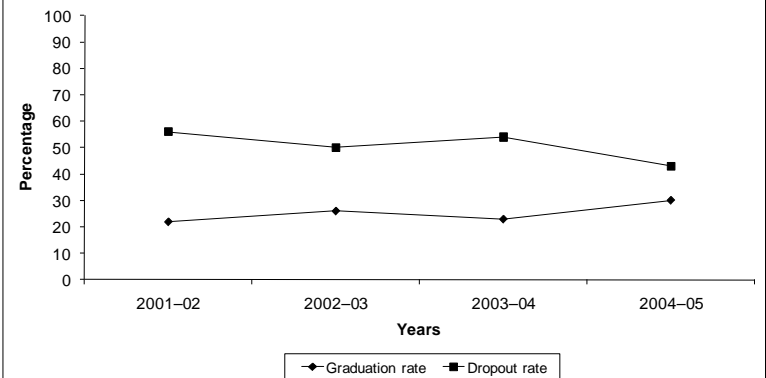
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Louisiana (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Louisiana Department of Health and Hospitals/Developmental Disabilities

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,450

	Louisiana <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.2	1.3	1.8	2.3	1.8	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	90	91	81	96	—	82	87	45-100	33-100	84	93

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<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

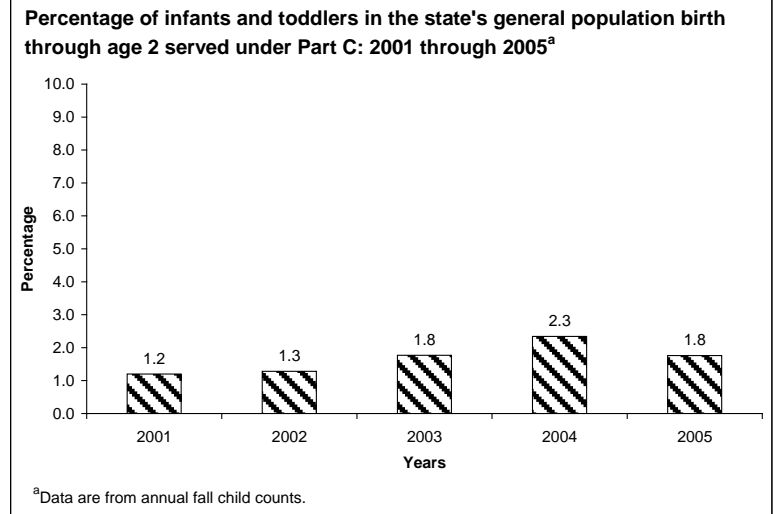
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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Maine

Number of regular school districts <sup>1</sup>	285
Total public school enrollment <sup>2</sup>	195,498
Per-pupil expenditures <sup>3</sup>	\$10,342
Percentage of population residing in urban areas <sup>4</sup>	40.2
Percentage of children under age 18 below poverty level <sup>5</sup>	14.3

### Special Education<sup>6</sup>

	Maine <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	53	53	54	55	57	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	57	60	65	62	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	38	37	31	35	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

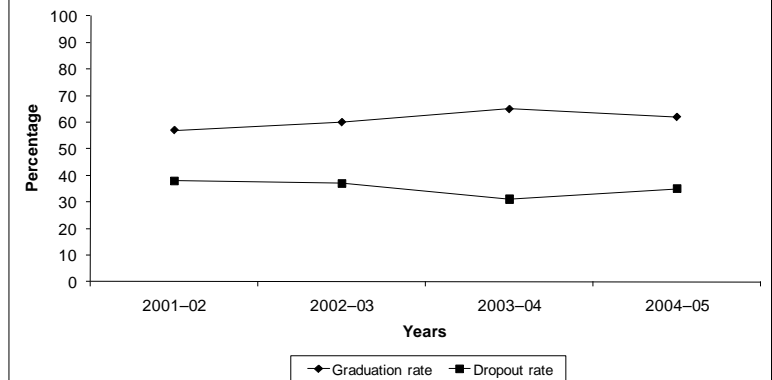
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Maine (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Maine Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,182

	Maine <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.7	2.8	2.9	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	49	59	69	86	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

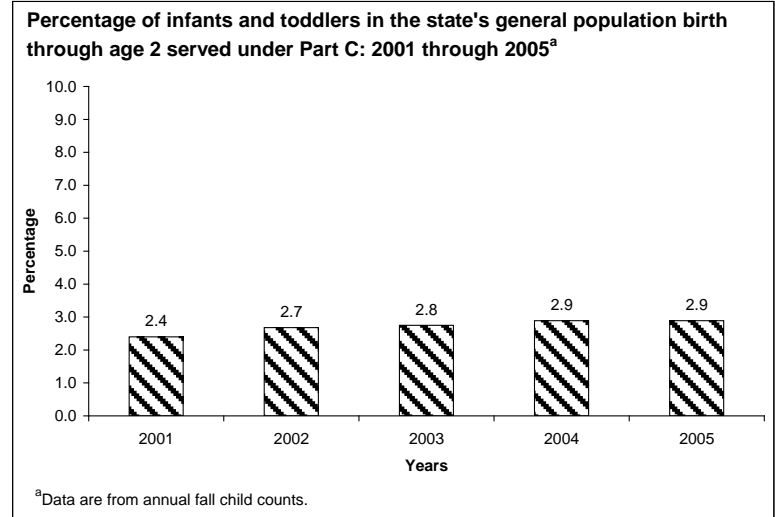
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Maryland

Number of regular school districts <sup>1</sup>	24
Total public school enrollment <sup>2</sup>	860,020
Per-pupil expenditures <sup>3</sup>	\$10,031
Percentage of population residing in urban areas <sup>4</sup>	86.1
Percentage of children under age 18 below poverty level <sup>5</sup>	11.1

### Special Education<sup>6</sup>

	Maryland <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	49	51	55	57	60	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	60	57	59	60	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	31	32	30	29	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

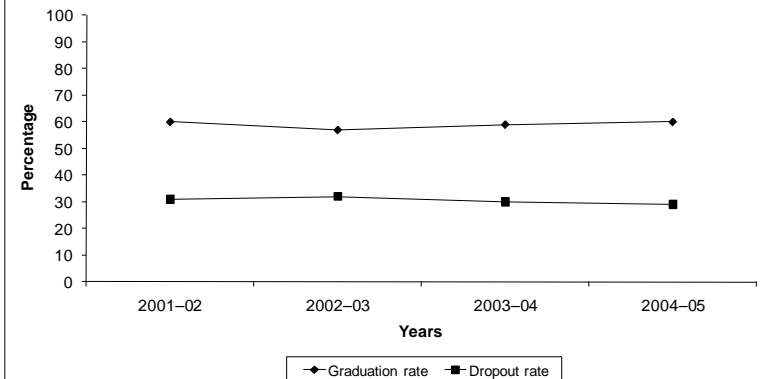
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saiepe/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Maryland (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Maryland State Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

6,607

	Maryland <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.3	2.5	2.5	2.8	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	76	79	81	89	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

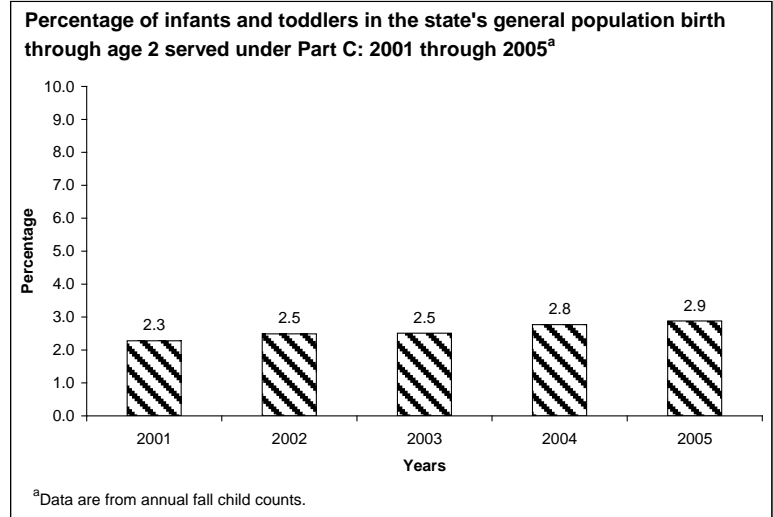
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Massachusetts

Number of regular school districts <sup>1</sup>	350
Total public school enrollment <sup>2</sup>	971,909
Per-pupil expenditures <sup>3</sup>	\$11,642
Percentage of population residing in urban areas <sup>4</sup>	91.4
Percentage of children under age 18 below poverty level <sup>5</sup>	12.8

### Special Education<sup>6</sup>

	Massachusetts <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	12	12	35	44	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	58	56	48	69	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	39	42	48	26	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

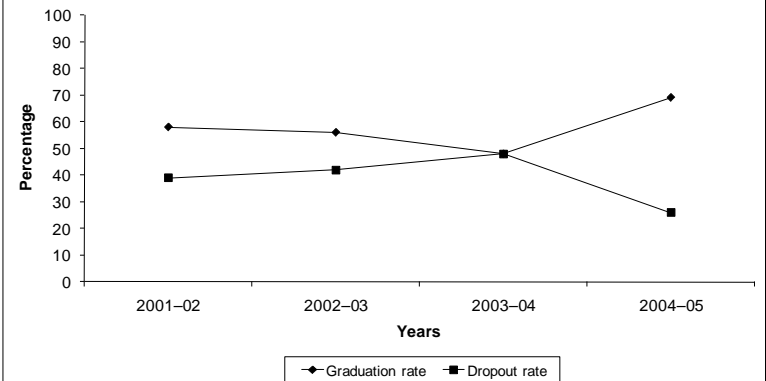
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Massachusetts (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Massachusetts Department of Public Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

14,023

	Massachusetts <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	5.5	5.8	6.0	5.8	5.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	93	98	98	99	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

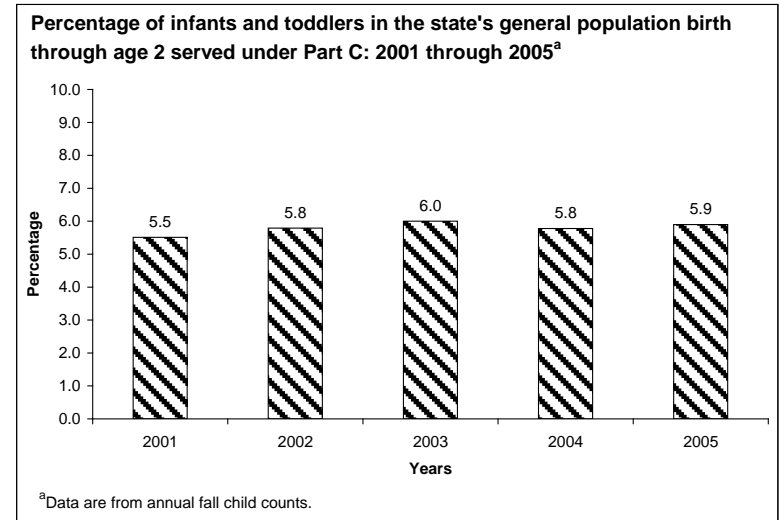
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Michigan

Number of regular school districts <sup>1</sup>	552
Total public school enrollment <sup>2</sup>	1,741,845
Per-pupil expenditures <sup>3</sup>	\$9,340
Percentage of population residing in urban areas <sup>4</sup>	74.7
Percentage of children under age 18 below poverty level <sup>5</sup>	17.3

### Special Education<sup>6</sup>

	Michigan <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	44	44	44	45	54	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	40	43	54	69	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	52	49	40	27	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

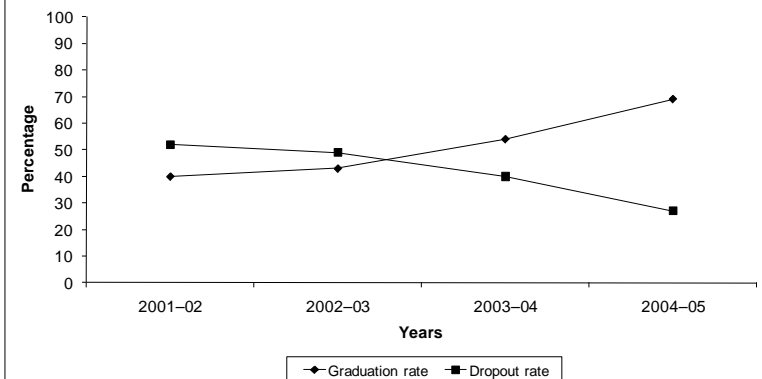
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Michigan (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Michigan Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

8,547

	Michigan <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.8	1.9	2.1	2.2	2.2	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	77	77	77	84	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

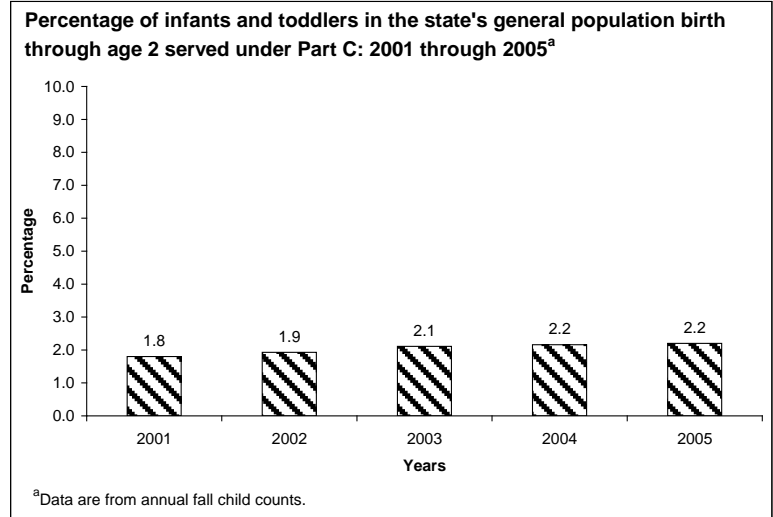
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Minnesota

Number of regular school districts <sup>1</sup>	343
Total public school enrollment <sup>2</sup>	839,243
Per-pupil expenditures <sup>3</sup>	\$8,718
Percentage of population residing in urban areas <sup>4</sup>	70.9
Percentage of children under age 18 below poverty level <sup>5</sup>	10.6

### Special Education<sup>6</sup>

	Minnesota <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	63	62	61	60	60	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	52	69	71	70	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	47	30	29	29	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>b</sup>Minnesota did not report any students receiving a certificate of completion.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

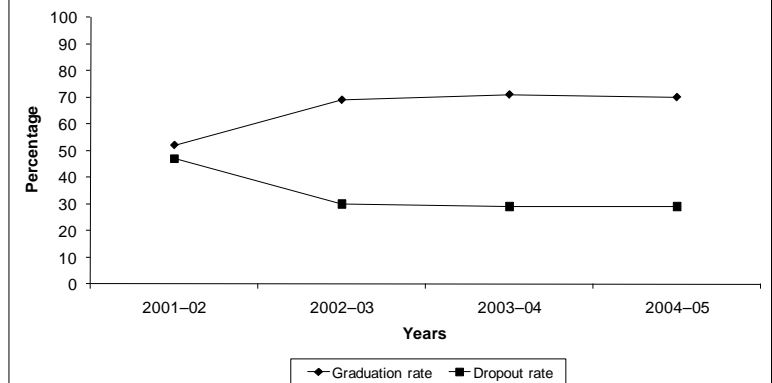
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Minnesota (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Minnesota Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,209

	Minnesota <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.7	1.8	1.5	1.6	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	84	85	83	89	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

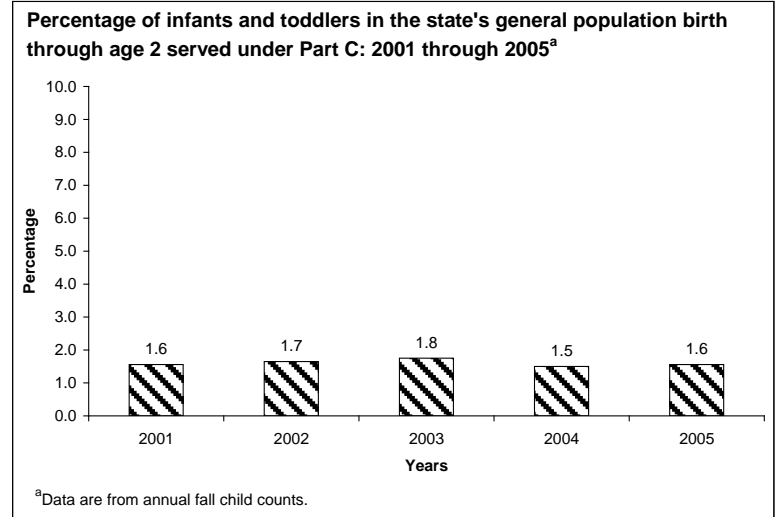
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Mississippi

Number of regular school districts <sup>1</sup>	152
Total public school enrollment <sup>2</sup>	494,954
Per-pupil expenditures <sup>3</sup>	\$6,548
Percentage of population residing in urban areas <sup>4</sup>	48.8
Percentage of children under age 18 below poverty level <sup>5</sup>	28.6

## Special Education<sup>6</sup>

	Mississippi <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	50	44	53	50	55	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	24	21	21	28	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	32	37	37	18	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

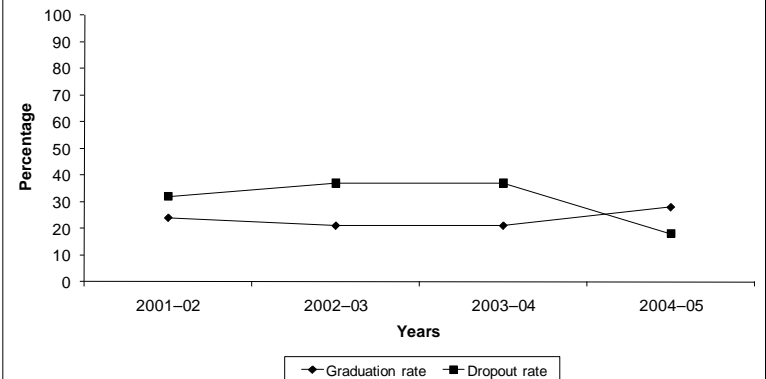
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Mississippi (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Mississippi State Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,732

	Mississippi <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.5	1.6	1.7	1.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	57	67	63	77	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

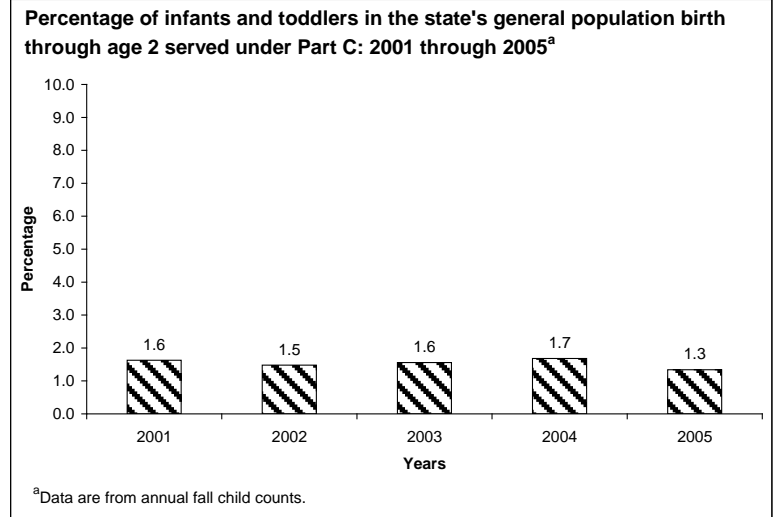
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Missouri

Number of regular school districts <sup>1</sup>	524
Total public school enrollment <sup>2</sup>	917,705
Per-pupil expenditures <sup>3</sup>	\$7,858
Percentage of population residing in urban areas <sup>4</sup>	69.4
Percentage of children under age 18 below poverty level <sup>5</sup>	18.5

## Special Education<sup>6</sup>

	Missouri <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	54	56	57	57	57	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	61	67	66	68	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	35	30	32	29	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

**Sources:**

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

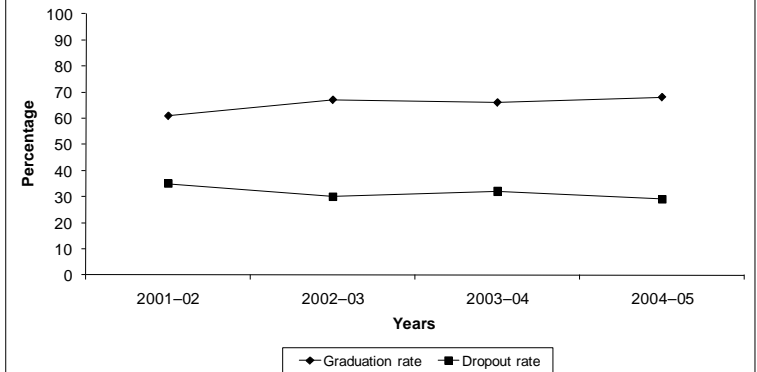
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Missouri (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Missouri Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,356

Part C	Missouri					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>a</sup> (%)	2001 (%)	2004/2005 <sup>a</sup> (%)	2001 (%)	2004/2005 <sup>a</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.3	1.3	1.5	1.5	1.5	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>b</sup>	92	85	96	97	—	82	87	45-100	33-100	84	93

<sup>a</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>b</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

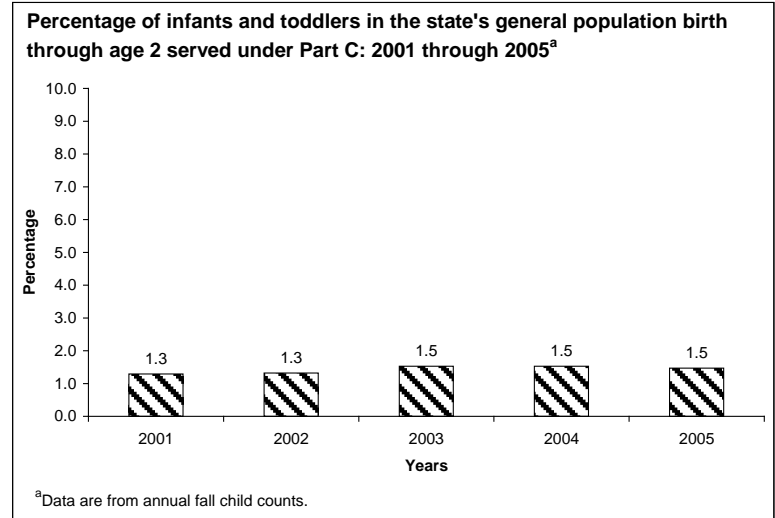
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Montana

Number of regular school districts <sup>1</sup>	430
Total public school enrollment <sup>2</sup>	145,416
Per-pupil expenditures <sup>3</sup>	\$8,133
Percentage of population residing in urban areas <sup>4</sup>	54.1
Percentage of children under age 18 below poverty level <sup>5</sup>	18.5

### Special Education<sup>6</sup>

	Montana <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	56	55	54	52	51	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	66	64	63	67	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	32	33	34	32	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submission regarding exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

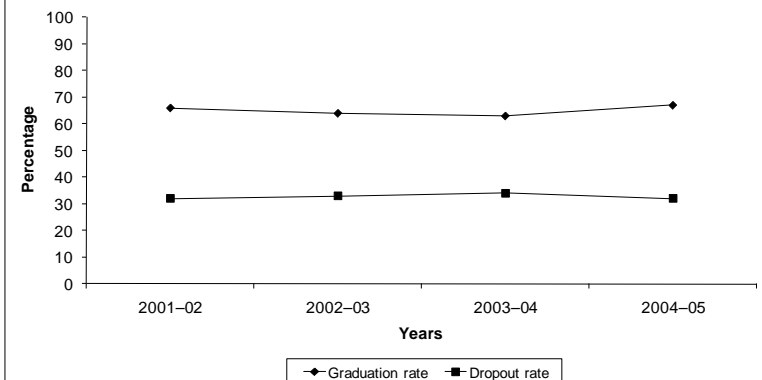
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Montana (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Montana Department of Public Health and Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

724

Part C	Montana <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.9	1.8	2.0	2.1	2.2	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	95	95	92	92	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

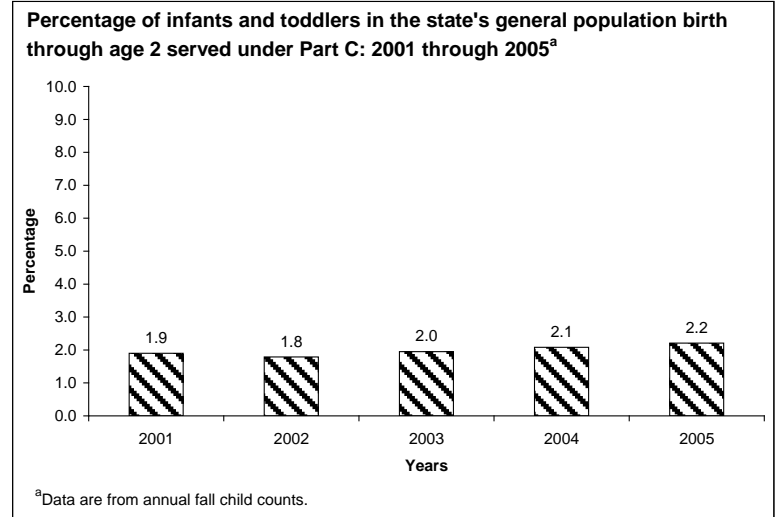
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Nebraska

Number of regular school districts <sup>1</sup>	474
Total public school enrollment <sup>2</sup>	286,646
Per-pupil expenditures <sup>3</sup>	\$8,794
Percentage of population residing in urban areas <sup>4</sup>	69.8
Percentage of children under age 18 below poverty level <sup>5</sup>	12.8

## Special Education<sup>6</sup>

	Nebraska <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	67	58	58	58	68	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	49	49	18	70	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	48	48	81	24	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

**Sources:**

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

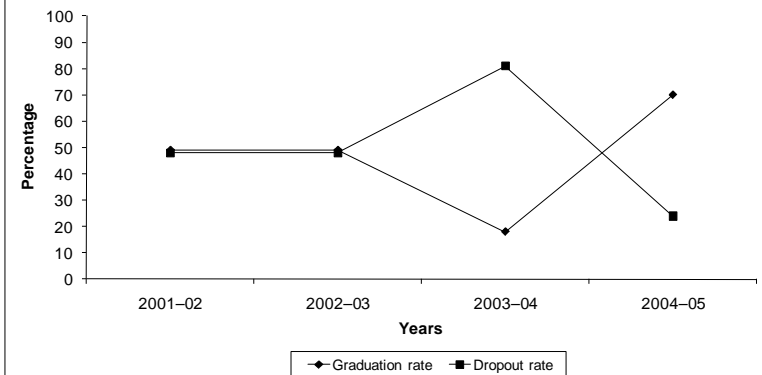
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Nebraska (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Nebraska Department of Education and Nebraska Department of Health and Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,263

	Nebraska <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.6	1.7	1.7	1.7	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	84	82	83	85	—	82	87	45-100	33-100	84	93

179

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

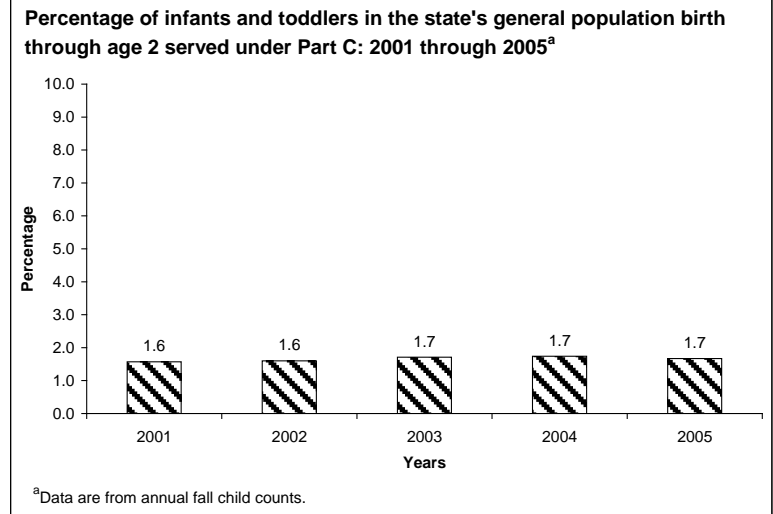
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Nevada

Number of regular school districts <sup>1</sup>	17
Total public school enrollment <sup>2</sup>	412,395
Per-pupil expenditures <sup>3</sup>	\$6,804
Percentage of population residing in urban areas <sup>4</sup>	91.5
Percentage of children under age 18 below poverty level <sup>5</sup>	15.3

### Special Education<sup>6</sup>

	Nevada <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	51	50	50	53	57	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	25	20	19	21	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	42	31	34	24	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

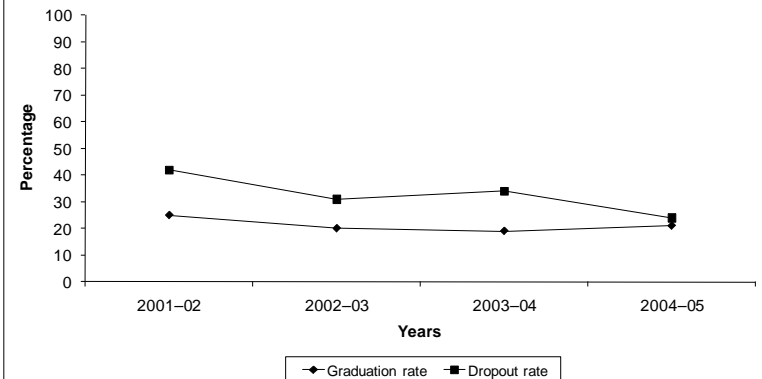
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Nevada (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Nevada Department of Human Resources/Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,417

	Nevada <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.0	0.9	0.9	1.3	1.4	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	69	83	93	97	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

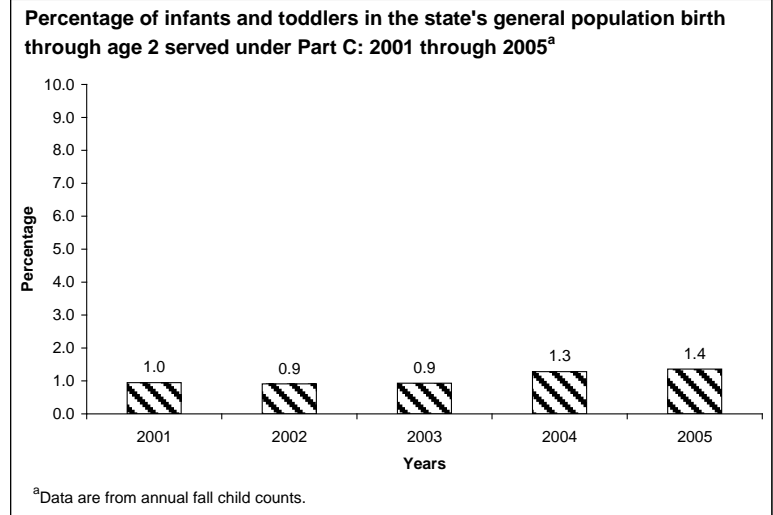
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## New Hampshire

Number of regular school districts <sup>1</sup>	179
Total public school enrollment <sup>2</sup>	205,767
Per-pupil expenditures <sup>3</sup>	\$9,771
Percentage of population residing in urban areas <sup>4</sup>	59.3
Percentage of children under age 18 below poverty level <sup>5</sup>	8.8

### Special Education<sup>6</sup>

	New Hampshire <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	75	75	75	76	76	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	50	51	52	51	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	48	48	47	47	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

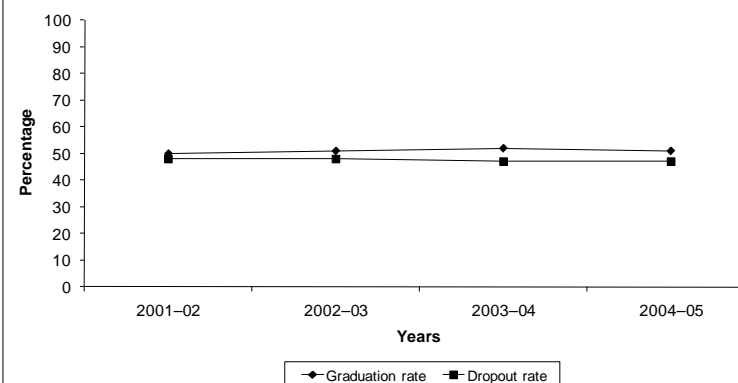
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

New Hampshire (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

New Hampshire Department of Health and Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

1,270

New Hampshire	50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage						
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>a</sup> (%)				
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.7	2.8	2.6	2.7	3.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>b</sup>	99	100	100	99	—	82	87	45-100	33-100	84	93

<sup>a</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>b</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

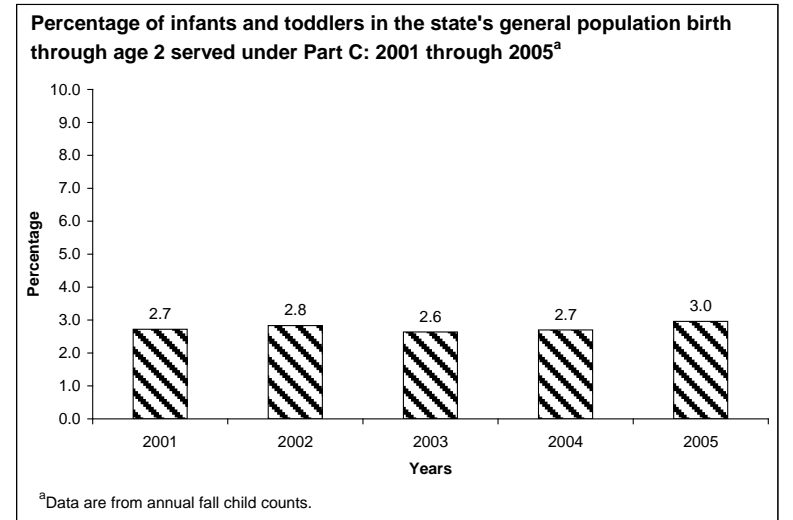
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## New Jersey

Number of regular school districts <sup>1</sup>	615
Total public school enrollment <sup>2</sup>	1,395,602
Per-pupil expenditures <sup>3</sup>	\$14,117
Percentage of population residing in urban areas <sup>4</sup>	94.4
Percentage of children under age 18 below poverty level <sup>5</sup>	10.2

### Special Education<sup>6</sup>

	New Jersey <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	44	45	46	46	46	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	69	72	74	72	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	29	25	24	26	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>b</sup>New Jersey did not report any students receiving a certificate of completion.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

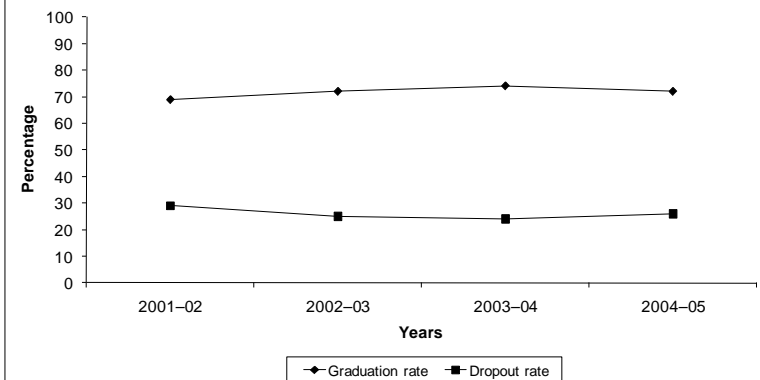
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**New Jersey (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

New Jersey Department of Health and Senior Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

8,815

	New Jersey <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.9	2.1	2.3	2.4	2.5	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	98	98	98	99	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

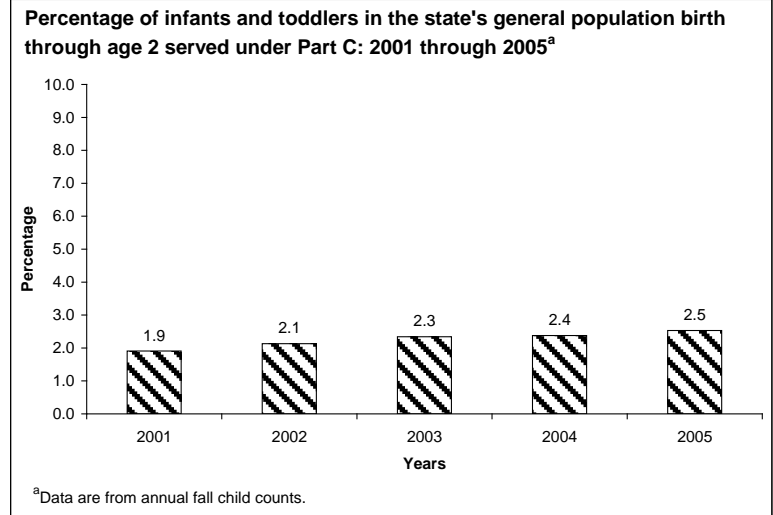
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## New Mexico

Number of regular school districts <sup>1</sup>	89
Total public school enrollment <sup>2</sup>	326,758
Per-pupil expenditures <sup>3</sup>	\$7,834
Percentage of population residing in urban areas <sup>4</sup>	75.0
Percentage of children under age 18 below poverty level <sup>5</sup>	23.8

### Special Education<sup>6</sup>

	New Mexico <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	34	38	41	46	50	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	46	54	48	53	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	53	27	28	20	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

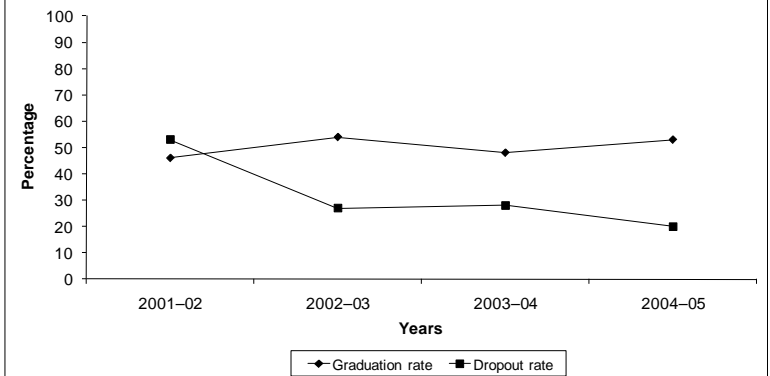
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



New Mexico (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

New Mexico Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

3,035

Part C	New Mexico <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.6	2.9	3.4	3.7	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	73	85	92	88	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

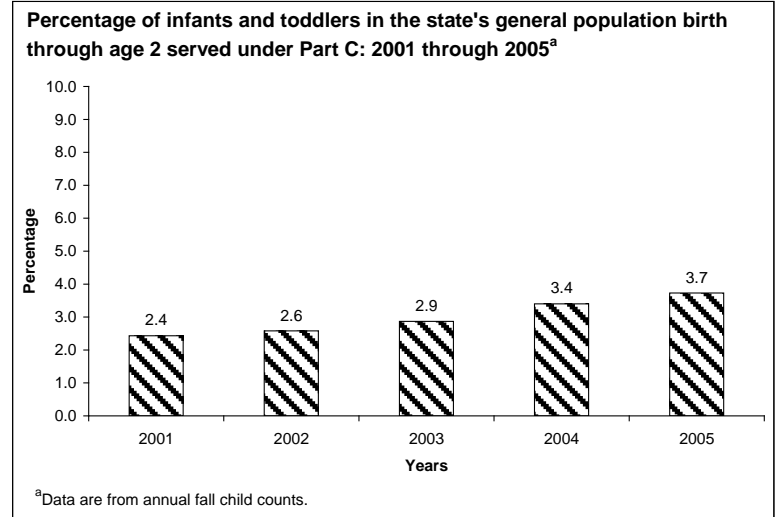
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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## New York

Number of regular school districts <sup>1</sup>	730
Total public school enrollment <sup>2</sup>	2,815,581
Per-pupil expenditures <sup>3</sup>	\$13,703
Percentage of population residing in urban areas <sup>4</sup>	87.5
Percentage of children under age 18 below poverty level <sup>5</sup>	20.8

### Special Education<sup>6</sup>

	New York <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	51	52	53	54	55	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	40	43	49	46	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	40	36	30	32	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

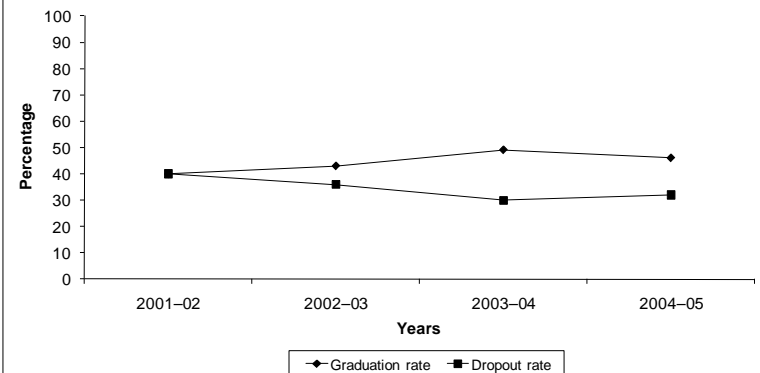
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

New York (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

New York Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

32,558

	New York <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	4.1	4.9	4.4	4.3	4.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	81	84	87	88	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

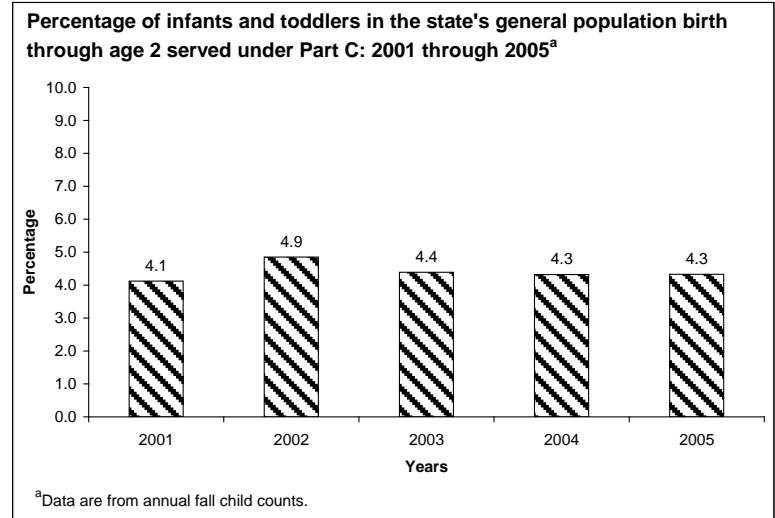
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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## North Carolina

Number of regular school districts <sup>1</sup>	115
Total public school enrollment <sup>2</sup>	1,416,436
Per-pupil expenditures <sup>3</sup>	\$6,904
Percentage of population residing in urban areas <sup>4</sup>	60.2
Percentage of children under age 18 below poverty level <sup>5</sup>	18.7

### Special Education<sup>6</sup>

	North Carolina <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	59	59	60	61	62	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	40	42	47	57	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	43	40	41	31	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

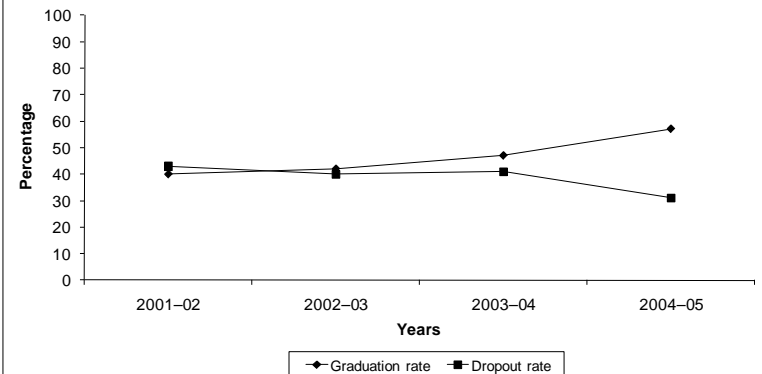
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

North Carolina (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

North Carolina Department of Health and Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

6,698

Part C	North Carolina <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.6	1.7	1.7	1.8	1.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	91	94	96	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

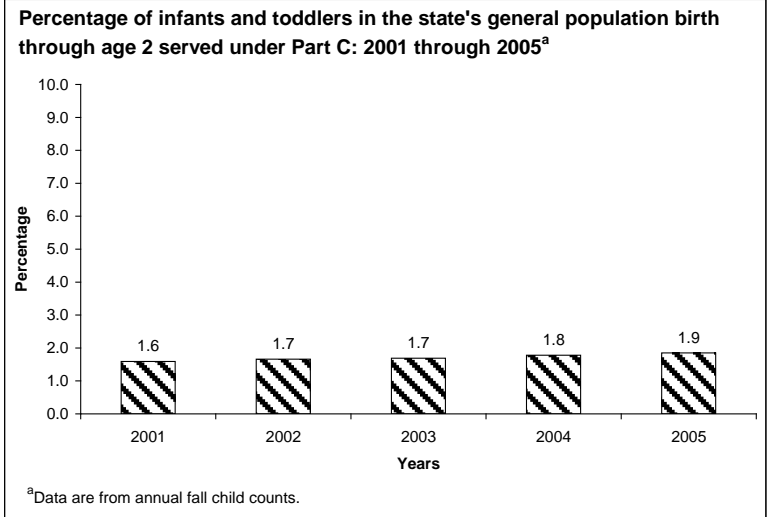
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## North Dakota

Number of regular school districts <sup>1</sup>	204
Total public school enrollment <sup>2</sup>	98,283
Per-pupil expenditures <sup>3</sup>	\$7,829
Percentage of population residing in urban areas <sup>4</sup>	55.9
Percentage of children under age 18 below poverty level <sup>5</sup>	13.5

### Special Education<sup>6</sup>

	North Dakota <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	79	78	78	78	79	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	66	62	69	69	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	31	35	27	26	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

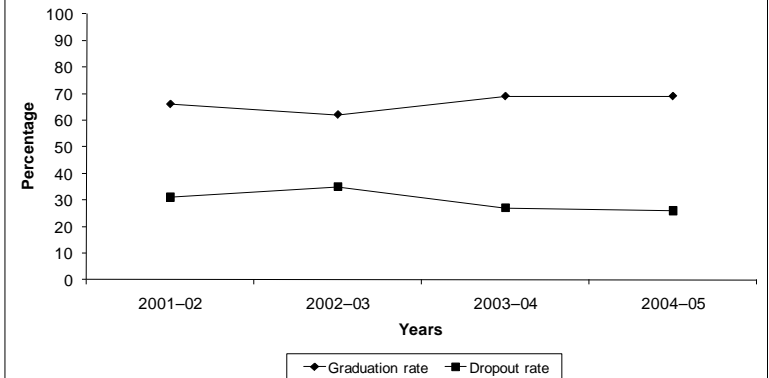
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saiepe/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

North Dakota (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

North Dakota Department of Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

691

Part C	North Dakota <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.7	1.8	2.1	2.7	3.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	91	97	98	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

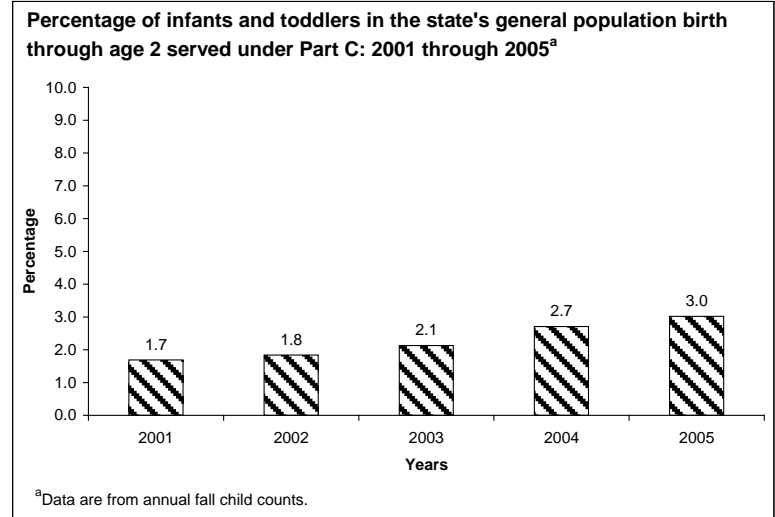
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



# Ohio

Number of regular school districts <sup>1</sup>	614
Total public school enrollment <sup>2</sup>	1,839,683
Per-pupil expenditures <sup>3</sup>	\$9,330
Percentage of population residing in urban areas <sup>4</sup>	77.4
Percentage of children under age 18 below poverty level <sup>5</sup>	16.8

## Special Education<sup>6</sup>

	Ohio <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	41	42	46	46	50	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	80	80	82	35	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	19	19	17	18	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

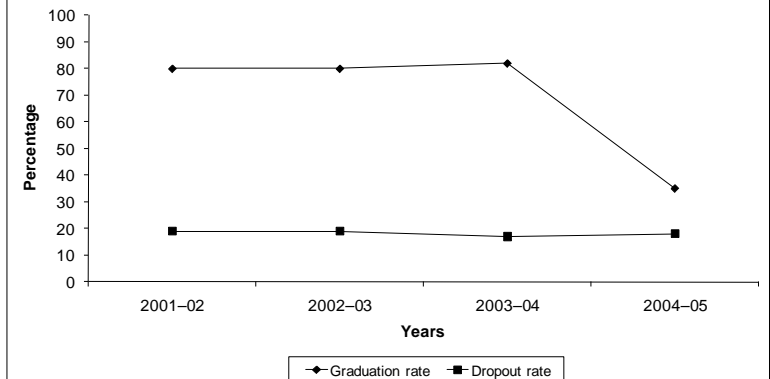
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Ohio (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Ohio Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

10,893

	Ohio <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.7	1.6	1.9	1.8	2.5	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	64	64	68	77	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

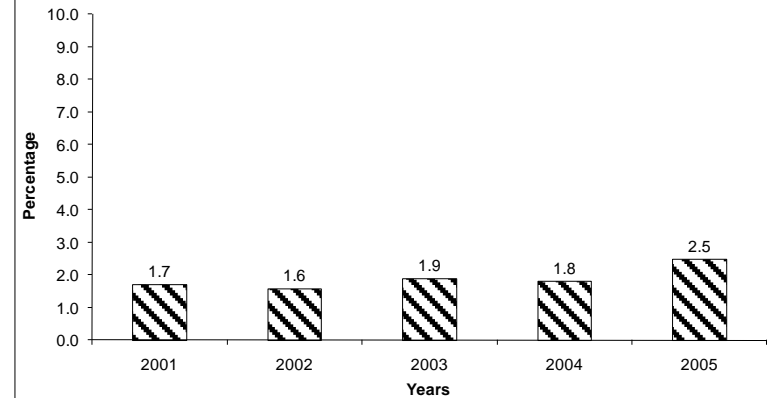
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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## Oklahoma

Number of regular school districts <sup>1</sup>	540
Total public school enrollment <sup>2</sup>	634,739
Per-pupil expenditures <sup>3</sup>	\$6,610
Percentage of population residing in urban areas <sup>4</sup>	65.3
Percentage of children under age 18 below poverty level <sup>5</sup>	20.2

### Special Education<sup>6</sup>

	Oklahoma <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	47	47	47	48	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma <sup>b</sup>	63	65	68	69	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	36	35	31	30	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>b</sup>Oklahoma did not report any students receiving a certificate of completion.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

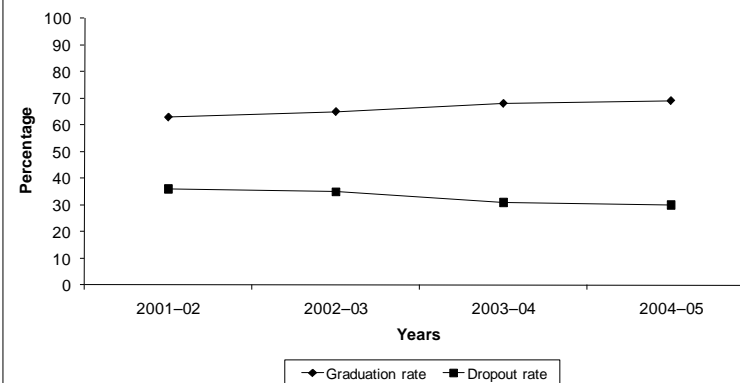
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Oklahoma (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Oklahoma State Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,017

	Oklahoma <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.8	2.0	2.3	2.0	2.0	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	93	95	96	97	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

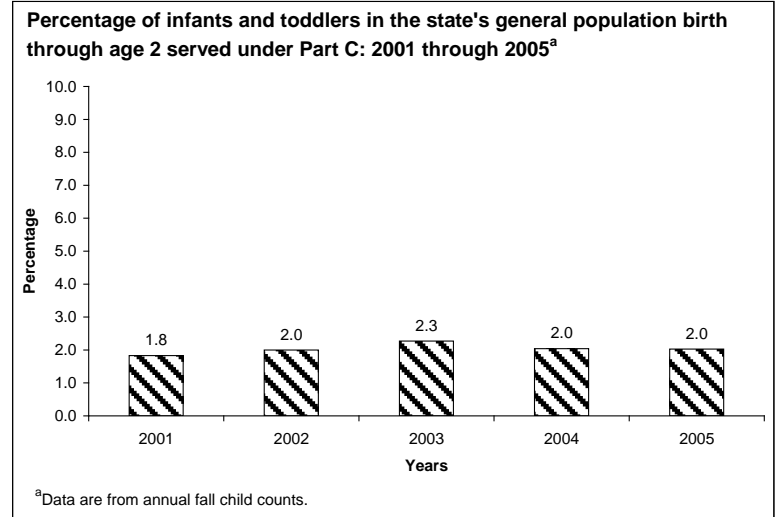
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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Oregon

Number of regular school districts <sup>1</sup>	200
Total public school enrollment <sup>2</sup>	552,194
Per-pupil expenditures <sup>3</sup>	\$8,071
Percentage of population residing in urban areas <sup>4</sup>	78.7
Percentage of children under age 18 below poverty level <sup>5</sup>	17.3

### Special Education<sup>6</sup>

	Oregon <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	71	71	72	72	71	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	40	41	43	46	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	47	42	41	33	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

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#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

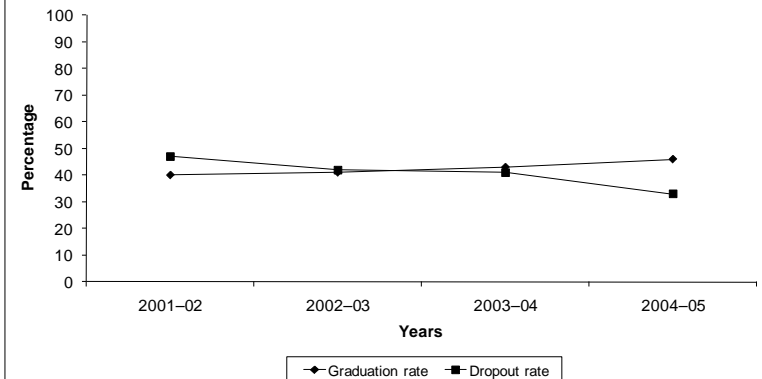
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<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Oregon (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Oregon Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,404

	Oregon <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.4	1.4	1.4	1.5	1.8	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	64	48	51	62	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

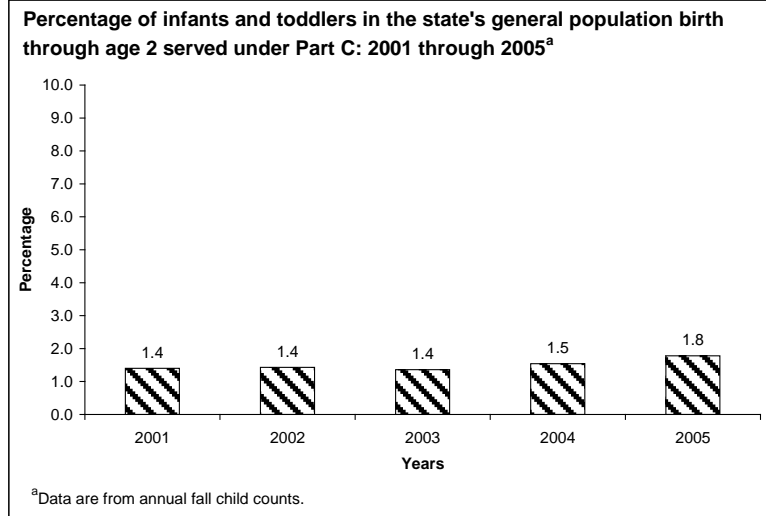
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Pennsylvania

Number of regular school districts <sup>1</sup>	501
Total public school enrollment <sup>2</sup>	1,830,684
Per-pupil expenditures <sup>3</sup>	\$10,235
Percentage of population residing in urban areas <sup>4</sup>	77.1
Percentage of children under age 18 below poverty level <sup>5</sup>	16.0

### Special Education<sup>6</sup>

	Pennsylvania <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	43	44	43	44	47	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	70	74	79	88	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	28	25	20	10	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

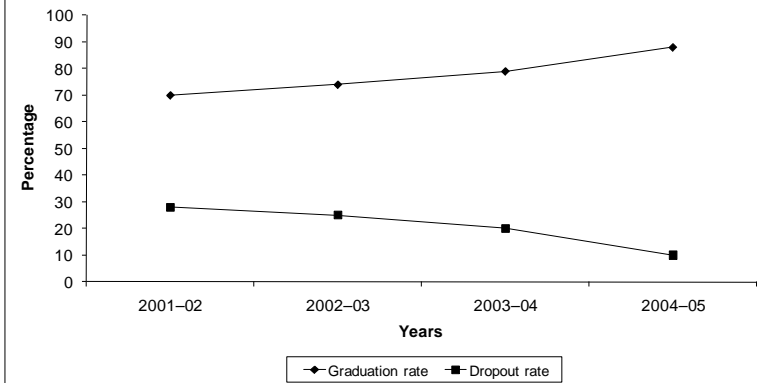
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**Pennsylvania (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Pennsylvania Department of Public Welfare

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

14,511

	Pennsylvania <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.4	2.7	2.9	3.1	3.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	96	99	99	99	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

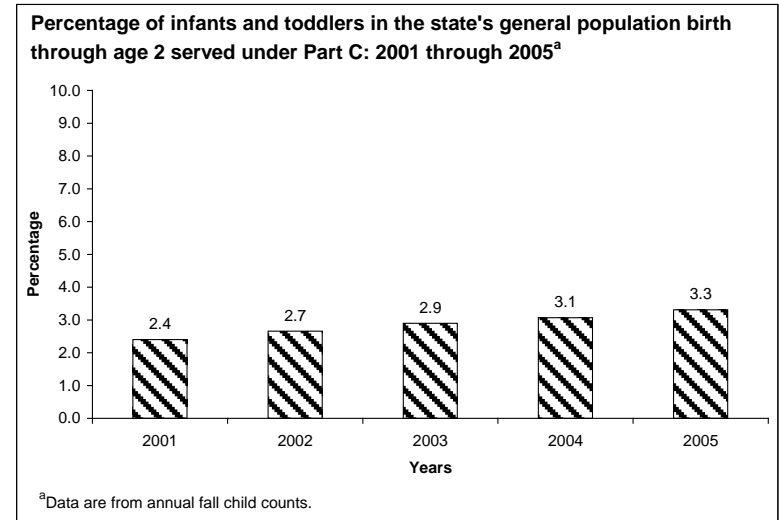
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Rhode Island

Number of regular school districts <sup>1</sup>	32
Total public school enrollment <sup>2</sup>	153,422
Per-pupil expenditures <sup>3</sup>	\$11,667
Percentage of population residing in urban areas <sup>4</sup>	90.9
Percentage of children under age 18 below poverty level <sup>5</sup>	17.4

### Special Education<sup>6</sup>

	Rhode Island <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	44	43	66	63	64	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	64	70	72	73	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	29	26	25	25	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

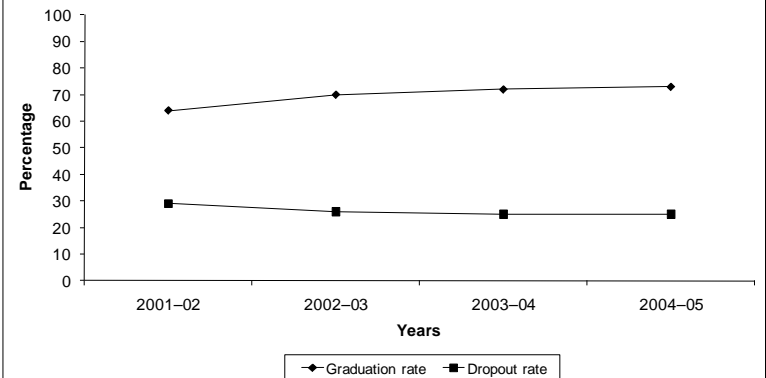
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



**Rhode Island (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

Rhode Island Department of Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

1,610

	Rhode Island <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	3.0	3.4	3.4	3.4	4.1	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	84	87	93	94	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

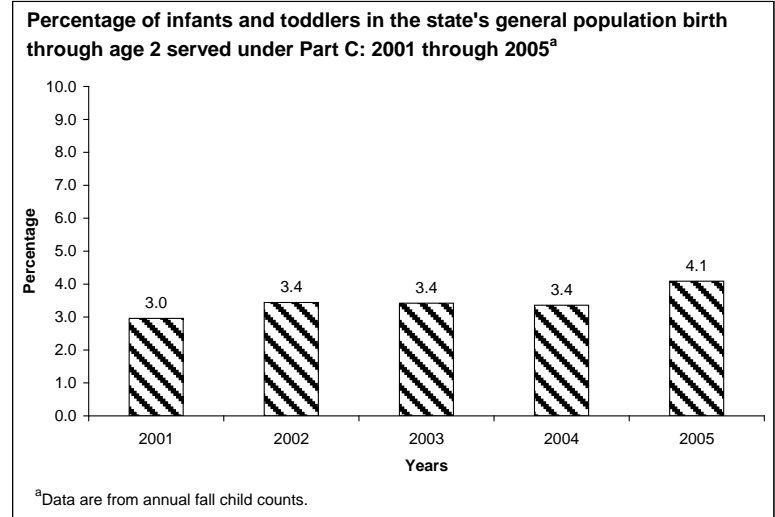
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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*Sources:*

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## South Carolina

Number of regular school districts <sup>1</sup>	85
Total public school enrollment <sup>2</sup>	701,544
Per-pupil expenditures <sup>3</sup>	\$7,549
Percentage of population residing in urban areas <sup>4</sup>	60.5
Percentage of children under age 18 below poverty level <sup>5</sup>	21.2

### Special Education<sup>6</sup>

	South Carolina <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	39	44	45	49	51	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	24	24	24	28	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	46	46	48	46	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

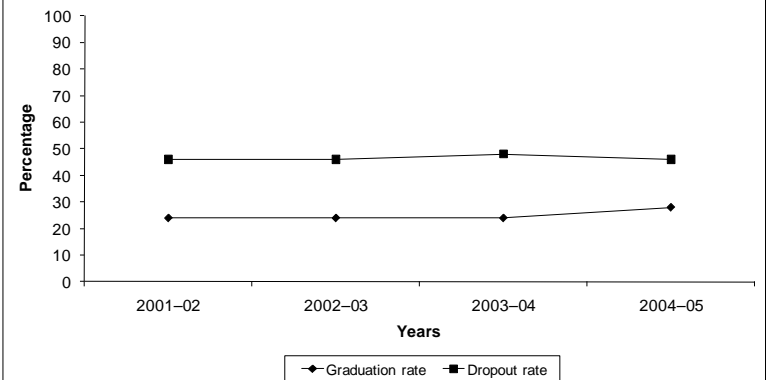
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education, Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

South Carolina (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

South Carolina Department of Health and Environmental Control

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

3,152

	South Carolina <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.3	1.0	1.0	1.4	1.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	67	67	91	95	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

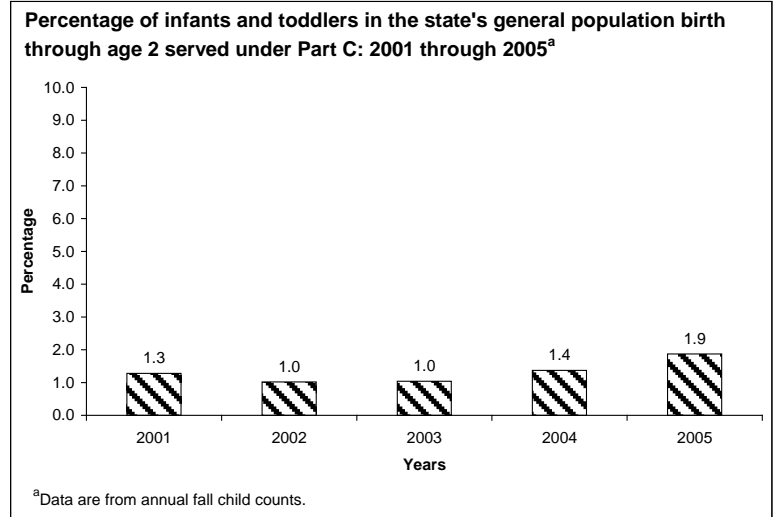
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Sources:

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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## South Dakota

Number of regular school districts <sup>1</sup>	168
Total public school enrollment <sup>2</sup>	122,012
Per-pupil expenditures <sup>3</sup>	\$7,464
Percentage of population residing in urban areas <sup>4</sup>	51.9
Percentage of children under age 18 below poverty level <sup>5</sup>	17.9

### Special Education<sup>6</sup>

	South Dakota <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	64	64	64	64	65	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	67	59	65	49	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	26	32	25	47	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

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<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

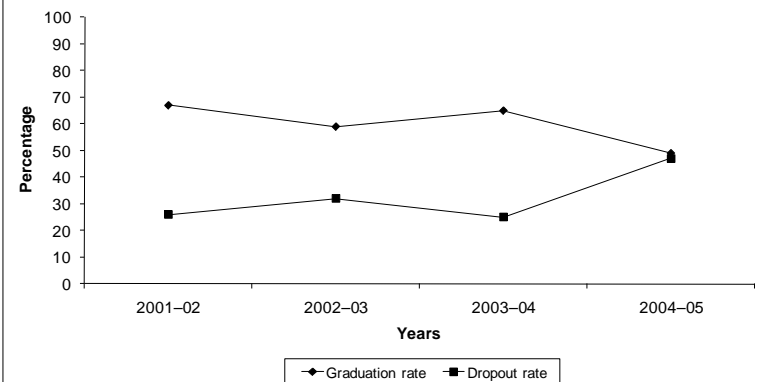
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05 (Fiscal Year 2005)* (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

**South Dakota (continued)**

**Early Intervention Services for Infants and Toddlers<sup>1</sup>**

Lead agency for early intervention (Part C) services<sup>2</sup>

South Dakota Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

935

	South Dakota <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.2	2.3	2.7	2.8	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	96	96	96	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

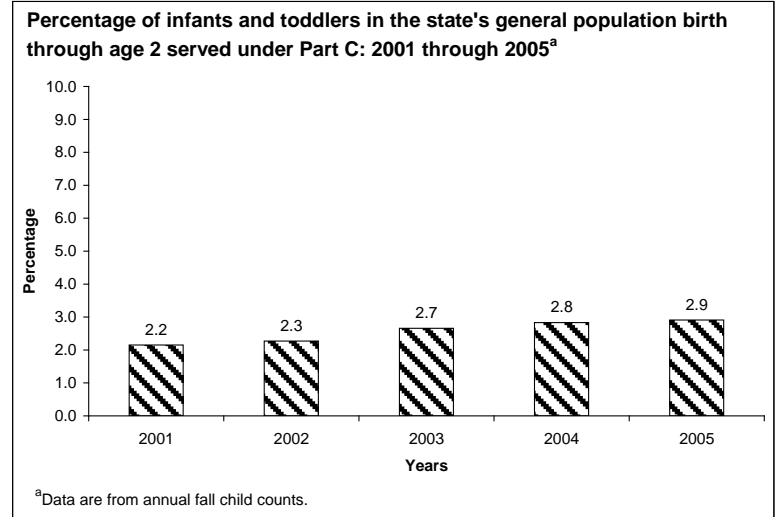
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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Tennessee

Number of regular school districts <sup>1</sup>	136
Total public school enrollment <sup>2</sup>	953,928
Per-pupil expenditures <sup>3</sup>	\$6,850
Percentage of population residing in urban areas <sup>4</sup>	63.6
Percentage of children under age 18 below poverty level <sup>5</sup>	20.1

### Special Education<sup>6</sup>

	Tennessee <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	45	44	44	45	53	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	34	33	30	33	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	25	22	33	32	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

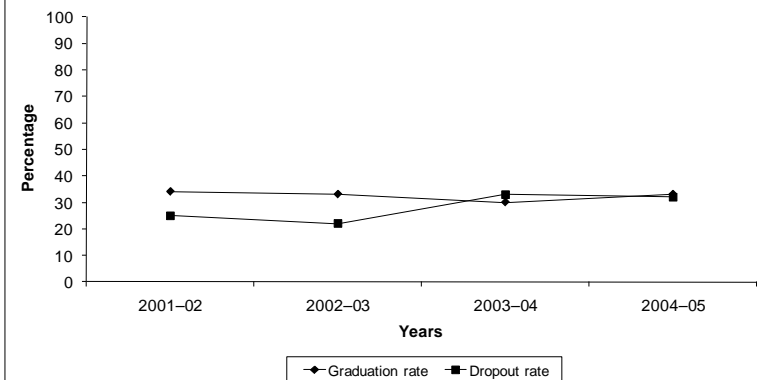
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Tennessee (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Tennessee Department of Education

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

4,217

	Tennessee <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.1	2.4	1.8	1.7	1.8	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	70	76	75	71	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

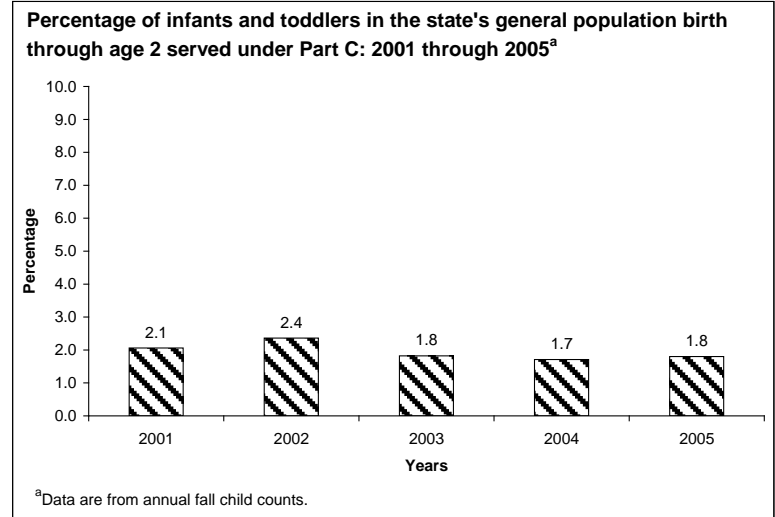
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Texas

Number of regular school districts <sup>1</sup>	1,035
Total public school enrollment <sup>2</sup>	4,525,394
Per-pupil expenditures <sup>3</sup>	\$7,246
Percentage of population residing in urban areas <sup>4</sup>	82.5
Percentage of children under age 18 below poverty level <sup>5</sup>	22.7

### Special Education<sup>6</sup>

	Texas <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	55	53	53	53	56	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	70	48	46	43	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	30	18	17	17	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

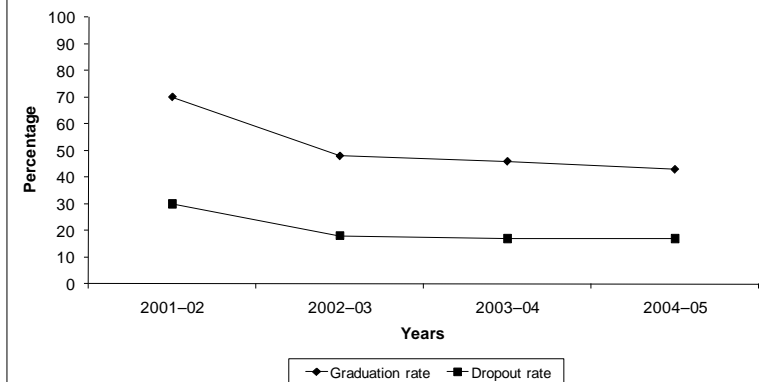
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.



Texas (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Texas Department of Assistive and Rehabilitative Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

21,855

	Texas <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.8	1.9	1.8	1.9	1.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	98	99	98	98	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

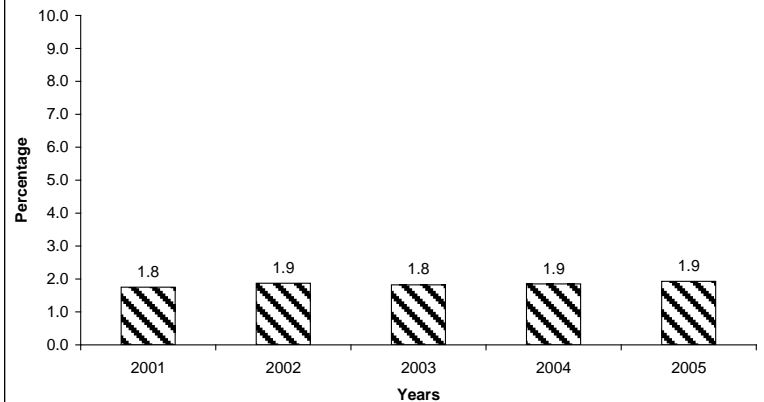
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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.

Percentage of infants and toddlers in the state's general population birth through age 2 served under Part C: 2001 through 2005<sup>a</sup>



<sup>a</sup>Data are from annual fall child counts.

## Utah

Number of regular school districts <sup>1</sup>	40
Total public school enrollment <sup>2</sup>	508,430
Per-pupil expenditures <sup>3</sup>	\$5,216
Percentage of population residing in urban areas <sup>4</sup>	88.2
Percentage of children under age 18 below poverty level <sup>5</sup>	12.4

### Special Education<sup>6</sup>

	Utah <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	42	41	41	42	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	53	59	62	70	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	40	37	33	25	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

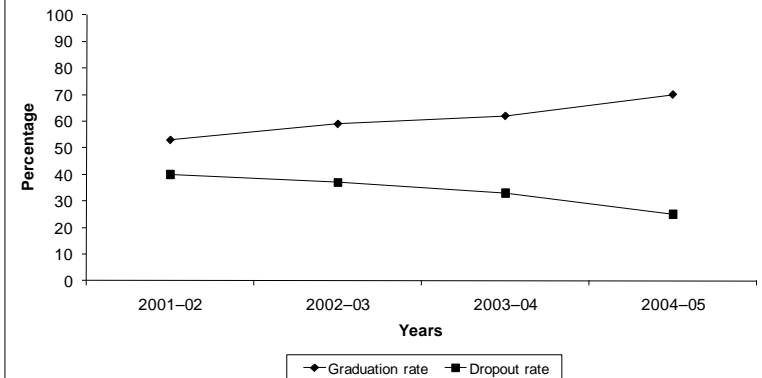
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Utah (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Utah Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

2,681

	Utah <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.8	1.8	1.7	1.8	1.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	76	76	81	75	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

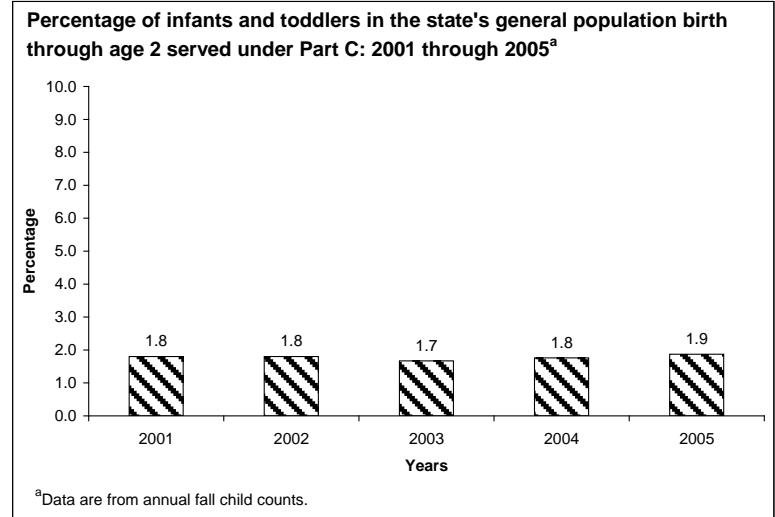
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Vermont

Number of regular school districts <sup>1</sup>	302
Total public school enrollment <sup>2</sup>	96,638
Per-pupil expenditures <sup>3</sup>	\$11,972
Percentage of population residing in urban areas <sup>4</sup>	38.2
Percentage of children under age 18 below poverty level <sup>5</sup>	10.6

### Special Education<sup>6</sup>

	Vermont <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	77	76	77	77	78	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	57	59	60	63	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	41	39	38	35	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

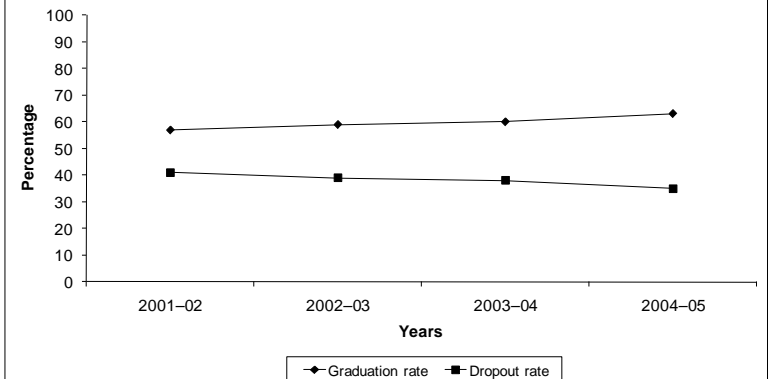
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Vermont (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Vermont Department of Education and Human Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

610

	Vermont <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.5	3.1	3.3	3.1	3.2	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	97	90	96	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

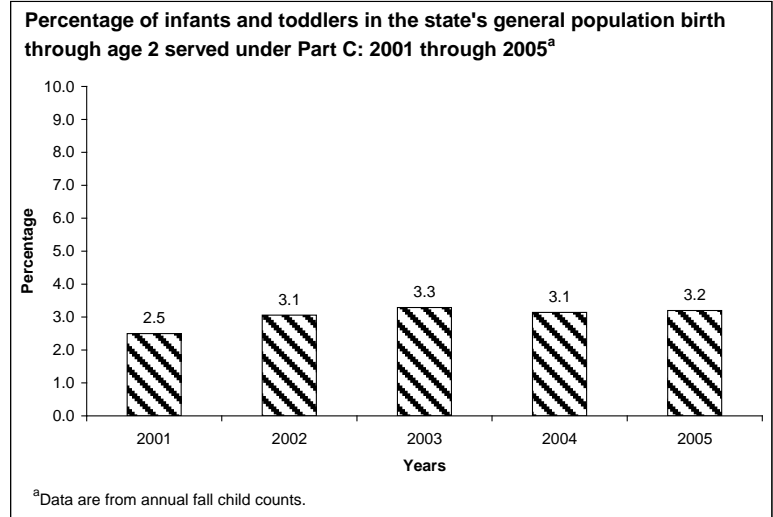
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Sources:

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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Virginia

Number of regular school districts <sup>1</sup>	134
Total public school enrollment <sup>2</sup>	1,214,472
Per-pupil expenditures <sup>3</sup>	\$8,886
Percentage of population residing in urban areas <sup>4</sup>	73.0
Percentage of children under age 18 below poverty level <sup>5</sup>	12.2

### Special Education<sup>6</sup>

	Virginia <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	36	36	36	56	56	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	48	45	35	37	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	27	30	27	23	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

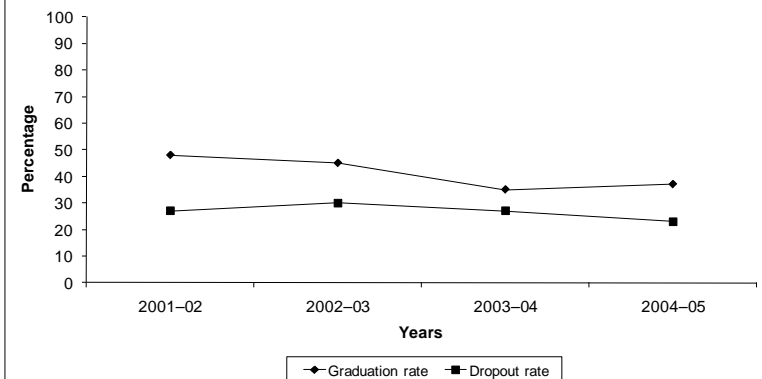
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Virginia (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Virginia Department of Mental Health, Mental retardation, and Substance Abuse Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

5,338

	Virginia <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.2	1.4	1.7	1.8	1.7	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	84	89	80	83	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

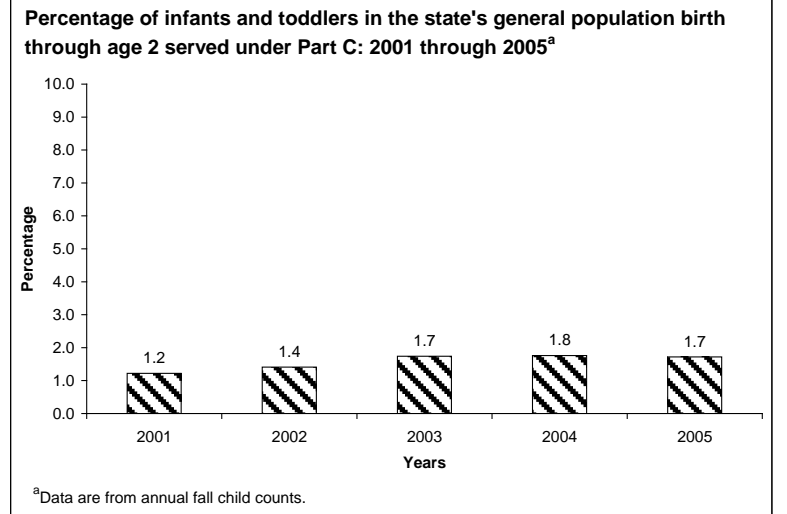
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<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Washington

Number of regular school districts <sup>1</sup>	296
Total public school enrollment <sup>2</sup>	1,031,985
Per-pupil expenditures <sup>3</sup>	\$7,717
Percentage of population residing in urban areas <sup>4</sup>	82.0
Percentage of children under age 18 below poverty level <sup>5</sup>	15.8

### Special Education<sup>6</sup>

	Washington <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	48	47	47	48	49	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	52	62	57	.	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	41	34	38	.	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

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<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

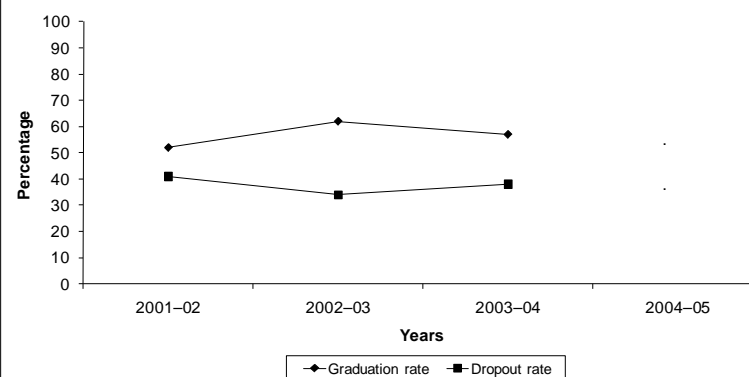
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education, Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

For 2004-05, percentage cannot be calculated because data were not submitted.



Washington (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Washington Department of Social and Health Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

4,248

Part C	Washington <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	1.3	1.5	1.5	1.6	1.8	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	45	75	65	47	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

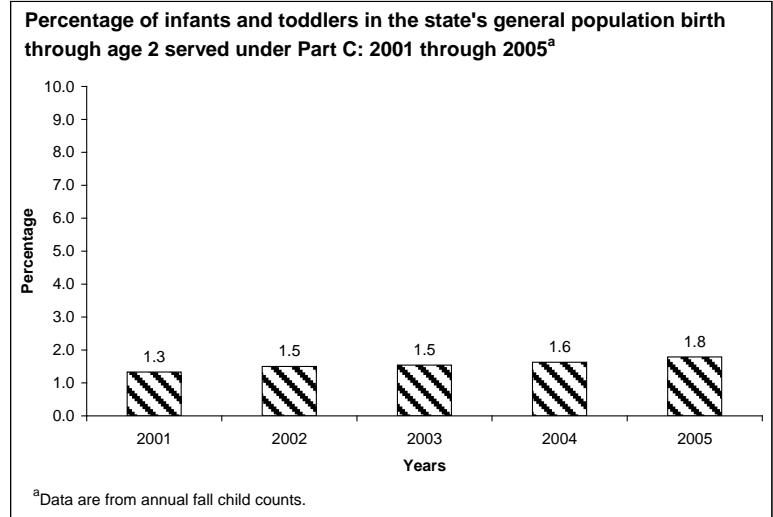
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## West Virginia

Number of regular school districts <sup>1</sup>	55
Total public school enrollment <sup>2</sup>	280,866
Per-pupil expenditures <sup>3</sup>	\$9,024
Percentage of population residing in urban areas <sup>4</sup>	46.1
Percentage of children under age 18 below poverty level <sup>5</sup>	22.6

### Special Education<sup>6</sup>

	West Virginia <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	50	50	51	56	61	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	49	56	62	66	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	46	40	32	28	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

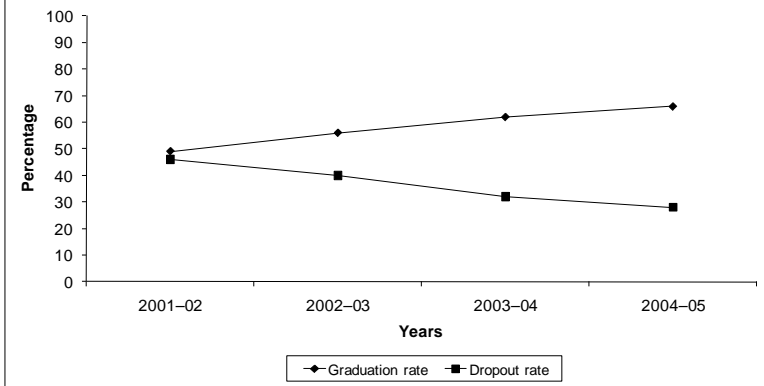
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

West Virginia (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

West Virginia Department of Health and Human Resources

Are early intervention services provided to infants and toddlers at risk of developmental delay?

Yes

Number of infants and toddlers receiving early intervention services

2,643

	West Virginia <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.7	2.7	2.8	3.3	4.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	98	100	100	99	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

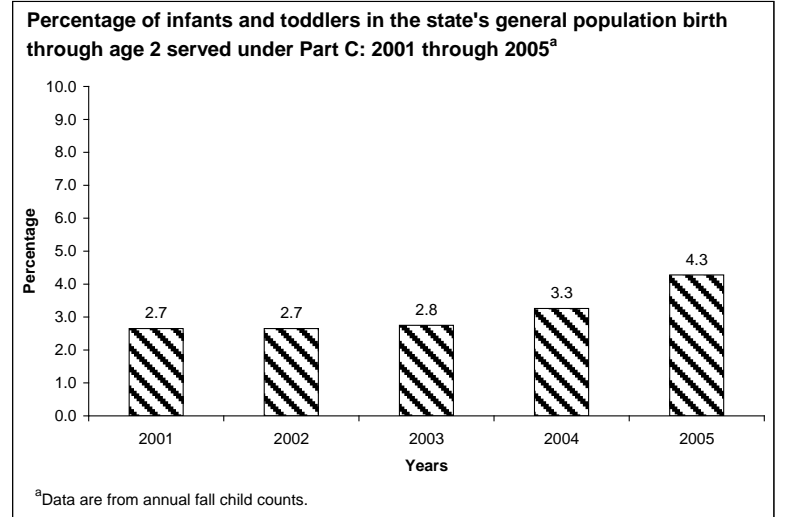
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Wisconsin

Number of regular school districts <sup>1</sup>	440
Total public school enrollment <sup>2</sup>	875,174
Per-pupil expenditures <sup>3</sup>	\$9,755
Percentage of population residing in urban areas <sup>4</sup>	68.3
Percentage of children under age 18 below poverty level <sup>5</sup>	14.9

### Special Education<sup>6</sup>

	Wisconsin <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	45	45	47	49	51	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	54	59	74	73	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	41	37	22	22	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

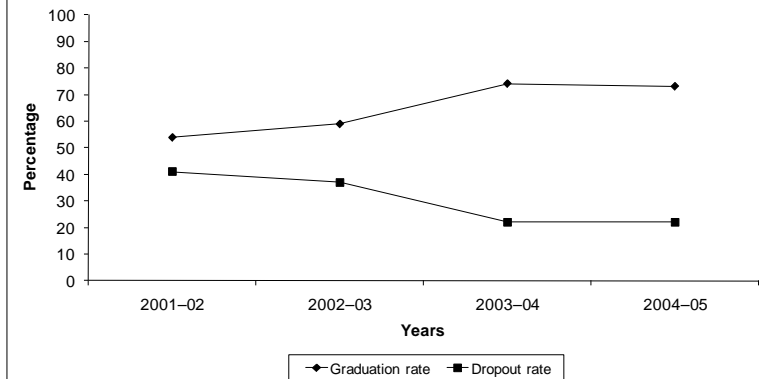
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Wisconsin (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Wisconsin Department of Health and Family Services

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

5,903

	Wisconsin <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
<b>Part C</b>											
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.6	2.6	2.7	2.8	2.9	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	91	94	94	96	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submission regarding child count.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

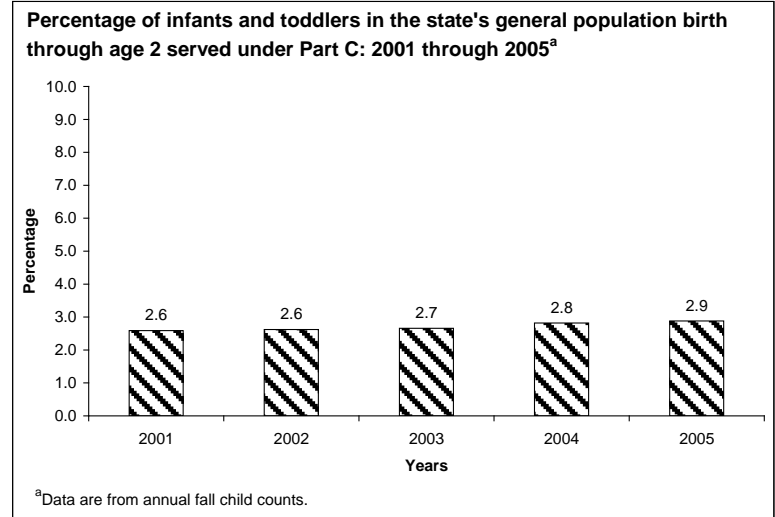
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.



## Wyoming

Number of regular school districts <sup>1</sup>	48
Total public school enrollment <sup>2</sup>	84,409
Per-pupil expenditures <sup>3</sup>	\$10,190
Percentage of population residing in urban areas <sup>4</sup>	65.1
Percentage of children under age 18 below poverty level <sup>5</sup>	13.7

### Special Education<sup>6</sup>

	Wyoming <sup>a</sup>					50 states, DC and BIA		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)	2001 (%)	2005 (%)
<b>Part B, Ages 6 Through 21</b>											
Percentage of children educated in regular classrooms at least 80 percent of the day	54	54	53	53	56	48	54	3-79	23-79	49	55
<b>Part B, Ages 14 Through 21</b>											
Percentage of students with disabilities exiting school with a regular high school diploma	42	45	48	46	—	52	55	17-80	20-88	52	62
Percentage of students with disabilities who dropped out	55	51	48	50	—	38	28	19-65	6-50	40	29

<sup>a</sup>Please see the Data Notes in appendix B for information the state submitted to clarify its data submissions regarding educational environments and exiting.

▲ Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

#### Sources:

<sup>1</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency Universe Survey," 2005–06 (version 1a). Data accessed December 2007 from <http://nces.ed.gov/pubs2007/pesagencies06/tables.asp>.

<sup>2</sup>U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary/Secondary Education," 2005–06 (version v.1a). Data accessed September 2007 from <http://nces.ed.gov/ccd/bat/>.

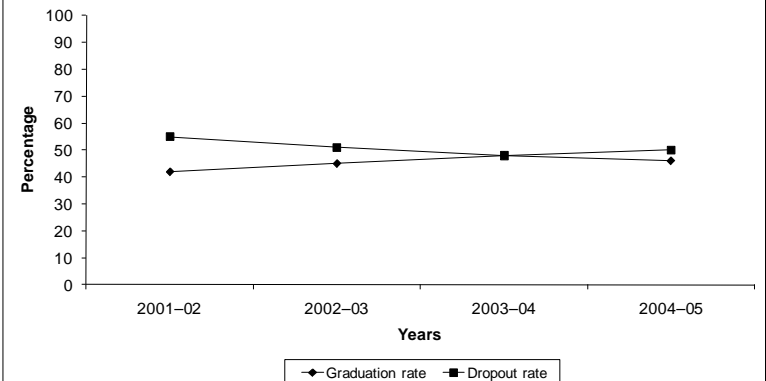
<sup>3</sup>Zhou, L., Honegger, S., and Gaviola, N. (2007). *Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2004–05* (Fiscal Year 2005) (NCES 2007-356). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Accessed June 26, 2007, from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007356>.

<sup>4</sup>U.S. Census Bureau, *Urban and Rural [6] – Summary File 1 (SF1) 100-Percent Data Universe: Total Population*, Census 2000. Accessed April 2006, through [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

<sup>5</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, *State Estimates for People Under Age 18 in Poverty U.S., 2004*. Accessed June 26, 2007, from <http://www.census.gov/cgi-bin/saie/national.cgi?year=2004&ascii=#SA31>.

<sup>6</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

**Percentage of students ages 14 through 21 in the state served under Part B, exiting school by graduating with a regular diploma and dropping out: 2001–02 through 2004–05<sup>a</sup>**



<sup>a</sup>Data are from cumulative 12-month reporting periods.

Wyoming (continued)

Early Intervention Services for Infants and Toddlers<sup>1</sup>

Lead agency for early intervention (Part C) services<sup>2</sup>

Wyoming Department of Health

Are early intervention services provided to infants and toddlers at risk of developmental delay?

No

Number of infants and toddlers receiving early intervention services

828

Part C	Wyoming <sup>a</sup>					50 states and DC		Range of state percentages		Median <sup>▲</sup> state percentage	
	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)	2001 (%)	2004/2005 <sup>b</sup> (%)
Percentage of infants and toddlers in the general population, birth through age 2, served through Part C	2.9	3.3	3.6	4.0	4.3	2.1	2.4	1.0-8.1	1.3-6.7	2.0	2.0
Percentage of Part C infants and toddlers receiving services primarily in settings typical for children without disabilities <sup>c</sup>	94	95	91	91	—	82	87	45-100	33-100	84	93

<sup>a</sup>Please see the Data Notes in appendix A for information the state submitted to clarify its data submissions regarding child count and early intervention settings.

<sup>b</sup>The percentage-served data are from the 2005 fall count; the settings data are from the 2004 fall count.

<sup>c</sup>Settings typical for children without disabilities include OSEP's early intervention settings categories *home* and *program for typically developing children*.

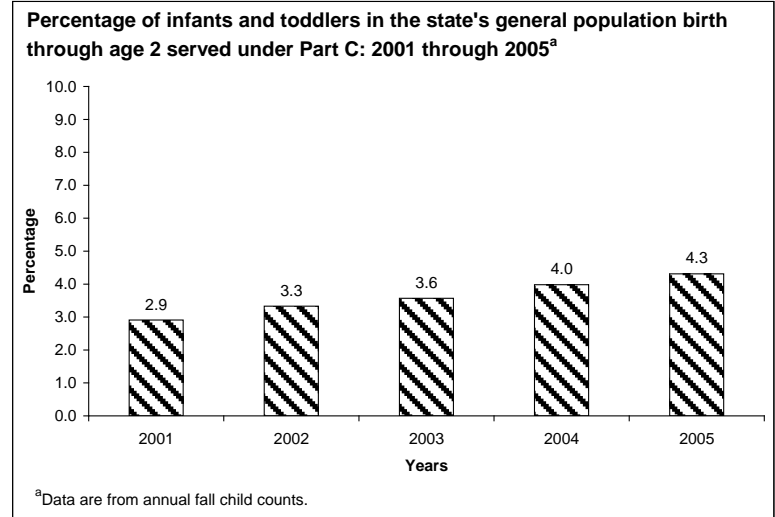
<sup>▲</sup> Median is the middle percentage in a set of ranked percentages.

— Data not available at the time the data snapshot (see Page 2) for this report was taken.

Sources:

<sup>1</sup>U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

<sup>2</sup>National Early Childhood Technical Assistance Center (NECTAC), NECTAC List of Part C Lead Agencies, 2007. Accessed June 26, 2007, from <http://www.nectac.org/partc/ptclead.asp>.







## **Section III**

### **Rank-Order Tables**



## Introduction to Rank-Order Tables

The tables presented in this section rank states in order of various percentages that were calculated with state-reported data in the following categories: school exiting and settings for students ages 3 through 21 served under *IDEA*, Part B; and child counts and natural environments for infants and toddlers served under *IDEA*, Part C. For a description of the specific state-reported data from the Office of Special Education Programs (OSEP) Data Analysis System (DANS) used in this section, see Pages 1-3 of this report.

The following tables contain two elements requiring explanation.

- National Baseline row shows the data for the U.S. and outlying areas as a whole. For this row, the percentage value is calculated from the data for all states and outlying areas combined. It is not an average of the state percentage values.
- DIF column shows the difference between a state's percentage value and the National Baseline percentage value.

On most of these tables, states are ranked on their DIF value. That is, they are ranked according to how different their percentage value is from the percentage value for the U.S. and outlying areas as a whole. A footnote to each table explains what a positive or negative DIF value indicates with regard to the specific data within that table.

Some of the tables show state data trends. States in these tables are ranked according to the percent change over a period of time. In this case, percent change is the difference between the current percentage value and the percentage value for the first year referenced in the table being considered.

Many of these tables contain cells in which percentages are not displayed and the corresponding footnotes indicate they “cannot be calculated.” Cell suppression was new to the *28th Annual Report to Congress* (2003–04 data) and continues in the *29th Annual Report to Congress* (2004–05 data). Cell suppression was instituted to protect the identity of children and students in accordance with U.S. Department of Education's privacy policy. Data used to prepare the rank-order tables were derived from state-reported data presented in vols. 2 and 3 of this report, and there is further information about cell suppression in “Notes Concerning the Data Tables That Follow,” at the beginning of both of those volumes. Please note that where percentages are not displayed due to cell suppression, the rank order of the percentages—and therefore the states—is still correct.

Please note that term *state* is used for column labels to represent: first, in Part B tables, the 50 states, the Bureau of Indian Affairs (BIA) schools, the District of Columbia, Puerto Rico and the outlying areas of American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands; and, second, in Part C tables, the same 56 entities as in the Part B tables, except for BIA schools. Furthermore, while they are neither states nor U.S. outlying areas, the Marshall Islands, Micronesia and Palau are listed in the rank-order tables for Part B because the Monitoring and State Improvement Planning (MSIP) Division of the Office of Special Education Programs (OSEP) uses these tables in its monitoring efforts.

**Table 3-1. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *graduating with a regular high school diploma*, by state (in descending order of percentage of students *graduating with a regular high school diploma*): 2004–05<sup>a</sup>**

State	Number of students receiving diploma	Percent <sup>b</sup>	DIF <sup>c</sup>
Pennsylvania	13,400	88	34
Hawaii	1,170	82	28
Guam	40	80	26
Arkansas	2,903	75	21
Rhode Island	1,320	73	19
Wisconsin	6,846	73	19
New Jersey	12,323	72	18
Illinois	12,516	71	17
Minnesota	5,122	70	16
Utah	1,686	70	16
Kansas	2,882	70	16
Nebraska	1,771	70	16
Colorado	2,799	70	16
North Dakota	633	69	15
Oklahoma	4,505	69	15
Michigan	8,199	69	15
Massachusetts	6,388	69	15
Connecticut	3,330	69	15
Missouri	6,249	68	14
Delaware	573	68	14
American Samoa	42	68	14
Montana	944	67	13
Iowa	3,638	67	13
Idaho	1,117	66	12
West Virginia	2,170	66	12
Vermont	543	63	9
Maine	1,614	62	8
Kentucky	2,990	61	7
Maryland	3,973	60	6
Arizona	4,150	59	5
California	20,863	58	4
North Carolina	5,345	57	3
New Mexico	1,375	53	-1
Micronesia	24	52	-2
Alaska	416	52	-2
New Hampshire	1,587	51	-3
South Dakota	335	49	-5
New York	12,792	46	-8
Oregon	2,108	46	-8
Wyoming	438	46	-8
Texas	13,439	43	-11
Northern Marianas	16	42	-12
Florida	9,164	41	-13
Indiana	4,308	40	-14
Bur. of Indian Affairs	240	40	-14
Virginia	3,876	37	-17
Puerto Rico	1,024	37	-17
Ohio	6,387	35	-19
Tennessee	2,766	33	-21
Louisiana	1,270	30	-24
Palau	x	.	.
South Carolina	1,938	28	-26
Mississippi	807	28	-26
Georgia	2,804	27	-27
Virgin Islands	33	25	-29
Nevada	503	21	-33
Alabama	1,138	20	-34
Marshall Islands	x	.	.
Washington	NS	.	.
District of Columbia	-	.	.
National Baseline	211,061	54	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: "Children with Disabilities Exiting Special Education," 2004–05. Data updated as of July 17, 2006.

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>Percent = Number of students ages 14 through 21 with disabilities *graduating with a regular high school diploma* divided by the number of students with disabilities in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma*; *received a certificate of completion*; *reached maximum age for services*; *died*; and *dropped out*). The result is multiplied by 100. This percent is also called a graduation rate.

<sup>c</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities who exited school by *graduating with a regular high school diploma* minus the national baseline. This column shows the difference between the graduation rate in the state and the graduation rate in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state has a higher graduation rate than the U.S. and outlying areas as a whole. Differences in state graduation rates should be interpreted with caution. Standards for graduation and student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

.

NS Data not submitted

- Data not available.

**Table 3-2. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *dropping out*, by state (in ascending order of percentage of students *dropping out*): 2004–05<sup>a</sup>**

State	Number of students dropping out	Percent <sup>b</sup>	DIF <sup>c</sup>
Hawaii	91	6	-22
Pennsylvania	1,551	10	-18
Guam	7	14	-14
Texas	5,266	17	-11
Mississippi	507	18	-10
Ohio	3,203	18	-10
New Mexico	522	20	-8
Colorado	873	22	-6
Arkansas	846	22	-6
Wisconsin	2,080	22	-6
Delaware	189	22	-6
American Samoa	14	23	-5
Virginia	2,366	23	-5
Micronesia	11	24	-4
Nebraska	610	24	-4
Nevada	586	24	-4
Rhode Island	448	25	-3
Utah	613	25	-3
Massachusetts	2,359	26	-2
New Jersey	4,365	26	-2
Illinois	4,570	26	-2
North Dakota	240	26	-2
Michigan	3,242	27	-1
Kansas	1,152	28	0
Connecticut	1,362	28	0
West Virginia	931	28	0
Missouri	2,615	29	1
Iowa	1,570	29	1
Maryland	1,907	29	1
Minnesota	2,128	29	1
Florida	6,689	30	2
Kentucky	1,466	30	2
Oklahoma	1,955	30	2
Idaho	514	30	2
North Carolina	2,890	31	3
Tennessee	2,661	32	4
Montana	455	32	4
New York	8,941	32	4
Oregon	1,514	33	5
Georgia	3,473	33	5
Virgin Islands	45	34	6
Vermont	299	35	7
California	12,472	35	7
Maine	925	35	7
Alabama	2,098	36	8
Alaska	292	37	9
Northern Marianas	14	37	9
Arizona	2,628	38	10
Louisiana	1,853	43	15
South Carolina	3,140	46	18
Puerto Rico	1,309	47	19
New Hampshire	1,465	47	19
South Dakota	325	47	19
Indiana	5,204	49	21
Wyoming	480	50	22
Bur. of Indian Affairs	319	53	25
Palau	x	.	.
Marshall Islands	x	.	.
Washington	NS	.	.
District of Columbia	–	.	.
National Baseline	109,707	28	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: "Children with Disabilities Exiting Special Education," 2004–05. Data updated as of July 17, 2006.

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>Percent = Number of students ages 14 through 21 with disabilities *dropping out* divided by the number of students with disabilities in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma, received a certificate of completion, reached maximum age for services, died, and dropped out*). The result is multiplied by 100. This percent is also called a dropout rate.

<sup>c</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities exiting school by *dropping out* minus the national baseline. This column shows the difference between the dropout rate in the state and the dropout rate in the U.S. and outlying areas as a whole. A negative DIF value indicates that the state has a lower dropout rate than the U.S. and outlying areas as a whole. Differences in state dropout rates should be interpreted with caution. Standards for student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

NS Data not submitted.

– Data not available.

**Table 3-3. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *graduating with a regular high school diploma*; and percentage point change, by state and year (in descending order of percentage point change): 2000–01<sup>a</sup> to 2004–05<sup>a</sup>**

State	2000–01			2001–02			2002–03		
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>
Michigan	5,109	38	-10	5,332	40	-11	5,587	43	-9
Pennsylvania	5,520	59	11	9,660	70	19	11,814	74	22
American Samoa	17	40	-8	11	25	-26	13	36	-16
Utah	1,077	42	-6	1,685	53	2	1,735	59	7
Nebraska	963	42	-6	1,179	49	-2	1,501	49	-3
Guam	67	52	4	68	45	-6	83	57	5
Northern Marianas	3	16	-32	3	16	-35	10	50	-2
Hawaii	1,004	58	10	757	71	20	1,165	86	34
North Carolina	2,896	34	-14	3,889	40	-11	4,137	42	-10
Colorado	2,404	47	-1	1,957	39	-12	2,680	52	0
Minnesota	4,306	48	0	4,792	52	1	5,133	69	17
Connecticut	2,958	50	2	3,172	58	7	3,353	63	11
Arkansas	1,786	57	9	1,828	75	24	2,783	79	27
Arizona	2,589	43	-5	3,038	50	-1	2,998	54	2
West Virginia	1,621	49	1	1,634	49	-2	1,861	56	4
Illinois	9,383	55	7	9,453	51	0	8,660	62	10
Alaska	417	36	-12	424	38	-13	420	39	-13
Kentucky	2,031	47	-1	2,186	49	-2	2,576	55	3
Wisconsin	4,878	60	12	5,451	54	3	5,775	59	7
Delaware	364	55	7	358	52	1	427	63	11
Oregon	1,279	33	-15	1,588	40	-11	1,812	41	-11
Louisiana	1,191	18	-30	1,256	22	-29	1,299	26	-26
Oklahoma	3,117	58	10	3,484	63	12	3,948	65	13
Vermont	476	52	4	568	57	6	593	59	7
California	13,832	48	0	18,151	54	3	17,634	57	5
Iowa	2,645	57	9	2,821	64	13	3,332	64	12
Puerto Rico	539	27	-21	654	32	-19	760	33	-19
Massachusetts	5,673	59	11	6,078	58	7	5,690	56	4
Missouri	5,016	59	11	5,166	61	10	5,716	67	15
New York	10,301	37	-11	10,734	40	-11	11,681	43	-9
Rhode Island	1,074	64	16	1,088	64	13	1,177	70	18
Florida	5,546	33	-15	6,218	35	-16	7,996	41	-11
Georgia	2,165	19	-29	2,709	29	-22	2,806	27	-25
New Mexico	2,210	46	-2	1,120	46	-5	1,590	54	2
Mississippi	731	22	-26	781	24	-27	709	21	-31
North Dakota	516	63	15	516	66	15	466	62	10
Kansas	2,369	64	16	2,599	61	10	2,765	64	12
Wyoming	409	41	-7	425	42	-9	421	45	-7
Idaho	917	61	13	971	63	12	1,108	65	13
Maine	1,179	57	9	1,212	57	6	1,340	60	8
Maryland	3,353	56	8	3,780	60	9	3,676	57	5
South Carolina	1,120	24	-24	1,119	24	-27	1,375	24	-28
Montana	738	63	15	768	66	15	769	64	12
Bur. of Indian Affairs	194	37	-11	224	50	-1	198	42	-10
New Hampshire	1,149	49	1	1,242	50	-1	1,405	51	-1
New Jersey	9,250	71	23	9,768	69	18	10,965	72	20
Tennessee	2,221	32	-16	2,307	34	-17	2,296	33	-19
Alabama	1,260	20	-28	1,109	20	-31	1,049	17	-35
Indiana	4,070	42	-6	4,066	43	-8	4,091	41	-11
Nevada	490	22	-26	574	25	-26	430	20	-32
Virginia	4,230	49	1	3,977	48	-3	4,470	45	-7
South Dakota	439	64	16	458	67	16	503	59	7
Texas	21,147	69	21	21,184	70	19	13,197	48	-4
Ohio	10,225	69	21	10,878	80	29	12,163	80	28
Virgin Islands	55	68	20	15	18	-33	18	18	-34
Micronesia <sup>c</sup>	NS	.	.	NS	.	.	18	25	-27
Palau <sup>c</sup>	NS	.	.	NS	.	.	NS	.	.
Marshall Islands <sup>c</sup>	NS	.	.	NS	.	.	NS	.	.
Washington	3,084	48	0	3,546	52	1	3,806	62	10
District of Columbia	150	22	-26	143	17	-34	230	26	-26
National Baseline	173,753	48		190,174	51		196,213	52	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: "Children with Disabilities Exiting Special Education," 2000–01 through 2004–05. Data updated as of July 17, 2006.

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities exiting school by *graduating with a regular high school diploma* minus the national baseline. These columns show for each year the difference between the graduation rate in the state and the graduation rate in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state has a higher graduation rate than the U.S. and outlying areas as a whole. Differences in state graduation rates should be interpreted with caution. Standards for graduation and student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

<sup>c</sup>IDEA did not require that these entities submit data for this collection prior to 2003–04.

# = Number of students *graduating with a regular high school diploma*.

% = Percent. It was calculated by dividing the number of students ages 14 through 21 with disabilities *graduating with a regular high school diploma* by the number of students with disabilities in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma*; *received a certificate of completion*; *reached maximum age for services*; *died*; and *dropped out*), then multiplying the result by 100. This percent is also called a graduation rate. In 2004–05, the data collection category *moved, not known to be continuing*, used in previous years, was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* category.

NS Data not submitted.

. Cannot be calculated.

Continued on next page

**Table 3-3. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *graduating with a regular high school diploma*; and percentage point change, by state and year (in descending order of percentage point change): 2000–01<sup>a</sup> to 2004–05 (continued)**

State	2003–04			2004–05			Change in percent <sup>c</sup> 2000–01 to 2004–05
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	
Michigan	6,907	54	0	8,199	69	15	32
Pennsylvania	12,344	79	25	13,400	88	34	30
American Samoa	23	53	-1	42	68	14	28
Utah	2,033	62	8	1,686	70	16	28
Nebraska	283	18	-36	1,771	70	16	28
Guam	70	58	4	40	80	26	28
Northern Marianas	x	.	.	16	42	-12	26
Hawaii	1,190	67	13	1,170	82	28	24
North Carolina	5,219	47	-7	5,345	57	3	23
Colorado	2,754	57	3	2,799	70	16	23
Minnesota	5,577	71	17	5,122	70	16	22
Connecticut	3,405	66	12	3,330	69	15	19
Arkansas	2,900	81	27	2,903	75	21	18
Arizona	3,689	53	-1	4,150	59	5	17
West Virginia	1,978	62	8	2,170	66	12	17
Illinois	11,676	71	17	12,516	71	17	16
Alaska	442	56	2	416	52	-2	16
Kentucky	2,708	57	3	2,990	61	7	15
Wisconsin	6,440	74	20	6,846	73	19	13
Delaware	561	63	9	573	68	14	13
Oregon	2,255	43	-11	2,108	46	-8	13
Louisiana	1,176	23	-31	1,270	30	-24	12
Oklahoma	4,231	68	14	4,505	69	15	11
Vermont	599	60	6	543	63	9	11
California	20,595	63	9	20,863	58	4	10
Iowa	3,665	67	13	3,638	67	13	10
Puerto Rico	786	39	-15	1,024	37	-17	10
Massachusetts	6,270	48	-6	6,388	69	15	10
Missouri	5,830	66	12	6,249	68	14	9
New York	12,923	49	-5	12,792	46	-8	9
Rhode Island	1,375	72	18	1,320	73	19	9
Florida	8,865	41	-13	9,164	41	-13	8
Georgia	3,108	32	-22	2,804	27	-27	7
New Mexico	1,709	48	-6	1,375	53	-1	7
Mississippi	730	21	-33	807	28	-26	6
North Dakota	668	69	15	633	69	15	6
Kansas	2,867	67	13	2,882	70	16	6
Wyoming	489	48	-6	438	46	-8	5
Idaho	1,097	65	11	1,117	66	12	5
Maine	1,495	65	11	1,614	62	8	4
Maryland	4,110	59	5	3,973	60	6	4
South Carolina	1,542	24	-30	1,938	28	-26	4
Montana	811	63	9	944	67	13	4
Bur. of Indian Affairs	286	51	-3	240	40	-14	3
New Hampshire	1,496	52	-2	1,587	51	-3	2
New Jersey	11,876	74	20	12,323	72	18	1
Tennessee	2,325	30	-24	2,766	33	-21	1
Alabama	1,105	18	-36	1,138	20	-34	0
Indiana	4,153	39	-15	4,308	40	-14	-1
Nevada	508	19	-35	503	21	-33	-2
Virginia	3,813	35	-19	3,876	37	-17	-12
South Dakota	430	65	11	335	49	-5	-16
Texas	13,642	46	-8	13,439	43	-11	-26
Ohio	12,678	82	28	6,387	35	-19	-34
Virgin Islands	x	.	.	33	25	-29	-43
Micronesia	30	57	3	24	52	-2	.
Palau	x	.	.	x	.	.	.
Marshall Islands	x	.	.	x	.	.	.
Washington	3,991	57	3	NS	.	.	.
District of Columbia	215	20	-34	-	.	.	.
National Baseline	213,973	54		211,061	54		6

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities exiting school by *graduating with a regular high school diploma* minus the national baseline. These columns show for each year the difference between the graduation rate in the state and the graduation rate in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state has a higher graduation rate than the U.S. and outlying areas as a whole. Differences in state graduation rates should be interpreted with caution. Standards for graduation and student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

<sup>c</sup>Change in percent = 2004–05 graduation rate minus 2000–01 graduation rate.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

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NS Data not submitted.

- Data not available.



Table 3-4. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *dropping out*; and percentage point change, by state and year (in ascending order of percentage point change): 2000–01<sup>a</sup> to 2004–05<sup>a</sup>

State	2000–01			2001–02			2002–03		
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>
American Samoa	24	56	15	28	64	26	18	50	16
New Mexico	2,513	52	11	1,290	53	15	791	27	-7
Nebraska	1,270	55	14	1,145	48	10	1,480	48	14
Michigan	7,940	58	17	7,011	52	14	6,453	49	15
Pennsylvania	3,777	40	-1	3,859	28	-10	4,039	25	-9
Guam	56	44	3	82	54	16	61	42	8
Utah	1,397	55	14	1,278	40	2	1,090	37	3
Colorado	2,458	48	7	2,718	55	17	2,195	43	9
Alaska	709	62	21	661	60	22	639	59	25
Georgia	6,526	58	17	3,748	40	2	4,273	40	6
Nevada	1,005	46	5	977	42	4	666	31	-3
Minnesota	4,533	51	10	4,354	47	9	2,249	30	-4
Oregon	2,109	55	14	1,889	47	9	1,848	42	8
Connecticut	2,843	48	7	2,046	38	0	1,901	36	2
Louisiana	4,213	62	21	3,154	56	18	2,516	50	16
Arizona	3,442	57	16	2,881	48	10	2,453	44	10
Mississippi	1,182	35	-6	1,035	32	-6	1,225	37	3
West Virginia	1,497	45	4	1,522	46	8	1,309	40	6
North Carolina	4,014	47	6	4,203	43	5	3,893	40	6
Arkansas	1,182	38	-3	511	21	-17	620	18	-16
Wisconsin	3,053	37	-4	4,154	41	3	3,587	37	3
Kentucky	1,961	45	4	1,869	42	4	1,782	38	4
Delaware	243	37	-4	274	40	2	188	28	-6
Hawaii	361	21	-20	266	25	-13	164	12	-22
Texas	9,555	31	-10	8,976	30	-8	4,947	18	-16
Illinois	6,855	40	-1	8,507	46	8	4,991	35	1
Massachusetts	3,651	38	-3	4,162	39	1	4,280	42	8
Vermont	426	46	5	408	41	3	388	39	5
Iowa	1,881	40	-1	1,487	34	-4	1,547	30	-4
New York	12,066	43	2	10,531	40	2	9,817	36	2
Oklahoma	2,188	41	0	2,015	36	-2	2,111	35	1
Virginia	2,755	32	-9	2,214	27	-11	3,024	30	-4
Alabama	2,895	46	5	2,102	38	0	2,526	40	6
Missouri	3,179	38	-3	2,922	35	-3	2,591	30	-4
North Dakota	273	33	-8	240	31	-7	264	35	1
Maryland	2,130	36	-5	1,960	31	-7	2,076	32	-2
Kansas	1,275	34	-7	1,587	37	-1	1,441	34	0
Florida	6,026	36	-5	5,327	30	-8	5,553	28	-6
Northern Marianas	8	42	1	8	42	4	5	25	-9
Wyoming	559	56	15	560	55	17	472	51	17
California	11,420	40	-1	12,967	38	0	10,820	35	1
Rhode Island	483	29	-12	488	29	-9	432	26	-8
Ohio	3,205	22	-19	2,528	19	-19	2,845	19	-15
Montana	415	35	-6	369	32	-6	397	33	-1
Idaho	504	33	-8	494	32	-6	500	29	-5
Maine	790	38	-3	810	38	0	831	37	3
Puerto Rico	999	50	9	955	47	9	1,074	46	12
Bur. of Indian Affairs	290	55	14	195	43	5	217	47	13
South Carolina	2,182	48	7	2,093	46	8	2,618	46	12
New Jersey	3,560	27	-14	4,120	29	-9	3,853	25	-9
New Hampshire	1,148	49	8	1,179	48	10	1,305	48	14
Indiana	4,643	48	7	4,425	46	8	4,655	46	12
Tennessee	1,914	28	-13	1,723	25	-13	1,551	22	-12
Virgin Islands	18	22	-19	33	39	1	17	17	-17
South Dakota	181	27	-14	175	26	-12	275	32	-2
Palau <sup>c</sup>	0	0	-41	NS	.	.	NS	.	.
Micronesia <sup>c</sup>	NS	.	.	NS	.	.	42	58	24
Marshall Islands <sup>c</sup>	NS	.	.	NS	.	.	73	97	63
Washington	2,847	44	3	2,810	41	3	2,064	34	0
District of Columbia	446	64	23	547	65	27	621	71	37
National Baseline	149,075	41		139,872	38		125,667	34	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0521: "Children with Disabilities Exiting Special Education," 2000–01 through 2004–05. Data updated as of July 17, 2006.

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities exiting school by *dropping out* minus the national baseline. This column shows the difference between the dropout rate in the state and the dropout rate in the U.S. and outlying areas as a whole. A negative DIF value indicates that the state has a lower dropout rate than the U.S. and outlying areas as a whole. Differences in state dropout rates should be interpreted with caution. Standards for student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

<sup>c</sup>IDEA did not require that these entities submit data for this collection prior to 2003–04.

# = Number of students *dropping out*.

% = Percent. It was calculated by dividing the number of students ages 14 through 21 with disabilities *dropping out* by the number of students with disabilities in the same age group who are known to have left school (i.e., *graduated with a regular high school diploma*; *received a certificate of completion*; *reached maximum age for services*; *died*; and *dropped out*), then multiplying the result by 100. This percent is also called a dropout rate. In 2004–05, the data collection category *moved, not known to be continuing*, used in previous years, was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* category.

. Cannot be calculated.

NS Data not submitted.

Continued on next page

Table 3-4. Number, percentage and difference from national baseline of students ages 14 through 21 served under IDEA, Part B, exiting school by *dropping out*; and percentage point change, by state and year (in ascending order of percentage point change): 2000–01<sup>a</sup> to 2004–05<sup>a</sup> (continued)

State	2003–04			2004–05			Change in percent <sup>c</sup> 2000–01 to 2004–05
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	
American Samoa	x	.	.	14	23	-5	-33
New Mexico	992	28	-3	522	20	-8	-32
Nebraska	1,250	81	50	610	24	-4	-31
Michigan	5,078	40	9	3,242	27	-1	-31
Pennsylvania	3,050	20	-11	1,551	10	-18	-30
Guam	49	41	10	7	14	-14	-30
Utah	1,102	33	2	613	25	-3	-29
Colorado	1,859	38	7	873	22	-6	-27
Alaska	317	40	9	292	37	9	-25
Georgia	2,553	27	-4	3,473	33	5	-25
Nevada	914	34	3	586	24	-4	-22
Minnesota	2,283	29	-2	2,128	29	1	-22
Oregon	2,170	41	10	1,514	33	5	-22
Connecticut	1,606	31	0	1,362	28	0	-20
Louisiana	2,784	54	23	1,853	43	15	-19
Arizona	3,080	44	13	2,628	38	10	-19
Mississippi	1,292	37	6	507	18	-10	-17
West Virginia	1,020	32	1	931	28	0	-17
North Carolina	4,569	41	10	2,890	31	3	-16
Arkansas	577	16	-15	846	22	-6	-16
Wisconsin	1,912	22	-9	2,080	22	-6	-15
Kentucky	1,681	36	5	1,466	30	2	-15
Delaware	259	29	-2	189	22	-6	-14
Hawaii	314	18	-13	91	6	-22	-14
Texas	4,915	17	-14	5,266	17	-11	-14
Illinois	4,405	27	-4	4,570	26	-2	-14
Massachusetts	6,181	48	17	2,359	26	-2	-13
Vermont	380	38	7	299	35	7	-12
Iowa	1,539	28	-3	1,570	29	1	-11
New York	7,947	30	-1	8,941	32	4	-11
Oklahoma	1,955	31	0	1,955	30	2	-11
Virginia	2,909	27	-4	2,366	23	-5	-10
Alabama	2,335	38	7	2,098	36	8	-9
Missouri	2,879	32	1	2,615	29	1	-9
North Dakota	260	27	-4	240	26	-2	-7
Maryland	2,132	30	-1	1,907	29	1	-7
Kansas	1,358	32	1	1,152	28	0	-6
Florida	6,336	29	-2	6,689	30	2	-6
Northern Marianas	x	.	.	14	37	9	-5
Wyoming	490	48	17	480	50	22	-5
California	9,736	30	-1	12,472	35	7	-5
Rhode Island	483	25	-6	448	25	-3	-4
Ohio	2,585	17	-14	3,203	18	-10	-4
Montana	444	34	3	455	32	4	-3
Idaho	533	32	1	514	30	2	-3
Maine	716	31	0	925	35	7	-3
Puerto Rico	905	45	14	1,309	47	19	-3
Bur. of Indian Affairs	247	44	13	319	53	25	-2
South Carolina	3,067	48	17	3,140	46	18	-2
New Jersey	3,882	24	-7	4,365	26	-2	-2
New Hampshire	1,346	47	16	1,465	47	19	-2
Indiana	5,257	50	19	5,204	49	21	1
Tennessee	2,567	33	2	2,661	32	4	4
Virgin Islands	39	38	7	45	34	6	11
South Dakota	169	25	-6	325	47	19	21
Palau	19	76	45	x	.	.	.
Micronesia	8	15	-16	11	24	-4	.
Marshall Islands	9	90	59	x	.	.	.
Washington	2,665	38	7	NS	.	.	.
District of Columbia	705	67	36	-	.	.	.
National Baseline	122,128	31	.	109,707	28	.	-13

<sup>a</sup>Data are from a cumulative 12-month reporting period.

<sup>b</sup>DIF = The state's percentage of students ages 14 through 21 with disabilities exiting school by *dropping out* minus the national baseline. This column shows the difference between the dropout rate in the state and the dropout rate in the U.S. and outlying areas as a whole. A negative DIF value indicates that the state has a lower dropout rate than the U.S. and outlying areas as a whole. Differences in state dropout rates should be interpreted with caution. Standards for student tracking systems vary widely across states. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding exiting.

<sup>c</sup>Change in percent = 2004–05 dropout rate minus 2000–01 dropout rate.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

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NS Data not submitted.

– Data not available.

**Table 3-5. Number, percentage and difference from national baseline of children ages 3 through 5 served under IDEA, Part B, in an *early childhood setting*<sup>a</sup> under IDEA, Part B, by state (in descending order of percentage of children served): Fall 2005**

State	Number of children	Percent of children served <sup>b</sup>	DIF <sup>c</sup>
American Samoa	x	.	.
Virgin Islands	138	91	57
Bur. of Indian Affairs	295	89	55
Rhode Island	2,351	84	50
North Carolina	14,816	72	38
Maine	3,093	71	37
Colorado	7,394	70	36
District of Columbia	351	69	35
Wyoming	1,525	64	30
Vermont	996	64	30
Puerto Rico	2,677	57	23
Northern Marianas	x	.	.
Illinois	18,496	52	18
Guam	88	51	17
New Mexico	3,312	51	17
New Hampshire	1,482	51	17
Delaware	1,049	51	17
Mississippi	4,180	50	16
Indiana	9,542	50	16
Oklahoma	3,848	47	13
Georgia	9,761	47	13
Michigan	11,388	47	13
Pennsylvania	12,096	47	13
Utah	3,379	46	12
New York	25,133	43	9
Nebraska	2,011	43	9
Kentucky	8,751	41	7
North Dakota	592	39	5
Massachusetts	5,835	38	4
Minnesota	4,956	37	3
Missouri	5,259	34	0
Arizona	4,564	32	-2
California	21,032	32	-2
West Virginia	1,774	30	-4
Ohio	6,019	27	-7
Idaho	1,068	26	-8
Montana	507	26	-8
Tennessee	3,117	26	-8
Oregon	1,485	25	-9
Louisiana	2,677	25	-9
Connecticut	1,909	24	-10
Iowa	1,395	23	-11
Alabama	1,871	23	-11
Arkansas	2,268	22	-12
Maryland	2,655	22	-12
Alaska	447	21	-13
South Carolina	2,458	21	-13
Washington	2,609	19	-15
Kansas	1,647	18	-16
Virginia	2,688	15	-19
New Jersey	2,946	15	-19
Wisconsin	2,379	15	-19
Micronesia	43	12	-22
South Dakota	289	11	-23
Nevada	574	10	-24
Hawaii	239	10	-24
Florida	2,887	8	-26
Texas	2,664	7	-27
Palau	x	.	.
Marshall Islands	x	.	.
National Baseline	239,128	34	.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006.

<sup>a</sup>For children under age 6, the category *early childhood setting* refers to educational programs designed primarily for children without disabilities.

<sup>b</sup>Percent of children served = Number of children served in the environment divided by the total number of children served in all environments combined, multiplied by 100.

<sup>c</sup>DIF = The state's percentage of children ages 3 through 5 receiving special education and related services in an *early childhood setting* minus the national baseline. This column shows the difference between the percentage of children served in this environment in the state and the percentage of children served in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-6. Number, percentage and difference from national baseline of children ages 3 through 5 served under IDEA, Part B, in an *early childhood setting*<sup>a</sup> under IDEA, Part B; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005**

State	2001			2002			2003		
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>
District of Columbia	43	12	-25	314	79	44	226	46	12
Guam	2	1	-36	18	8	-27	72	36	2
Nebraska	45	1	-36	108	3	-32	150	3	-31
Utah	1,169	20	-17	2,058	32	-3	2,606	39	5
Bur. of Indian Affairs	326	68	31	193	62	27	236	69	35
Indiana	4,920	30	-7	3,772	22	-13	4,019	22	-12
Rhode Island	1,839	68	31	2,046	72	37	2,107	72	38
Vermont	649	50	13	689	53	18	829	60	26
Maine	2,453	58	21	2,643	59	24	3,132	67	33
Idaho	547	15	-22	1,102	30	-5	1,114	29	-5
New Mexico	2,205	43	6	2,436	47	12	3,032	54	20
Connecticut	1,186	16	-21	1,194	15	-20	1,202	15	-19
Michigan	8,104	39	2	9,390	42	7	11,287	48	14
North Carolina	12,445	65	28	13,018	65	30	13,643	65	31
Ohio	3,809	20	-17	4,291	22	-13	5,053	26	-8
American Samoa	60	94	57	100	98	63	138	100	66
Alaska	265	16	-21	274	15	-20	387	20	-14
Virgin Islands	104	87	50	155	88	53	162	91	57
New York	20,508	38	1	21,541	40	5	22,606	41	7
Hawaii	111	6	-31	275	13	-22	253	11	-23
New Hampshire	1,146	47	10	1,187	46	11	1,228	47	13
North Dakota	474	37	0	576	41	6	644	43	9
Georgia	7,938	45	8	8,879	48	13	10,177	50	16
Oklahoma	3,031	45	8	3,360	45	10	3,610	46	12
Colorado	5,828	68	31	6,370	69	34	6,772	70	36
Mississippi	3,360	49	12	3,511	48	13	3,722	47	13
Texas	2,102	6	-31	2,231	6	-29	2,016	5	-29
Arkansas	2,012	21	-16	2,085	21	-14	2,269	21	-13
Nevada	408	10	-27	593	13	-22	937	19	-15
Missouri	4,276	35	-2	4,967	36	1	5,373	35	1
Washington	2,444	21	-16	2,386	19	-16	2,476	19	-15
Florida	3,196	10	-27	3,369	10	-25	2,721	8	-26
Iowa	1,349	25	-12	1,391	24	-11	1,380	23	-11
Illinois	16,066	54	17	17,192	55	20	18,705	56	22
Kansas	1,698	21	-16	1,750	20	-15	1,764	19	-15
Wyoming	1,260	68	31	1,286	63	28	1,379	62	28
Arizona	3,639	37	0	3,894	36	1	4,084	34	0
Pennsylvania	11,312	52	15	11,495	49	14	11,935	49	15
Minnesota	4,976	42	5	5,267	43	8	5,168	40	6
Virginia	3,244	22	-15	2,715	17	-18	2,864	17	-17
West Virginia	1,988	37	0	2,131	39	4	2,388	43	9
Oregon	1,722	33	-4	1,223	23	-12	1,235	23	-11
Alabama	2,299	31	-6	2,141	27	-8	1,899	24	-10
New Jersey	3,942	24	-13	4,298	25	-10	2,658	14	-20
South Carolina	3,557	30	-7	3,635	30	-5	2,449	21	-13
Maryland	3,267	31	-6	3,229	28	-7	3,168	26	-8
South Dakota	443	20	-17	455	19	-16	533	21	-13
California	24,908	43	6	25,876	43	8	25,500	41	7
Montana	640	38	1	591	34	-1	704	39	5
Delaware	1,167	62	25	1,052	57	22	1,200	59	25
Northern Marianas	36	69	32	40	77	42	31	45	11
Wisconsin	4,074	28	-9	4,041	27	-8	2,528	16	-18
Tennessee	5,102	46	9	5,490	53	18	4,828	43	9
Kentucky	11,527	65	28	8,620	46	11	8,067	40	6
Puerto Rico	6,451	87	50	NS	.	NS	.	.	
Louisiana	5,936	59	22	2,559	24	-11	2,857	25	-9
Massachusetts	10,381	79	42	10,322	74	39	6,281	42	8
Micronesia	-	.	.	136	31	-4	121	32	-2
Palau	-	.	.	-	.	.	-	.	.
Marshall Islands	-	.	.	-	.	.	-	.	.
National Baseline	227,989	37	.	225,960	35	.	227,925	34	.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2001 through 2005. Data updated as of July 17, 2006.

<sup>a</sup>For children under age 6, the category *early childhood setting* refers to educational programs designed primarily for children without disabilities.

<sup>b</sup>DIF = The state's percentage of children ages 3 through 5 receiving special education and related services in an *early childhood setting* minus the national baseline. This column shows the difference between the percentage of children served in this environment in the state as a whole and the percentage of children served in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

# = Number of children served in the environment.

% = Percent of children served = Number of children served in the environment divided by the total number of children served in all environments combined, multiplied by 100.

- Data not available.

. Cannot be calculated.

NS Data not submitted.

Continued on next page

Table 3-6. Number, percentage and difference from national baseline of children ages 3 through 5 served under IDEA, Part B, in an *early childhood setting*<sup>a</sup> under IDEA, Part B; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005 (continued)

State	2004			2005			Change in percent <sup>c</sup> 2001 to 2005
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	
District of Columbia	257	44	11	351	69	35	57
Guam	65	38	5	88	51	17	51
Nebraska	167	4	-29	2,011	43	9	42
Utah	2,967	41	8	3,379	46	12	26
Bur. of Indian Affairs	239	93	60	295	89	55	21
Indiana	4,358	23	-10	9,542	50	16	20
Rhode Island	2,108	72	39	2,351	84	50	15
Vermont	936	62	29	996	64	30	14
Maine	3,271	68	35	3,093	71	37	13
Idaho	974	25	-8	1,068	26	-8	11
New Mexico	3,334	54	21	3,312	51	17	9
Connecticut	1,765	22	-11	1,909	24	-10	8
Michigan	11,477	48	15	11,388	47	13	8
North Carolina	12,647	63	30	14,816	72	38	7
Ohio	5,452	26	-7	6,019	27	-7	7
American Samoa	97	99	66	x	.	.	.
Alaska	445	22	-11	447	21	-13	6
Virgin Islands	144	86	53	138	91	57	5
New York	26,482	44	11	25,133	43	9	5
Hawaii	229	10	-23	239	10	-24	4
New Hampshire	1,310	48	15	1,482	51	17	4
North Dakota	630	41	8	592	39	5	2
Georgia	9,341	45	12	9,761	47	13	2
Oklahoma	3,873	48	15	3,848	47	13	2
Colorado	7,159	69	36	7,394	70	36	2
Mississippi	3,558	43	10	4,180	50	16	2
Texas	2,117	5	-28	2,664	7	-27	1
Arkansas	2,242	19	-14	2,268	22	-12	1
Nevada	903	17	-16	574	10	-24	0
Missouri	4,924	33	0	5,259	34	0	-1
Washington	2,268	17	-16	2,609	19	-15	-1
Florida	2,813	8	-25	2,887	8	-26	-1
Iowa	1,399	23	-10	1,395	23	-11	-2
Illinois	19,323	55	22	18,496	52	18	-2
Kansas	1,598	17	-16	1,647	18	-16	-3
Wyoming	1,379	62	29	1,525	64	30	-4
Arizona	4,703	35	2	4,564	32	-2	-4
Pennsylvania	12,296	48	15	12,096	47	13	-5
Minnesota	4,626	36	3	4,956	37	3	-5
Virginia	2,693	16	-17	2,688	15	-19	-7
West Virginia	1,440	25	-8	1,774	30	-4	-7
Oregon	1,600	28	-5	1,485	25	-9	-8
Alabama	1,890	23	-10	1,871	23	-11	-8
New Jersey	2,982	16	-17	2,946	15	-19	-8
South Carolina	2,015	17	-16	2,458	21	-13	-9
Maryland	2,402	20	-13	2,655	22	-12	-9
South Dakota	445	16	-17	289	11	-23	-9
California	20,588	33	0	21,032	32	-2	-11
Montana	595	32	-1	507	26	-8	-12
Delaware	1,047	53	20	1,049	51	17	-12
Northern Marianas	64	78	45	x	.	.	.
Wisconsin	2,526	16	-17	2,379	15	-19	-13
Tennessee	4,161	36	3	3,117	26	-8	-20
Kentucky	9,341	45	12	8,751	41	7	-24
Puerto Rico	5,122	63	30	2,677	57	23	-30
Louisiana	2,938	25	-8	2,677	25	-9	-34
Massachusetts	6,000	40	7	5,835	38	4	-41
Micronesia	x	.	.	43	12	-22	.
Palau	x	.	.	x	.	.	.
Marshall Islands	x	.	.	x	.	.	.
National Baseline	231,970	33		239,128	34		-3

<sup>a</sup>For children under age 6, the category *early childhood setting* refers to educational programs designed primarily for children without disabilities.

<sup>b</sup>DIF = The state's percentage of children ages 3 through 5 receiving special education and related services in an *early childhood setting* minus the national baseline. This column shows the difference between the percentage of children served in this environment in the state as a whole and the percentage of children served in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

<sup>c</sup>Change in percent = 2005 percentage minus 2001 percentage.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-7a. Number, percentage and difference from national baseline of students ages 6 through 21 served under IDEA, Part B, *outside the regular class less than 21 percent of the day* under IDEA, Part B, by state (in descending order of percentage of children served): Fall 2005**

State	Number of children	Percent of children served <sup>a</sup>	DIF <sup>b</sup>
Marshall Islands	x	.	.
Micronesia	2,244	98	44
American Samoa	1,076	95	41
North Dakota	9,720	79	25
Vermont	9,617	78	24
New Hampshire	22,024	76	22
Oregon	50,487	71	17
Colorado	51,092	70	16
Nebraska	27,449	68	14
Northern Marianas	459	68	14
Alabama	56,600	67	13
Connecticut	41,792	65	11
South Dakota	9,638	65	11
Kentucky	56,280	64	10
Rhode Island	17,917	64	10
Idaho	15,933	64	10
Indiana	97,877	62	8
North Carolina	106,050	62	8
West Virginia	26,624	61	7
Minnesota	62,277	60	6
Maryland	58,953	60	6
Kansas	33,513	59	5
Louisiana	46,688	58	4
Bur. of Indian Affairs	4,297	58	4
Missouri	73,430	57	3
Maine	18,376	57	3
Nevada	23,972	57	3
Virginia	88,252	56	2
Texas	261,545	56	2
Wyoming	5,484	56	2
Alaska	8,806	55	1
Mississippi	32,728	55	1
Florida	198,750	55	1
New York	212,129	55	1
Georgia	95,592	54	0
Michigan	118,455	54	0
Tennessee	57,818	53	-1
South Carolina	50,602	51	-3
Wisconsin	57,941	51	-3
Montana	8,785	51	-3
Arizona	55,774	51	-3
California	307,289	50	-4
Ohio	122,025	50	-4
Delaware	8,350	50	-4
New Mexico	21,817	50	-4
Illinois	142,163	49	-5
Massachusetts	72,654	49	-5
Oklahoma	43,580	49	-5
Iowa	32,681	49	-5
Washington	54,356	49	-5
Utah	25,845	49	-5
Arkansas	27,561	48	-6
Pennsylvania	122,230	47	-7
New Jersey	105,932	46	-8
Virgin Islands	624	41	-13
Guam	826	36	-18
District of Columbia	2,652	23	-31
Hawaii	4,463	23	-31
Palau	x	.	.
Puerto Rico	7,662	9	-45
National Baseline	3,280,500	54	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006.

<sup>a</sup>Percent of children served = Number of children receiving special education in this environment category divided by the total number of children receiving special education in all environments combined, multiplied by 100.

<sup>b</sup>DIF = The state's percentage of students ages 6 through 21 with disabilities receiving special education *outside the regular class less than 21 percent of the day* minus the national baseline. This column shows the difference between the percentage of children receiving special education in this environment in the state and the percentage of children receiving special education in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-7b. Number, percentage and difference from national baseline of students ages 6 through 21 served under IDEA, Part B, *outside the regular class more than 60 percent of the day* under IDEA, Part B, by state (in descending order of percentage of children served): Fall 2005**

State	Number of children	Percent of children served <sup>a</sup>	DIF <sup>b</sup>
Marshall Islands	x	.	.
Micronesia	x	.	.
American Samoa	x	.	.
New Hampshire	932	3	-14
North Dakota	487	4	-13
South Dakota	976	7	-10
Alabama	5,584	7	-10
Nebraska	2,943	7	-10
Connecticut	4,909	8	-9
Idaho	2,001	8	-9
Kansas	4,692	8	-9
Colorado	6,169	8	-9
Vermont	1,058	9	-8
Wyoming	853	9	-8
West Virginia	3,897	9	-8
Bur. of Indian Affairs	709	9	-8
Northern Marianas	65	10	-7
Oklahoma	8,584	10	-7
Minnesota	10,248	10	-7
Iowa	7,213	11	-6
Kentucky	9,716	11	-6
Montana	1,928	11	-6
Maine	3,593	11	-6
Missouri	14,373	11	-6
Oregon	8,103	11	-6
Wisconsin	13,807	12	-5
Arkansas	6,907	12	-5
Texas	58,920	13	-4
Puerto Rico	10,620	13	-4
Alaska	2,158	14	-3
Nevada	5,870	14	-3
Washington	15,653	14	-3
Indiana	22,604	14	-3
Virginia	22,583	14	-3
Pennsylvania	37,883	14	-3
Tennessee	15,879	15	-2
Utah	7,809	15	-2
Ohio	36,225	15	-2
Massachusetts	23,006	16	-1
Louisiana	13,067	16	-1
New Jersey	38,367	17	0
North Carolina	28,985	17	0
Maryland	16,630	17	0
Arizona	19,003	17	0
Michigan	39,182	18	1
District of Columbia	2,096	18	1
Rhode Island	5,091	18	1
Illinois	54,534	19	2
New Mexico	8,451	19	2
Palau	x	.	.
Georgia	34,209	19	2
Delaware	3,383	20	3
Mississippi	12,803	21	4
South Carolina	22,051	22	5
Florida	84,469	23	6
California	147,369	24	7
Virgin Islands	386	25	8
New York	99,283	26	9
Guam	x	.	.
Hawaii	6,555	34	17
National Baseline	1,015,619	17	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2005. Data updated as of July 17, 2006.

<sup>a</sup>Percent of children served = Number of children receiving special education in this environment category divided by the total number of children receiving special education in all environments combined, multiplied by 100.

<sup>b</sup>DIF = The state's percentage of students ages 6 through 21 with disabilities receiving special education *outside the regular class more than 60 percent of the day* minus the national baseline. This column shows the difference between the percentage of children receiving special education in this environment in the state and the percentage of children receiving special education in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-7c. Number, percentage and difference from national baseline of students ages 6 through 21 served under IDEA, Part B, in *separate public or private schools* under IDEA, Part B, by state (in ascending order of percentage of children served): Fall 2005**

State	Number of children	Percent of children served <sup>a</sup>	DIF <sup>b</sup>
American Samoa	x	.	.
Guam	x	.	.
Marshall Islands	x	.	.
Northern Marianas	x	.	.
Bur. of Indian Affairs	x	.	.
West Virginia	61	0.1	-2.8
Texas	2,434	0.5	-2.4
Montana	107	0.6	-2.3
Wyoming	65	0.7	-2.2
New Mexico	x	.	.
Washington	815	0.7	-2.2
Micronesia	x	.	.
Oklahoma	682	0.8	-2.1
South Carolina	786	0.8	-2.1
Kentucky	739	0.8	-2.1
Indiana	x	.	.
Tennessee	966	0.9	-2.0
Virgin Islands	x	.	.
Louisiana	x	.	.
North Dakota	116	0.9	-2.0
Georgia	1,668	0.9	-2.0
Idaho	247	1.0	-1.9
Wisconsin	1,183	1.0	-1.9
Mississippi	698	1.2	-1.7
Arkansas	718	1.3	-1.6
North Carolina	2,198	1.3	-1.6
Alabama	1,170	1.4	-1.5
Oregon	1,026	1.4	-1.5
Alaska	234	1.5	-1.4
Nevada	x	.	.
Hawaii	320	1.6	-1.3
South Dakota	264	1.8	-1.1
Kansas	1,037	1.8	-1.1
Florida	7,139	2.0	-0.9
Colorado	1,530	2.1	-0.8
Arizona	2,442	2.2	-0.7
Virginia	3,914	2.5	-0.4
Maine	830	2.6	-0.3
New Hampshire	782	2.7	-0.2
Iowa	1,926	2.9	0.0
Puerto Rico	2,490	3.0	0.1
Ohio	7,665	3.1	0.2
Missouri	4,029	3.1	0.2
California	19,793	3.2	0.3
Utah	1,729	3.3	0.4
Rhode Island	x	.	.
Pennsylvania	9,393	3.6	0.7
Palau	x	.	.
Minnesota	4,086	4.0	1.1
Delaware	676	4.0	1.1
Nebraska	1,842	4.5	1.6
Michigan	9,981	4.6	1.7
Vermont	577	4.7	1.8
Connecticut	3,266	5.1	2.2
New York	20,444	5.3	2.4
Illinois	15,658	5.4	2.5
Massachusetts	8,252	5.6	2.7
Maryland	7,146	7.2	4.3
New Jersey	19,777	8.6	5.7
District of Columbia	2,825	24.4	21.5
National Baseline	179,812	2.9	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2004. Data updated as of July 17, 2006.

<sup>a</sup>Percent of children served = Number of children receiving special education in this environment subcategory divided by the total number of children receiving special education in all environments combined, multiplied by 100.

<sup>b</sup>DIF = The state's percentage of students ages 6 through 21 with disabilities receiving special education in *separate public or private schools* minus the national baseline. This column shows the difference between the percentage of children receiving special education in this environment in the state and the percentage of children receiving special education in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.



Table 3-8. Number, percentage and difference from national baseline of students ages 6 through 21 served under IDEA, Part B, *outside the regular class less than 21 percent of the day* under IDEA, Part B; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005

State	2001			2002			2003		
	#	%	DIF <sup>a</sup>	#	%	DIF <sup>a</sup>	#	%	DIF <sup>a</sup>
Massachusetts	16,853	12	-36	17,265	12	-36	50,218	35	-15
Northern Marianas	173	32	-16	298	56	8	406	68	18
American Samoa	478	64	16	661	76	28	907	91	41
Alabama	40,094	45	-3	38,006	44	-4	40,806	48	-2
District of Columbia	293	3	-45	1,476	13	-35	1,485	14	-36
Rhode Island	12,941	44	-4	12,992	43	-5	19,201	66	16
Virginia	54,573	36	-12	54,792	36	-12	55,882	36	-14
Georgia	58,608	37	-11	71,817	43	-5	82,066	48	-2
New Mexico	16,118	34	-14	17,521	38	-10	19,087	41	-9
Delaware	5,423	35	-13	6,116	38	-10	6,494	40	-10
South Carolina	38,082	39	-9	42,815	44	-4	44,324	45	-5
Hawaii	2,321	11	-37	5,183	24	-24	4,943	24	-26
Louisiana	41,493	46	-2	43,050	48	0	45,609	50	0
Virgin Islands	432	29	-19	429	29	-19	488	31	-19
Maryland	49,446	49	1	52,233	51	3	56,025	55	5
West Virginia	22,343	50	2	22,454	50	2	22,966	51	1
Connecticut	36,595	55	7	36,933	56	8	37,692	57	7
Illinois	108,686	39	-9	116,619	42	-6	123,641	44	-6
Michigan	90,553	44	-4	92,744	44	-4	95,016	44	-6
Arkansas	21,163	39	-9	21,774	39	-9	23,125	41	-9
Tennessee	51,276	45	-3	50,790	44	-4	48,867	44	-6
Ohio	90,895	41	-7	96,009	42	-6	108,084	46	-4
Kentucky	44,776	56	8	46,228	57	9	49,118	59	9
Utah	20,429	42	-6	20,216	41	-7	20,829	41	-9
Wisconsin	50,405	45	-3	50,712	45	-3	53,252	47	-3
Nevada	18,374	51	3	19,076	50	2	20,282	50	0
Bur. of Indian Affairs	4,656	52	4	4,235	53	5	4,924	62	12
Florida	171,177	49	1	175,806	49	1	185,428	51	1
Iowa	29,939	44	-4	29,625	44	-4	29,920	44	-6
Mississippi	27,825	50	2	24,953	44	-4	31,263	53	3
Maine	17,098	53	5	17,269	53	5	17,813	54	4
Indiana	83,484	58	10	86,590	58	10	88,900	58	8
Pennsylvania	98,241	43	-5	104,356	44	-4	107,787	43	-7
New York	197,824	51	3	199,522	52	4	206,160	53	3
Missouri	70,028	54	6	72,874	56	8	73,327	57	7
Guam	702	33	-15	746	34	-14	753	33	-17
Arizona	43,380	48	0	44,931	48	0	48,388	48	-2
North Carolina	98,584	59	11	100,484	59	11	103,097	60	10
Oklahoma	37,849	47	-1	39,011	47	-1	40,179	47	-3
Wyoming	6,134	54	6	6,037	54	6	6,000	53	3
New Hampshire	20,669	75	27	21,253	75	27	21,553	75	25
New Jersey	94,322	44	-4	97,061	45	-3	101,550	46	-4
Texas	248,948	55	7	243,891	53	5	245,854	53	3
Kansas	31,290	58	10	32,518	59	11	32,273	58	8
Washington	52,501	48	0	51,780	47	-1	52,150	47	-3
South Dakota	9,430	64	16	9,676	64	16	9,688	64	14
Vermont	9,735	77	29	9,481	76	28	9,519	77	27
Nebraska	26,563	67	19	22,997	58	10	23,464	58	8
North Dakota	9,735	79	31	9,797	78	30	9,754	78	28
Oregon	50,360	71	23	51,148	71	23	51,100	72	22
Colorado	50,625	71	23	49,867	69	21	50,992	70	20
Idaho	16,402	65	17	15,811	62	14	14,955	59	9
Alaska	9,359	57	9	9,387	57	9	9,277	58	8
Minnesota	62,031	63	15	61,789	62	14	61,979	61	11
California	316,096	53	5	303,745	50	2	303,117	49	-1
Montana	9,818	56	8	9,651	55	7	9,588	54	4
Palau	78	49	1	58	36	-12	64	35	-15
Puerto Rico	41,803	71	23	NS	.	.	NS	.	.
Marshall Islands	-	.	.	746	94	46	648	92	42
Micronesia	-	.	.	1,842	90	42	2,121	96	46
National Baseline	2,839,509	48		2,847,146	48		2,984,398	50	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0517: "Part B, *Individuals with Disabilities Education Act*, Implementation of FAPE Requirements," 2001 through 2005. Data updated as of July 17, 2006.

<sup>a</sup>DIF = The state's percentage of students ages 6 through 21 with disabilities receiving special education *outside the regular class less than 21 percent of the day* minus the national baseline. This column shows the difference between the percentage of children receiving special education in this environment in the state and the percentage of children receiving special education in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

# = Number of children served in the environment.

% = Percent of children served = Number of children receiving special education in this environment divided by the total number of children receiving special education in all environments combined, multiplied by 100.

NS Data not submitted.

- Data not available.

. Cannot be calculated.

Continued on next page

**Table 3-8. Number, percentage and difference from national baseline of students ages 6 through 21 served under IDEA, Part B, *outside the regular class less than 21 percent of the day* under IDEA, Part B; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005 (continued)**

State	2004			2005			Change in percent <sup>b</sup> 2001 to 2005
	#	%	DIF <sup>a</sup>	#	%	DIF <sup>a</sup>	
Massachusetts	65,087	44	-8	72,654	49	-5	37
Northern Marianas	454	68	16	459	68	14	35
American Samoa	1,077	94	42	1,076	95	41	31
Alabama	48,005	56	4	56,600	67	13	22
District of Columbia	1,531	12	-40	2,652	23	-31	20
Rhode Island	17,948	63	11	17,917	64	10	20
Virginia	88,120	56	4	88,252	56	2	20
Georgia	89,476	51	-1	95,592	54	0	18
New Mexico	20,719	46	-6	21,817	50	-4	15
Delaware	7,601	45	-7	8,350	50	-4	15
South Carolina	49,234	49	-3	50,602	51	-3	12
Hawaii	4,797	24	-28	4,463	23	-31	12
Louisiana	48,131	53	1	46,688	58	4	12
Virgin Islands	527	33	-19	624	41	-13	12
Maryland	57,345	57	5	58,953	60	6	11
West Virginia	24,830	56	4	26,624	61	7	11
Connecticut	39,469	61	9	41,792	65	11	10
Illinois	136,055	47	-5	142,163	49	-5	10
Michigan	97,853	45	-7	118,455	54	0	10
Arkansas	25,055	44	-8	27,561	48	-6	9
Tennessee	49,386	45	-7	57,818	53	-1	9
Ohio	111,417	46	-6	122,025	50	-4	9
Kentucky	53,160	62	10	56,280	64	10	9
Utah	22,174	42	-10	25,845	49	-5	7
Wisconsin	55,990	49	-3	57,941	51	-3	6
Nevada	22,208	53	1	23,972	57	3	6
Bur. of Indian Affairs	4,415	57	5	4,297	58	4	5
Florida	181,958	50	-2	198,750	55	1	5
Iowa	29,976	44	-8	32,681	49	-5	5
Mississippi	30,203	50	-2	32,728	55	1	5
Maine	18,145	55	3	18,376	57	3	4
Indiana	93,616	60	8	97,877	62	8	4
Pennsylvania	112,014	44	-8	122,230	47	-7	3
New York	210,074	54	2	212,129	55	1	3
Missouri	73,296	57	5	73,430	57	3	3
Guam	784	34	-18	826	36	-18	3
Arizona	52,275	49	-3	55,774	51	-3	3
North Carolina	105,117	61	9	106,050	62	8	3
Oklahoma	41,764	48	-4	43,580	49	-5	3
Wyoming	6,000	53	1	5,484	56	2	2
New Hampshire	21,875	76	24	22,024	76	22	2
New Jersey	104,098	46	-6	105,932	46	-8	2
Texas	252,110	53	1	261,545	56	2	1
Kansas	31,197	56	4	33,513	59	5	1
Washington	53,552	48	-4	54,356	49	-5	1
South Dakota	9,687	64	12	9,638	65	11	1
Vermont	9,477	77	25	9,617	78	24	0
Nebraska	23,986	58	6	27,449	68	14	0
North Dakota	10,216	78	26	9,720	79	25	-0
Oregon	51,405	72	20	50,487	71	17	-0
Colorado	51,282	70	18	51,092	70	16	-1
Idaho	14,650	59	7	15,933	64	10	-1
Alaska	9,321	58	6	8,806	55	1	-2
Minnesota	61,938	60	8	62,277	60	6	-2
California	301,473	49	-3	307,289	50	-4	-2
Montana	9,087	52	0	8,785	51	-3	-5
Palau	x	.	.	x	.	.	.
Puerto Rico	57,857	73	21	7,662	9	-45	-62
Marshall Islands	x	.	.	x	.	.	.
Micronesia	1,978	97	45	2,244	98	44	.
National Baseline	3,173,232	52		3,280,500	54		6

<sup>a</sup>DIF = The state's percentage of students ages 6 through 21 with disabilities receiving special education *outside the regular class less than 21 percent of the day* minus the national baseline. This column shows the difference between the percentage of children receiving special education in this environment in the state and the percentage of children receiving special education in this environment in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of children in this environment than does the U.S. and outlying areas as a whole. Please see the Data Notes in appendix B for information the states submitted to clarify their data submissions regarding educational environments.

<sup>b</sup>Change in percent = 2005 percentage minus 2001 percentage.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

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**Table 3-9. Number, percentage and difference from national baseline of infants and toddlers birth through age 2 (excluding children at risk<sup>a</sup>) served under IDEA, Part C, by age and state (in descending order of percentage of population): Fall 2005**

State	Age			DIF <sup>c</sup>
	Birth through 2	Population 0 through 2	Percent of population <sup>b</sup>	
Massachusetts	13,407	237,566	5.64	3.30
New York	32,558	752,146	4.33	1.99
Wyoming	828	19,194	4.31	1.97
Hawaii	2,366	54,944	4.31	1.97
Rhode Island	1,610	39,343	4.09	1.75
Indiana	9,890	257,903	3.83	1.49
West Virginia	2,265	61,785	3.67	1.33
Pennsylvania	14,511	438,037	3.31	0.97
Vermont	610	19,088	3.20	0.86
Connecticut	3,970	125,816	3.16	0.82
North Dakota	691	22,875	3.02	0.68
Illinois	16,175	539,978	3.00	0.66
New Hampshire	1,261	42,834	2.94	0.60
Delaware	985	33,543	2.94	0.60
South Dakota	935	32,168	2.91	0.57
Idaho	1,881	64,880	2.90	0.56
Maine	1,182	40,873	2.89	0.55
Maryland	6,607	229,517	2.88	0.54
Wisconsin	5,903	205,118	2.88	0.54
Kansas	2,985	113,903	2.62	0.28
Puerto Rico	3,900	150,949	2.58	0.24
Virgin Islands	131	5,087	2.58	0.24
New Jersey	8,815	348,710	2.53	0.19
New Mexico	2,029	81,324	2.49	0.15
Ohio	10,893	440,192	2.47	0.13
Iowa	2,588	110,209	2.35	0.01
Arkansas	2,547	113,407	2.25	-0.09
Montana	724	32,706	2.21	-0.13
Michigan	8,547	388,003	2.20	-0.14
Kentucky	3,549	163,414	2.17	-0.17
Alaska	642	30,677	2.09	-0.25
Oklahoma	3,017	148,586	2.03	-0.31
Texas	21,855	1,129,466	1.93	-0.41
South Carolina	3,152	168,256	1.87	-0.47
Utah	2,681	143,336	1.87	-0.47
Colorado	3,754	202,570	1.85	-0.49
California	29,917	1,618,454	1.85	-0.49
Tennessee	4,217	234,518	1.80	-0.54
Florida	12,037	670,544	1.80	-0.54
American Samoa	87	4,856	1.79	-0.55
Washington	4,248	237,834	1.79	-0.55
Oregon	2,404	134,794	1.78	-0.56
Louisiana	3,450	195,733	1.76	-0.58
Virginia	5,338	310,381	1.72	-0.62
District of Columbia	405	24,091	1.68	-0.66
Nebraska	1,263	75,576	1.67	-0.67
Arizona	4,450	277,127	1.61	-0.73
Northern Marianas	57	3,600	1.58	-0.76
Minnesota	3,209	205,091	1.56	-0.78
North Carolina	5,520	361,197	1.53	-0.81
Guam	150	10,218	1.47	-0.87
Missouri	3,356	228,675	1.47	-0.87
Alabama	2,476	178,392	1.39	-0.95
Nevada	1,417	103,863	1.36	-0.98
Mississippi	1,732	129,192	1.34	-1.00
Georgia	5,576	417,314	1.34	-1.00
National baseline	290,753	12,409,853	2.34	

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

U.S. Bureau of the Census. For the 50 states and D.C., population data accessed August 2005 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.CSV](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.CSV). For American Samoa, Guam and Northern Marianas, population data are from Census 2000, Summary File 1, Table P7. For Puerto Rico, they are from Census 2000, Summary File 1, Table P14. For Virgin Islands, they are from Census 2000, Summary File 1, Table P9, accessed August 2004 from [http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=DEC&\\_lang=en](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en).

<sup>a</sup>Children who are at risk of experiencing a substantial developmental delay if they do not receive early intervention services.

<sup>b</sup>Percent of population = Number of infants and toddlers birth through age 2 receiving early intervention services divided by the birth through 2 population, multiplied by 100.

<sup>c</sup>DIF = The state's percentage of infants and toddlers birth through age 2 (excluding children at risk) receiving early intervention services minus the national baseline. This column shows the difference between the percentage of children birth through age 2 (excluding children at risk) served in the state and the percentage served in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of its infant and toddler population than is true for the U.S. and outlying areas as a whole. Because criteria for Part C eligibility vary widely across states, differences in identification rates on this table should be interpreted with caution. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding child count.

**Table 3-10. Number, percentage and difference from national baseline of infants younger than 1 year of age (excluding infants at risk<sup>a</sup>) served under IDEA, Part C, by age and state (in descending order of percentage of population): Fall 2005**

State	Number of children age <1	Birth population	Percent of population <sup>b</sup>	DIF <sup>c</sup>
Virgin Islands	61	1,672	3.65	2.70
Massachusetts	2,131	79,611	2.68	1.73
Hawaii	431	18,628	2.31	1.36
Wyoming	125	6,539	1.91	0.96
Rhode Island	246	13,257	1.86	0.91
Louisiana	1,208	67,470	1.79	0.84
Idaho	386	22,047	1.75	0.80
Pennsylvania	2,365	147,036	1.61	0.66
West Virginia	332	21,036	1.58	0.63
North Dakota	125	7,922	1.58	0.63
Indiana	1,217	86,945	1.40	0.45
New Hampshire	x	14,033	.	.
Oklahoma	686	50,713	1.35	0.40
Ohio	1,983	148,584	1.33	0.38
Montana	147	11,076	1.33	0.38
Maryland	951	76,493	1.24	0.29
Kansas	477	38,596	1.24	0.29
District of Columbia	101	8,243	1.23	0.28
Iowa	456	37,460	1.22	0.27
American Samoa	21	1,726	1.22	0.27
Vermont	70	6,345	1.10	0.15
Illinois	1,943	181,010	1.07	0.12
California	5,683	537,563	1.06	0.11
New York	2,619	251,865	1.04	0.09
Wisconsin	713	69,005	1.03	0.08
Michigan	1,330	129,226	1.03	0.08
Guam	x	3,535	.	.
Delaware	109	11,177	0.98	0.03
New Mexico	262	27,339	0.96	0.01
Connecticut	387	41,418	0.93	-0.02
Alaska	96	10,311	0.93	-0.02
Northern Marianas	11	1,297	0.85	-0.10
South Dakota	91	11,067	0.82	-0.13
Texas	3,121	379,873	0.82	-0.13
South Carolina	439	56,409	0.78	-0.17
Colorado	492	66,489	0.74	-0.21
Oregon	329	44,681	0.74	-0.21
Tennessee	581	79,592	0.73	-0.22
Missouri	552	77,970	0.71	-0.24
Florida	1,499	224,617	0.67	-0.28
Utah	318	48,391	0.66	-0.29
Maine	89	13,758	0.65	-0.30
Nebraska	164	25,704	0.64	-0.31
Arizona	545	92,572	0.59	-0.36
New Jersey	640	115,186	0.56	-0.39
North Carolina	627	120,957	0.52	-0.43
Virginia	538	104,945	0.51	-0.44
Washington	406	79,712	0.51	-0.44
Kentucky	274	55,710	0.49	-0.46
Alabama	296	60,803	0.49	-0.46
Georgia	678	140,577	0.48	-0.47
Nevada	162	34,186	0.47	-0.48
Mississippi	207	44,453	0.47	-0.48
Puerto Rico	234	50,547	0.46	-0.49
Minnesota	318	69,406	0.46	-0.49
Arkansas	151	38,621	0.39	-0.56
National baseline	39,649	4,165,404	0.95	

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

U.S. Bureau of the Census. For the 50 states and D.C., population data accessed August 2005 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.CSV](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.CSV). For American Samoa, Guam and Northern Marianas, population data are from Census 2000, Summary File 1, Table P7. For Puerto Rico, they are from Census 2000, Summary File 1, Table P14. For Virgin Islands, they are from Census 2000, Summary File 1, Table P9, accessed August 2004 from [http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=DEC&\\_lang=en](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en).

<sup>a</sup>Children who are at risk of experiencing a substantial developmental delay if they do not receive early intervention services.

<sup>b</sup>Percent of population = Number of infants under 1 year of age receiving early intervention services divided by the population under 1 year of age, multiplied by 100.

<sup>c</sup>DIF = The state's percentage of infants younger than 1 year of age (excluding infants at risk) receiving early intervention services minus the national baseline. This column shows the difference between the percentage of children under 1 year of age served in the state and the percentage served in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of its under age 1 population than is true for the U.S. and outlying areas as a whole. Because criteria for Part C eligibility vary widely across states, differences in identification rates on this table should be interpreted with caution. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding child count.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-11. Number, percentage and difference from national baseline of infants and toddlers birth through age 2 (excluding children at risk<sup>a</sup>) served under IDEA, Part C; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005**

State	2001			2002			2003		
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>
Wyoming	531	2.9	0.88	618	3.3	1.16	671	3.6	1.38
North Dakota	371	1.7	-0.34	411	1.8	-0.33	476	2.1	-0.06
West Virginia	1,412	2.3	0.31	1,332	2.2	0.02	1,517	2.5	0.31
Rhode Island	1,089	3.0	0.93	1,263	3.4	1.27	1,282	3.4	1.23
Illinois	10,021	1.9	-0.14	10,906	2.0	-0.13	13,140	2.4	0.25
American Samoa	35	0.7	-1.31	42	0.9	-1.31	31	0.6	-1.55
New Mexico	1,149	1.5	-0.58	1,290	1.6	-0.57	1,553	1.9	-0.27
Pennsylvania	10,191	2.4	0.37	11,274	2.7	0.49	12,429	2.9	0.71
Puerto Rico	2,983	1.7	-0.31	2,778	1.7	-0.51	2,486	1.5	-0.64
Iowa	1,637	1.5	-0.54	1,931	1.8	-0.41	2,136	1.9	-0.24
Hawaii	1,690	3.5	1.43	2,002	3.9	1.72	2,405	4.5	2.29
Idaho	1,257	2.1	0.05	1,340	2.2	0.01	1,490	2.4	0.20
Ohio	7,612	1.7	-0.32	6,943	1.6	-0.60	8,339	1.9	-0.30
South Dakota	655	2.1	0.12	704	2.3	0.10	830	2.7	0.47
Vermont	472	2.5	0.47	577	3.1	0.89	625	3.3	1.10
New Jersey	6,434	1.9	-0.12	7,252	2.1	-0.04	8,085	2.3	0.15
Maryland	4,897	2.3	0.25	5,450	2.5	0.32	5,621	2.5	0.32
South Carolina	2,093	1.3	-0.75	1,695	1.0	-1.15	1,739	1.0	-1.15
Louisiana	2,311	1.2	-0.83	2,483	1.3	-0.89	3,440	1.8	-0.42
Maine	964	2.4	0.37	1,078	2.7	0.51	1,105	2.7	0.56
Indiana	8,645	3.4	1.33	8,614	3.3	1.18	9,543	3.7	1.54
Washington	3,119	1.3	-0.70	3,518	1.5	-0.67	3,627	1.5	-0.65
Arizona	2,924	1.2	-0.85	3,487	1.3	-0.82	3,725	1.4	-0.79
Nevada	895	0.9	-1.08	885	0.9	-1.26	930	0.9	-1.26
Michigan	7,094	1.8	-0.23	7,570	1.9	-0.24	8,229	2.1	-0.08
Oregon	1,887	1.4	-0.63	1,933	1.4	-0.74	1,838	1.4	-0.83
Georgia	3,770	1.0	-1.05	4,061	1.0	-1.15	4,907	1.2	-0.99
Montana	600	1.9	-0.13	574	1.8	-0.38	628	1.9	-0.24
Massachusetts	12,487	5.3	3.30	13,372	5.6	3.43	13,986	5.8	3.64
District of Columbia	279	1.4	-0.64	283	1.3	-0.84	247	1.1	-1.10
Wisconsin	5,212	2.6	0.56	5,323	2.6	0.45	5,417	2.7	0.47
New Hampshire	1,155	2.7	0.64	1,214	2.8	0.65	1,142	2.6	0.44
Colorado	3,068	1.6	-0.44	2,854	1.4	-0.73	3,148	1.5	-0.65
Northern Marianas	48	1.3	-0.70	42	1.2	-1.00	40	1.1	-1.08
California	24,425	1.6	-0.41	24,904	1.6	-0.55	25,487	1.6	-0.58
Alabama	2,086	1.2	-0.86	2,157	1.2	-0.97	2,159	1.2	-0.98
Kansas	2,738	2.4	0.38	2,828	2.5	0.30	2,749	2.4	0.21
New York	30,417	4.1	2.09	35,997	4.9	2.68	33,026	4.4	2.20
Oklahoma	2,627	1.8	-0.20	2,935	2.0	-0.17	3,348	2.3	0.08
Texas	18,171	1.7	-0.28	20,286	1.9	-0.30	20,233	1.8	-0.37
Missouri	2,825	1.3	-0.74	2,942	1.3	-0.85	3,423	1.5	-0.66
Virginia	4,468	1.6	-0.47	5,147	1.7	-0.43	5,228	1.7	-0.45
North Carolina	4,783	1.4	-0.65	5,012	1.4	-0.76	5,071	1.4	-0.78
Connecticut	3,879	3.0	0.99	4,033	3.2	1.02	3,701	2.9	0.74
Nebraska	1,115	1.6	-0.46	1,163	1.6	-0.57	1,260	1.7	-0.48
Utah	2,463	1.8	-0.23	2,527	1.8	-0.37	2,382	1.7	-0.52
Minnesota	3,052	1.6	-0.47	3,267	1.7	-0.52	3,502	1.7	-0.44
Delaware	907	2.9	0.91	1,034	3.2	1.02	953	2.9	0.69
Alaska	634	2.2	0.17	625	2.1	-0.05	641	2.1	-0.05
Kentucky	3,867	2.4	0.38	4,176	2.6	0.42	3,903	2.4	0.24
Tennessee	4,701	2.1	0.03	5,426	2.4	0.19	4,215	1.8	-0.37
Arkansas	2,774	2.5	0.49	2,874	2.6	0.41	2,772	2.5	0.29
Mississippi	2,030	1.6	-0.40	1,862	1.5	-0.69	1,975	1.6	-0.63
Guam	210	2.1	0.03	137	1.3	-0.83	130	1.3	-0.92
Florida	14,443	2.4	0.36	16,894	2.7	0.53	14,719	2.3	0.09
Virgin Islands	207	4.1	2.04	160	3.1	0.98	160	3.1	0.96
National baseline	241,809	2.0		261,485	2.2		267,844	2.2	

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

U.S. Bureau of the Census. For the 50 states and D.C., population data accessed August 2005 from [http://www.census.gov/popest/states/files/SC-EST2005-AGESEX\\_RES.CSV](http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.CSV). For American Samoa, Guam and Northern Marianas, population data are from Census 2000, Summary File 1, Table P7. For Puerto Rico, they are from Census 2000, Summary File 1, Table P14. For Virgin Islands, they are from Census 2000, Summary File 1, Table P9, accessed August 2004 from [http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=DEC&\\_lang=en](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en).

<sup>a</sup>Children who are at risk of experiencing a substantial developmental delay if they do not receive early intervention services.

<sup>b</sup>DIF = The state's percentage of infants and toddlers birth through age 2 (excluding children at risk) receiving early intervention services minus the national baseline. This column shows the difference between the percentage of the infant and toddler population served in the state and the percentage served in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of its infant and toddler population than is true for the U.S. and outlying areas as a whole. Because criteria for Part C eligibility vary widely across states, differences in identification rates on this table should be interpreted with caution. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding child count.

# = Number of infants and toddlers receiving early intervention services.

% = Percentage of population receiving early intervention. This is equal to the number of infants and toddlers ages birth through 2 receiving early intervention services divided by the birth through 2 population, multiplied by 100.

Continued on next page

**Table 3-11. Number, percentage and difference from national baseline of infants and toddlers birth through age 2 (excluding children at risk<sup>a</sup>) served under IDEA, Part C; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2005 (continued)**

State	2004			2005			Change in percent <sup>c</sup> 2001 to 2005
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	
Wyoming	759	4.0	1.72	828	4.3	1.97	1.4
North Dakota	611	2.7	0.45	691	3.0	0.68	1.3
West Virginia	1,736	2.8	0.59	2,265	3.7	1.33	1.3
Rhode Island	1,290	3.4	1.10	1,610	4.1	1.75	1.1
Illinois	15,318	2.9	0.59	16,175	3.0	0.66	1.1
American Samoa	63	1.3	-0.96	87	1.8	-0.55	1.1
New Mexico	1,819	2.2	-0.02	2,029	2.5	0.15	1.0
Pennsylvania	13,297	3.1	0.81	14,511	3.3	0.97	0.9
Puerto Rico	3,139	2.0	-0.22	3,900	2.6	0.24	0.9
Iowa	2,331	2.1	-0.13	2,588	2.3	0.01	0.9
Hawaii	2,389	4.4	2.15	2,366	4.3	1.97	0.8
Idaho	1,706	2.7	0.42	1,881	2.9	0.56	0.8
Ohio	9,449	2.2	-0.10	10,893	2.5	0.13	0.8
South Dakota	897	2.8	0.57	935	2.9	0.57	0.8
Vermont	599	3.1	0.88	610	3.2	0.86	0.7
New Jersey	8,272	2.4	0.12	8,815	2.5	0.19	0.6
Maryland	6,276	2.8	0.51	6,607	2.9	0.54	0.6
South Carolina	2,289	1.4	-0.89	3,152	1.9	-0.47	0.6
Louisiana	4,543	2.3	0.08	3,450	1.8	-0.58	0.6
Maine	1,169	2.9	0.63	1,182	2.9	0.55	0.5
Indiana	10,067	3.9	1.68	9,890	3.8	1.49	0.5
Washington	3,859	1.6	-0.63	4,248	1.8	-0.55	0.5
Arizona	4,196	1.5	-0.72	4,450	1.6	-0.73	0.4
Nevada	1,308	1.3	-0.98	1,417	1.4	-0.98	0.4
Michigan	8,350	2.2	-0.10	8,547	2.2	-0.14	0.4
Oregon	2,081	1.5	-0.72	2,404	1.8	-0.56	0.4
Georgia	5,450	1.3	-0.94	5,576	1.3	-1.00	0.4
Montana	677	2.1	-0.18	724	2.2	-0.13	0.3
Massachusetts	13,166	5.5	3.27	13,407	5.6	3.30	0.3
District of Columbia	294	1.3	-1.00	405	1.7	-0.66	0.3
Wisconsin	5,756	2.8	0.56	5,903	2.9	0.54	0.3
New Hampshire	1,164	2.7	0.44	1,261	2.9	0.60	0.3
Colorado	3,484	1.7	-0.55	3,754	1.9	-0.49	0.3
Northern Marianas	47	1.3	-0.95	57	1.6	-0.76	0.3
California	26,669	1.7	-0.59	29,917	1.8	-0.49	0.2
Alabama	2,261	1.3	-0.98	2,476	1.4	-0.95	0.2
Kansas	2,947	2.6	0.32	2,985	2.6	0.28	0.2
New York	32,388	4.3	2.06	32,558	4.3	1.99	0.2
Oklahoma	3,013	2.0	-0.22	3,017	2.0	-0.31	0.2
Texas	20,638	1.8	-0.41	21,855	1.9	-0.41	0.2
Missouri	3,445	1.5	-0.73	3,356	1.5	-0.87	0.2
Virginia	5,369	1.8	-0.50	5,338	1.7	-0.62	0.2
North Carolina	5,348	1.5	-0.77	5,520	1.5	-0.81	0.1
Connecticut	3,948	3.1	0.87	3,970	3.2	0.82	0.1
Nebraska	1,302	1.7	-0.52	1,263	1.7	-0.67	0.1
Utah	2,524	1.8	-0.50	2,681	1.9	-0.47	0.1
Minnesota	3,039	1.5	-0.76	3,209	1.6	-0.78	0.0
Delaware	1,011	3.0	0.77	985	2.9	0.60	0.0
Alaska	610	2.0	-0.24	642	2.1	-0.25	-0.1
Kentucky	3,666	2.3	0.01	3,549	2.2	-0.17	-0.2
Tennessee	3,973	1.7	-0.55	4,217	1.8	-0.54	-0.3
Arkansas	2,725	2.4	0.17	2,547	2.2	-0.09	-0.3
Mississippi	2,126	1.7	-0.58	1,732	1.3	-1.00	-0.3
Guam	141	1.4	-0.88	150	1.5	-0.87	-0.6
Florida	12,214	1.9	-0.40	12,037	1.8	-0.54	-0.6
Virgin Islands	178	3.5	1.24	131	2.6	0.24	-1.5
National baseline	277,386	2.3		290,753	2.3		0.3

<sup>a</sup>Children who are at risk of experiencing a substantial developmental delay if they do not receive early intervention services.

<sup>b</sup>DIF = The state's percentage of infants and toddlers birth through age 2 (excluding children at risk) receiving early intervention services minus the national baseline. This column shows the difference between the percentage of the infant and toddler population served in the state and the percentage served in the U.S. and outlying areas as a whole. A positive DIF value indicates that the state serves a higher percentage of its infant and toddler population than is true for the U.S. and outlying areas as a whole. Because criteria for Part C eligibility vary widely across states, differences in identification rates on this table should be interpreted with caution. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding child count.

<sup>c</sup>Change in percent = 2005 percentage minus 2001 percentage.

# = Number of infants and toddlers receiving early intervention services.

% = Percentage of population receiving early intervention. This is equal to the number of infants and toddlers birth through age 2 receiving early intervention services divided by the birth through 2 population, multiplied by 100.

**Table 3-12. Number, percentage and difference from national baseline of infants and toddlers birth through age 2 served primarily in natural environments<sup>a</sup> under IDEA, Part C, by state (in descending order of percentage of children served): Fall 2004**

State	Number of children	Percent of children served <sup>b</sup>	DIF <sup>c</sup>
Guam	x	.	.
Georgia	5,437	100	13
Connecticut	3,935	100	13
Pennsylvania	13,215	99	12
Massachusetts	13,641	99	12
New Jersey	7,723	99	12
Puerto Rico	3,108	99	12
New Hampshire	1,151	99	12
West Virginia	1,960	99	12
Texas	20,251	98	11
Colorado	3,396	97	10
Kansas	2,858	97	10
Missouri	3,338	97	10
Nevada	1,267	97	10
Oklahoma	2,912	97	10
North Dakota	588	96	9
South Dakota	862	96	9
Louisiana	4,362	96	9
Iowa	2,237	96	9
Wisconsin	5,521	96	9
Northern Marianas	x	.	.
North Carolina	6,101	96	9
Vermont	573	96	9
South Carolina	1,794	95	8
Kentucky	x	.	.
Alaska	x	.	.
Indiana	10,108	94	7
Rhode Island	1,213	94	7
Idaho	1,582	93	6
Montana	624	92	5
Wyoming	691	91	4
Alabama	2,054	91	4
Minnesota	2,760	89	2
Maryland	5,566	89	2
Hawaii	3,486	89	2
New Mexico	2,439	88	1
New York	28,519	88	1
Arizona	3,627	86	-1
Maine	1,010	86	-1
Nebraska	1,111	85	-2
Michigan	7,048	84	-3
Virginia	4,467	83	-4
California	x	.	.
Delaware	836	83	-4
Illinois	12,601	82	-5
Virgin Islands	x	.	.
Ohio	7,301	77	-10
Mississippi	1,641	77	-10
Arkansas	2,095	77	-10
Utah	1,889	75	-12
Tennessee	2,833	71	-16
Oregon	1,290	62	-25
District of Columbia	166	56	-31
Washington	1,795	47	-40
American Samoa	x	.	.
Florida	4,075	33	-54
National Baseline	247,328	87	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

<sup>a</sup>Natural environments is a constructed category that combines the early intervention settings categories *home* and *program designed for typically developing children*.

<sup>b</sup>Percent of children served = Number of infants and toddlers served primarily in natural environments divided by the total number of infants and toddlers in all setting categories combined, multiplied by 100.

<sup>c</sup>DIF = The state's percentage of infants and toddlers birth through age 2 receiving early intervention services primarily in natural environments minus the national baseline. This column shows the difference between the percent served in this setting in the state and the percent served in this setting in the U.S. and outlying areas as a whole. A positive DIF value indicates that a higher percentage of children are served in this environment in the state than is true for the U.S. and outlying areas as a whole. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding settings.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.

**Table 3-13. Number, percentage and difference from national baseline of infants and toddlers birth through age 2 served primarily in natural environments<sup>a</sup> under IDEA, Part C; and percentage point change, by state and year (in descending order of percentage point change): Fall 2001 to fall 2004**

State	2001			2002			2003			2004			Change in percent <sup>c</sup> 2001 to 2004
	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	#	%	DIF <sup>b</sup>	
Puerto Rico	1,283	43	-39	2,184	79	-4	2,339	94	9	3,108	99	12	56
Maine	473	49	-33	631	59	-24	765	69	-16	1,010	86	-1	37
Virgin Islands	66	46	-36	133	83	0	x	.	.	x	.	.	.
South Carolina	1,395	67	-15	1,128	67	-16	1,580	91	6	1,794	95	8	28
Nevada	620	69	-13	732	83	0	862	93	8	1,267	97	10	28
Guam	173	79	-3	132	92	9	139	99	14	x	.	.	.
Mississippi	1,160	57	-25	1,245	67	-16	1,254	63	-22	1,641	77	-10	20
New Mexico	1,404	73	-9	1,765	85	2	2,133	92	7	2,439	88	1	15
Arizona	2,121	73	-9	2,963	85	2	x	.	.	3,627	86	-1	14
Ohio	4,050	64	-18	4,449	64	-19	5,670	68	-17	7,301	77	-10	13
Maryland	3,709	76	-6	4,324	79	-4	4,568	81	-4	5,566	89	2	13
Colorado	2,236	86	4	2,486	94	11	3,048	97	12	3,396	97	10	11
Rhode Island	912	84	2	1,096	87	4	1,190	93	8	1,213	94	7	10
California	17,757	73	-9	22,188	83	0	x	.	.	x	.	.	.
Alabama	1,714	82	0	1,861	86	3	1,959	91	6	2,054	91	4	9
Michigan	5,428	77	-5	5,815	77	-6	6,374	77	-8	7,048	84	-3	8
Delaware	681	75	-7	746	72	-11	724	76	-9	836	83	-4	8
Arkansas	1,925	69	-13	1,917	67	-16	2,436	72	-13	2,095	77	-10	7
Georgia	4,458	92	10	4,047	100	17	4,901	100	15	5,437	100	13	7
New York	24,762	81	-1	30,208	84	1	28,779	87	2	28,519	88	1	7
Kansas	2,487	91	9	2,666	94	11	2,595	94	9	2,858	97	10	6
Louisiana	2,078	90	8	2,249	91	8	2,773	81	-4	4,362	96	9	6
Massachusetts	12,014	93	11	13,583	98	15	14,149	98	13	13,641	99	12	6
Idaho	1,090	87	5	1,181	88	5	1,318	88	3	1,582	93	6	6
Indiana	8,900	88	6	9,337	90	7	9,273	90	5	10,108	94	7	6
Minnesota	2,556	84	2	2,802	85	2	2,920	83	-2	2,760	89	2	6
North Dakota	337	91	9	400	97	14	465	98	13	588	96	9	5
Hawaii	3,300	83	1	4,164	83	0	3,656	88	3	3,486	89	2	5
Missouri	2,595	92	10	2,504	85	2	3,270	96	11	3,338	97	10	5
Wisconsin	4,752	91	9	5,005	94	11	5,112	94	9	5,521	96	9	5
Illinois	7,814	78	-4	8,703	80	-3	10,777	82	-3	12,601	82	-5	4
North Carolina	5,028	91	9	5,513	94	11	5,796	96	11	6,101	96	9	4
Iowa	1,503	92	10	1,814	94	11	2,026	95	10	2,237	96	9	4
Pennsylvania	9,747	96	14	11,140	99	16	12,311	99	14	13,215	99	12	4
Kentucky	3,518	91	9	3,864	93	10	x	.	.	x	.	.	.
Oklahoma	2,456	93	11	2,777	95	12	3,210	96	11	2,912	97	10	3
Nebraska	932	84	2	952	82	-1	1,049	83	-2	1,111	85	-2	2
Tennessee	3,284	70	-12	4,125	76	-7	3,146	75	-10	2,833	71	-16	1
Washington	1,399	45	-37	2,648	75	-8	2,346	65	-20	1,795	47	-40	1
West Virginia	1,561	98	16	1,606	100	17	1,664	100	15	1,960	99	12	1
New Jersey	6,316	98	16	7,089	98	15	7,940	98	13	7,723	99	12	1
South Dakota	626	96	14	673	96	13	795	96	11	862	96	9	1
Connecticut	3,869	100	18	4,019	100	17	3,687	100	15	3,935	100	13	-0
Texas	17,886	98	16	20,012	99	16	19,885	98	13	20,251	98	11	-0
New Hampshire	1,157	99	17	1,218	100	17	1,144	100	15	1,151	99	12	-0
District of Columbia	159	57	-25	121	43	-40	121	49	-36	166	56	-31	-1
Alaska	606	96	14	570	91	8	601	94	9	x	.	.	.
Virginia	2,949	84	2	3,687	89	6	4,179	80	-5	4,467	83	-4	-1
Utah	1,877	76	-6	1,915	76	-7	1,940	81	-4	1,889	75	-12	-1
Vermont	459	97	15	517	90	7	603	96	11	573	96	9	-2
Oregon	1,202	64	-18	932	48	-35	946	51	-34	1,290	62	-25	-2
Montana	568	95	13	547	95	12	575	92	7	624	92	5	-2
Wyoming	501	94	12	589	95	12	608	91	6	691	91	4	-3
Northern Marianas	48	100	18	41	98	15	x	.	.	x	.	.	.
Florida	9,646	67	-15	5,864	35	-48	3,886	26	-59	4,075	33	-54	-33
American Samoa	-	.	.	-	.	.	x	.	.	x	.	.	.
National Baseline	201,547	82		224,877	83		233,712	85		247,328	87		5

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2001 through 2004. Data updated as of July 17, 2006.

<sup>a</sup>Natural environments is a constructed category that combines the early intervention settings *home* and *program designed for typically developing children*.

<sup>b</sup>DIF = The state's percentage of infants and toddlers birth through age 2 receiving early intervention services primarily in natural environments minus the national baseline. This column shows the difference between the percent served in this setting in the state and the percent served in this setting in the U.S. and outlying areas as a whole. A positive DIF value indicates that a higher percentage of children are served in this environment in the state than is true for the U.S. and outlying areas as a whole. Please see the Data Notes in appendix A for information the states submitted to clarify their data submissions regarding settings.

<sup>c</sup>Change in percent = 2004 percentage minus 2001 percentage.

# = Number of children served primarily in natural environments.

% = Percent of children served = Number of children served in natural environments divided by the total number of children served in all environments combined, multiplied by 100.

- Data not available.

x Data suppressed to limit disclosure; rank order of the percentages is correct and reflects data as submitted by the states.

. Cannot be calculated.



## **Section IV**

### **Summary of Research Conducted Under Part E of the *Education Sciences Reform Act of 2002***



## Summary of Research Conducted Under Part E of the *Education Sciences Reform Act of 2002*

In December 2004, Congress reauthorized the *Individuals with Disabilities Education Act (IDEA)* and, in doing so, amended the *Education Sciences Reform Act of 2002* by adding a new Part E, which established the National Center for Special Education Research (NCSER) as part of the Institute of Education Sciences (IES). NCSER began operation on July 1, 2005. As specified in P.L. 108-446, NCSER's mission is to:

- Sponsor research to expand knowledge and understanding of the needs of infants, toddlers and children with disabilities in order to improve the developmental, educational and transitional results of such individuals;
- Sponsor research to improve services provided under, and support the implementation of, *IDEA* (20 U.S.C. 1400 et seq.); and
- Evaluate the implementation and effectiveness of *IDEA* in coordination with the National Center for Education Evaluation and Regional Assistance.

In fiscal year (FY) 2006, NCSER conducted grant competitions on a number of special education research topics. The competition produced 252 applications and resulted in 28 grant awards. Projects receiving grant funding vary greatly in scale and cover a range of developmental levels and disabilities. Examples of small-scale projects include (a) developing an emergent literacy curriculum for preschool students who are deaf or hard of hearing, (b) developing culturally based language and vocabulary intervention for elementary school Native American and Hispanic children at high risk for developing learning disabilities, and (c) developing a practical and effective intervention to help secondary school students with disabilities transition into post-school employment settings. Examples of large-scale projects include (a) evaluating the efficacy of systematic variations in the delivery of reading instruction for kindergarten students at risk for reading disabilities, and (b) evaluating the effectiveness of a school-home intervention designed to improve academic and behavioral outcomes of students who have moderate to severe behavior problems.

In addition to funding projects under the competitions described above, NCSER funded one unsolicited grant application for a project to develop new techniques for conducting and analyzing single-case research. The techniques under study include methods for applying multilevel statistical models for the analysis and synthesis of single-case studies.

Descriptions of projects funded by NCSER grants under Part E in FY 2006 follow. The descriptions include a project abstract taken from the IES database of funded research grants. Additional

information on these projects as well as new and continuing projects can be found at <http://ies.ed.gov/funding/grantsearch>. The descriptions are organized by the following categories: Assessment for Accountability; Early Intervention, Early Childhood Special Education and Assessment; Individualized Education Programs; Language and Vocabulary Development; Mathematics and Science; Reading and Writing; Secondary/Transition Outcomes, Serious Behavior Disorders; and Unsolicited Proposal.

### **Assessment for Accountability**

**Grant #:** R324A060034

**Name of Institution:** Educational Testing Service

**Principal Investigator:** Cara Cahalan Laitusis

**Description:** *National Accessible Reading Assessment Projects: Research and Development for Students With Visual Impairments.* Students with visual impairments present an ongoing challenge in large-scale assessments of reading proficiency, and issues persist concerning the valid assessment of reading with this population, particularly when some type of technology-assisted reading (e.g., text to speech) is involved. The purposes of this project are (a) to examine the reliability and validity of state reading assessments for students with visual impairments; (b) to develop a reading comprehension alternate assessment that uses technology-assisted reading for students with visual impairments; and (c) to conduct a field test to examine the validity and reliability of both an existing state accessible-reading assessment and the alternate assessment prototype that uses technology-assisted reading to assess reading comprehension proficiency of students with visual impairments.

**Amount:** \$1,992,629

**Period of Performance:** 7/1/06–6/30/11

### **Early Intervention, Early Childhood Special Education and Assessment**

**Grant #:** R324E06073

**Name of Institution:** San Diego State University Research Foundation

**Principal Investigator:** Vera Gutierrez-Clellen

**Description:** *Vocabulary, Oral Language, and Academic Readiness (VOLAR)—A Language Intervention for Latino Preschool English Language Learners With Language Disorders.* The purpose of this project is to develop and evaluate the potential efficacy of VOLAR for preschool Spanish-speaking children with language disorders within the preschool curriculum. The VOLAR program was designed to evaluate whether a focused vocabulary and oral language instruction improves academic readiness (i.e., vocabulary, oral language, phonological awareness, and cognitive and socioemotional outcomes) in English Language Learners (ELLs) with language disorders compared to their peers with language disorders who do not receive the VOLAR intervention. In addition, the effects of the VOLAR intervention will be compared across bilingual and English-only modalities to determine whether the intervention presented in a bilingual modality (BIVOLAR) leads to greater improvements in vocabulary, oral language and academic readiness for pre-school Spanish-speaking children with language disorders than the VOLAR intervention presented in English only (EVOLAR).

**Amount:** \$1,425,540

**Period of Performance:** 6/1/06–5/31/09

**Grant #:** R324E06035

**Name of Institution:** Georgia State University Research Foundation, Inc.

**Principal Investigator:** Amy Lederberg

**Description:** *Improving Deaf Preschoolers' Literacy Skills.* Poor literacy has characterized the deaf and hard-of-hearing population. Recent advances in both education (i.e., scientifically based reading curricula for hearing children and early intervention for deaf and hard-of-hearing children) and technology (i.e., newborn hearing screening, cochlear implants and digital hearing aids) have created a greater potential for literacy achievement. Conversely, few advances in research address how best to teach literacy skills to these children. The purpose of this project is to develop and conduct an initial evaluation of a new curriculum, *Foundations for Literacy*, a phonics-based, language-rich, emergent literacy program designed to promote acquisition of phonics, phonological awareness, vocabulary and narrative skills in deaf and hard-of-hearing children.

**Amount:** \$1,468,299

**Period of Performance:** 7/1/06–6/30/09

**Grant #:** R324E06023

**Name of Institution:** Arizona State University

**Principal Investigator:** M. Jeanne Wilcox

**Description:** *The Development and Efficacy of a Curriculum-Based Language and Early Literacy Intervention for Preschool Children With Developmental Disabilities.* The purposes of this investigation are: (a) to develop the language and early literacy curriculum *Teaching Emergent Literacy and Language Across the Curriculum* for use with preschool children with developmental disabilities; (b) to evaluate the extent to which the addition of an explicit oral language teaching protocol (EOLT) further enhances children's gains in oral language, pre-reading and pre-writing skills; and (c) to determine the intensity of intentional instruction required for all children with developmental disabilities to progress in the curriculum. Secondary areas of investigation are: (a) factors that influence children's responses to the interventions, (b) professional development and intervention fidelity, and (c) the perceived value and feasibility of the interventions from the perspective of the preschool classroom personnel.

**Amount:** \$1,470,185

**Period of Performance:** 7/1/06–6/30/09

**Grant #:** R324E06088

**Name of Institution:** Vanderbilt University

**Principal Investigator:** Ann Kaiser

**Description:** *Improving Language and Literacy Outcomes for Preschool Children at Highest Risk for Reading Problems.* Language and early literacy skills are foundational to reading and school success. Effective early intervention during the preschool years for children at highest risk for school failure may improve their chances of learning to read and learning from reading in the early elementary school years. This project will examine the differential effects of three approaches to improving language and literacy skills in three groups of very high-risk children enrolled in Head Start: children with IEPs, children with very low language as identified by Peabody Picture Vocabulary Test-III (PPVT-III) scores and children with low language and high problem behaviors. The three approaches are: (a) Opening the World of Learning (OWL); (b) OWL + Enhanced Milieu Teaching (EMT); and (c) Creative Curriculum (CC), a general curriculum model that is widely used in Head Start.

**Amount:** \$2,995,758

**Period of Performance:** 6/1/06–5/31/10

**Grant #:** R324E06086

**Name of Institution:** Florida State University

**Principal Investigator:** Christopher Lonigan

**Description:** *A Randomized Trial of Preschool Instructional Strategies to Improve School Performance and Reduce Use of Special Education.* The purpose of this project is to compare the value-added impact of an intervention focusing explicitly on language, early literacy and cognitive skills, with an intervention explicitly focused on these skills plus self-regulation. Recent research supports the promise of targeted and research-based intervention for preschool children in language, early literacy and cognitive skills as a preventive tool to reduce the number of children in need of costly special education services in kindergarten and beyond. Research also suggests the potential need for an additional focus on developing cognitive and behavioral self-regulatory skills in preschool children. This research project is designed to further examine this relationship.

**Amount:** \$2,999,598

**Period of Performance:** 6/1/06–5/31/10

**Grant #:** R324E06067

**Name of Institution:** Texas A&M Research Foundation

**Principal Investigator:** Deborah Simmons

**Description:** *Project Early Reading Intervention.* The purpose of this project is to evaluate the efficacy and study systematic variations of delivery intensity for the Early Reading Intervention (ERI), a commercial program that is designed for kindergarten children at risk of reading difficulty and used in more than 4,000 school districts in all 50 states. Also, the researchers will sample participating schools to capture a broad range of demographic diversity and to evaluate ERI's efficacy in sites distal to ERI developers.

**Amount:** \$2,885,628

**Period of Performance:** 6/1/06–5/31/10

**Grant #:** R324E06068

**Name of Institution:** University of Colorado at Denver and Health Sciences Center

**Principal Investigator:** Phillip Strain

**Description:** *LEAP-USA (Using Science-Based Approaches).* The purpose of this project is to use a randomized controlled trial to assess the efficacy of LEAP (Learning Experiences, an Alternative Program for Preschoolers and Their Parents)-USA in improving child (e.g., social behavior, cognitive development and language development) and family outcomes (e.g., stress, insularity) for preschool-aged children identified with autism. LEAP is a comprehensive intervention that blends a behavioral approach with developmentally appropriate practices. The researchers intend to examine the efficacy of LEAP when interventionists are provided different levels of training and support.

**Amount:** \$1,809,917

**Period of Performance:** 3/1/06–2/28/10

## **Individualized Education Programs**

**Grant #:** R324J06024

**Name of Institution:** The State University of New York at Buffalo

**Principal Investigator:** Gregory Fabiano

**Description:** *Enhancing Individual Education Plans for Children with Attention-Deficit/Hyperactivity Disorder Using a Daily Report Card.* The purposes of this project are: (a) to develop an intervention designed to improve the practices of teachers of children with attention deficit/hyperactivity disorder (ADHD) who have an IEP; and (b) to obtain preliminary evidence of its efficacy, including the academic and socioemotional outcomes of children receiving this intervention. The researchers will provide

preliminary evidence of the efficacy of using a daily report card intervention as a means of linking the child's IEP goals and objectives to his/her daily functioning in the classroom environment.

**Amount:** \$732,436

**Period of Performance:** 7/1/06–6/30/08

**Grant #:** R324J06002

**Name of Institution:** University of Illinois

**Principal Investigator:** James Shriner

**Description:** *IEP Quality Improvement: Research and Development of Web-Based Decision Support.* The purpose of this project is to develop and test a Web-based IEP tutorial and decision-making support system that will be linked to the Illinois State Board of Education's electronic IEP archiving system. The overall aim is to use the developed Web-based information and decision-making resources to allow IEP teams to craft better quality IEPs that function to support higher standards-based achievement.

**Amount:** \$1,465,699

**Period of Performance:** 8/15/06–8/14/09

**Grant #:** R324J06033

**Name of Institution:** University of Hawaii

**Principal Investigator:** Robert Stodden

**Description:** *I in the IEP.* The purpose of this project is to develop and obtain preliminary evidence of the efficacy of two interventions designed to equip educators, administrators and parents with the necessary tools to support students with disabilities from indigenous cultures to engage in and benefit from their own IEP meetings. The researchers will develop two interventions for students in grades 11 and 12 with high-incidence disabilities. Students will be from indigenous cultures based on self-identification as an American Indian, Alaska Native or Native Hawaiian. One intervention is a professional development module that infuses cultural competence strategies within a series of student-directed IEP strategies. The other intervention is a "cultural brokering" model designed to bridge communication and cultural gaps among parents, students and educators by training persons from indigenous cultures to serve as cultural mentors. The cultural mentors will support parents in learning more about the IEP process and will expand upon strategies to further support the learning needs of their children.

**Amount:** \$1,500,000

**Period of Performance:** 7/1/06–6/30/09

## **Language and Vocabulary Development**

**Grant #:** R324L06026

**Name of Institution:** University of Connecticut

**Principal Investigator:** Michael Coyne

**Description:** *Project IVI: Intensifying Vocabulary Intervention for Kindergarten Students at Risk of Learning Disabilities.* The purpose of Project IVI is to develop, refine and evaluate vocabulary intervention strategies for kindergarten students at significant risk of learning disabilities. The research team will draw on validated principles of instructional design and delivery to intensify vocabulary instruction and optimize its effectiveness with kindergarten students most at risk of learning disabilities.

**Amount:** \$884,306

**Period of Performance:** 8/1/06–7/31/09

**Grant #:** R324L06023

**Name of Institution:** Florida State University

**Principal Investigator:** Howard Goldstein

**Description:** *Project ILIAD: Independent Lexical Instruction and Development.* The purpose of Project ILIAD is to develop a comprehensive intervention program of vocabulary instruction that can be applied reliably and effectively in grades K-3. This research will compare a focus on vocabulary enhancement versus a focus on phonics as a means of preventing and intervening with children with, and at risk for, delays in reading, language and academic development. These 15-20-minute daily interventions supplement ongoing literacy instruction in the classroom.

**Amount:** \$1,338,773

**Period of Performance:** 5/1/06–4/30/09

**Grant #:** R324L06012

**Name of Institution:** University of Kansas Center for Research, Inc.

**Principal Investigator:** Diane Loeb

**Description:** *Development of a Culturally Based Language and Vocabulary Intervention for Elementary School Children With Language Impairments and Children Who Are at High Risk for Developing Learning Disabilities.* The purpose of this study is to develop an intervention program that is culturally relevant and improves the vocabulary, narrative skills, phonological awareness and reading skills of children from different cultures and from families of low socioeconomic status. The researchers will use story books that focus on the values and beliefs associated with Native American and Hispanic American cultures to develop culturally based language and vocabulary interventions for children from Native American and Latino cultures.

**Amount:** \$770,621

**Period of Performance:** 3/1/06–2/29/08

## **Mathematics and Science**

**Grant #:** R324K06009

**Name of Institution:** Mississippi State University

**Principal Investigator:** Brenda Cavanaugh

**Description:** *The Effects of School Climate and Supports on Mathematics Achievements for Students With Visual Impairments.* The purpose of this project is to examine the effects of school climate—including policies and practices related to teacher supports, student supports and support for family involvement—and other contextual and individual variables on mathematics achievement for elementary and middle school students with visual impairments. Students with visual impairments tend to lag behind their sighted peers in math achievement, and there are persistent questions about the best approaches for developing math proficiency among this population. The majority of students with visual impairments are taught in regular schools and classrooms. Many school-related variables have been found to affect the achievement of students in general, but research has not been conducted to determine the effects of these variables on the achievement of students with visual impairments. This study is intended to address this research need.

**Amount:** \$257,170

**Period of Performance:** 10/1/06–9/30/08



## Reading and Writing

**Grant #:** R324G06036

**Name of Institution:** Vanderbilt University

**Principal Investigator:** Donald Compton

**Description:** *Response-To-Intervention as an Approach to Preventing and Identifying Learning Disabilities in Reading.* The purpose of this project is to address key measurement issues associated with the response-to-intervention (RTI) process: Who should enter the RTI process? How does one determine whether effective Tier 2 intervention has been conducted? What is a valid and practical method of monitoring responsiveness to Tier 2 instruction? What is a valid definition of “nonresponsiveness” (i.e., reading disabled)?

**Amount:** \$1,591,071

**Period of Performance:** 9/1/06–8/31/10

**Grant #:** R324G06005

**Name of Institution:** Georgia State University Research Foundation, Inc.

**Principal Investigator:** Robin Morris

**Description:** *Multiple-Component Remediation for Struggling Middle School Readers.* The purpose of this project is to evaluate the efficacy of two multiple-component reading interventions that address decoding, word identification, word reading efficiency, reading fluency and text comprehension problems in middle school students with reading disabilities. Both reading interventions have two components: a phonological and strategy intervention called PHAST and either a fluency or comprehension focus. The PHAST Fluency program focuses on the acquisition of reading fluency using all levels of print. The PHAST Comprehension program provides explicit instruction in aspects of text structure and teaches specific comprehension strategies for different texts. Both programs also include vocabulary instruction.

**Amount:** \$2,882,630

**Period of Performance:** 6/1/06–5/31/10

**Grant #:** R324G06039

**Name of Institution:** Columbia University, Teachers College

**Principal Investigator:** Joanna Williams

**Description:** *An Intervention to Enhance Expository Text Comprehension Via Text Structure Instruction for Primary-Grade At-Risk Students.* The purpose of this project is to develop and evaluate an intervention to improve the expository text comprehension of second-grade students at high risk for reading disabilities. Research on the comprehension of narrative text has demonstrated that at-risk students, when given appropriate instruction, respond well and show improvement. However, much less research has been conducted on expository text comprehension, which is necessary for success in school, the workplace and the community.

**Amount:** \$1,117,665

**Period of Performance:** 6/1/06–5/31/09

## Secondary/Transition Outcomes

**Grant #:** R324S06023

**Name of Institution:** University of Wisconsin-Madison

**Principal Investigator:** Erik Carter

**Description:** *Project Summer: Improving Summer Employment and Community Inclusion Outcomes for Transition-Age Youth With Disabilities.* The purpose of Project Summer is to develop a practical and effective intervention designed to improve transition services for youths with disabilities, maximizing their engagement in summer employment and other transition-related activities. While research on transition services for youths typically has focused on educational and vocational programming provided

during the academic school year, little is known about the summer employment and community activities of youths with disabilities. Summer offers an opportune time to address transition-related goals—employment in particular—in community context, circumventing many of the limitations associated with addressing these goals during the school year. Unfortunately, empirically validated strategies aimed specifically at promoting the summer employment of youths with disabilities remain absent from the literature.

**Amount:** \$915,346

**Period of Performance:** 7/1/06–6/30/09

**Grant #:** R324S06043

**Name of Institution:** Portland State University (Oregon)

**Principal Investigator:** Laurie Powers

**Description:** *Project Success: Improving the Educational Outcomes of Youth With Disabilities in Foster Care.* The purposes of Project Success are: (a) to implement the TAKE CHARGE model for enhancing the self-determination of foster youths with disabilities; and (b) to systematically evaluate the efficacy of the model in improving educational outcomes. Statistics reveal that approximately 40 percent of foster care youths have a disability and that youths in foster care are three times more likely to be referred for special education services. Educators are frequently unaware of the unique issues facing special education students in foster care, and similarly, the disability status/special education needs of foster youths are not understood within the child welfare system. Furthermore, research has confirmed that foster youths with disabilities lag behind their peers in school and are at significant risk for academic failure.

**Amount:** \$1,816,782

**Period of Performance:** 6/1/06–5/31/10

## **Serious Behavior Disorders**

**Grant #:** R324B06018

**Name of Institution:** Vanderbilt University

**Principal Investigator:** Kathleen Lane

**Description:** *The Effects of Strategy and Self-Regulation Instruction on Students' Writing Performance and Behavior: A Preventative Approach (Project WRITE).* The purpose of Project WRITE is to determine the impact of a modified Self-Regulated Strategy Development (SRSD) on the writing and classroom behavior of students at high risk for Serious Behavior Disorders (SBD). Prior research has demonstrated that SRSD improves the writing performance of students with learning disabilities and other struggling writers, but its impact on the writing performance and collateral impacts on behavior for students at high-risk for SBD are not determined. The development of SRSD is particularly important for students at high risk for SBD because they often require secondary interventions to supplement school-wide implementation of positive behavior supports.

**Amount:** \$1,431,137

**Period of Performance:** 9/1/06–8/31/09

**Grant #:** R324B06013

**Name of Institution:** Western Michigan University

**Principal Investigator:** Stephanie Peterson

**Description:** *Concurrent Schedules of Reinforcement and Adjusting Demand Requirements: Effects on Communication, Compliance and Problem Behavior.* The purpose of this project is to develop an intervention for escape-motivated problem behavior. The intervention will teach children to request breaks from demanding tasks and comply with task requests. Although several interventions (e.g., extinction, differential reinforcement of alternate behavior, functional communication training, demand fading) for escape-motivated problem behavior in individuals with disabilities already exist, each has

weaknesses that can limit its utility. An intervention strategy that capitalizes on the strengths of these interventions but minimizes their weaknesses is needed.

**Amount:** \$515,385

**Period of Performance:** 8/1/06–7/31/09

**Grant #:** R324B06045

**Name of Institution:** The State University of New York at Buffalo

**Principal Investigator:** William Pelham

**Description:** *Adaptive Treatments for Children With ADHD.* The purpose of this study is to investigate the efficacy of two forms of ADHD treatment: medication and behavioral intervention. Unlike previous research, this study proposes to examine the effect of sequential implementation of the two forms of ADHD treatment on students unresponsive to the primary intervention. By using sequential implementation of either medication followed by behavioral intervention or behavioral intervention followed by medication, students with ADHD will receive the lowest effective dosage of medication and/or intensity of behavioral intervention; therefore, costs will be reduced and students will not be subjected to unnecessary interventions.

**Amount:** \$2,711,468

**Period of Performance:** 4/1/06–3/31/10

**Grant #:** R324B06029

**Name of Institution:** University of Florida

**Principal Investigator:** Stephen Smith

**Description:** *Universal Cognitive-Behavioral Intervention for Elementary Students to Reduce Disruptive/Aggressive Behavior.* The purpose of this project is to determine whether a cognitive behavioral problem-solving curriculum focused on anger management and implemented by elementary school personnel in classroom settings improves student behavioral outcomes related to positive social adjustment and school success. Researchers have found that teaching anger-management strategies through cognitive-behavioral intervention can decrease student disruption/aggression and strengthen pro-social behavior. Many such interventions incorporate components difficult for typical schools to sustain without external support. Thus, there is a need to determine whether a feasible, sustainable, cost-effective intervention developed for use by school personnel in a classroom setting can effectively alter negative behaviors and thereby improve social outcomes for students at risk.

**Amount:** \$1,625,469

**Period of Performance:** 8/1/06–7/31/10

**Grant #:** R324B06003

**Name of Institution:** SRI International

**Principal Investigator:** Mary Wagner

**Description:** *Early, Evidence-Based Intervention for Externalizing Behavior Problems in School: From Efficacy to Effectiveness of the First Step to Success Program.* The First Step to Success Program is a school-home intervention with substantial evidence for its efficacy in achieving positive outcomes for behaviorally at-risk children in the primary grades. It is packaged for dissemination and has been implemented successfully by a number of districts across the country during the past decade. The purpose of this project is to evaluate the effectiveness of First Step to Success under scaled-up conditions. Solid evidence is needed to determine whether scaled-up interventions can improve the behavior and academic performance of children with serious behavior problems early in their schooling and thereby set them on a more positive education trajectory.

**Amount:** \$5,857,960

**Period of Performance:** 3/1/06–2/28/11

**Grant #:** R324B06014

**Name of Institution:** University of Connecticut

**Principal Investigator:** Sandra Chafouleas

**Description:** *Project VIABLE: Validation of Instruments for Assessing Behavior Longitudinally and Efficiently.* Empirical attention to the development and validation of viable formative measures of social behavior is essential to effectively evaluate the success of positive behavior interventions put in place to address challenging student behavior. The purpose of this project is to develop and validate the Direct Behavior Rating (DBR) tool for use in rating student behavior and monitoring student progress and that is feasible for use in applied settings. The first phase will examine issues surrounding foundations of measurement (i.e., scale composition, wording of items, frequency and duration of measurement and length of observation rating period). The second phase will evaluate the validity of the DBR tool. The third phase will analyze the feasibility of educators using the DBR tool and evaluate questions pertaining to training and perceived usability.

**Amount:** \$1,496,507

**Period of Performance:** 6/1/06–5/31/10

**Grant #:** R324B06033

**Name of Institution:** Georgia State University

**Principal Investigator:** Randy Kamphaus

**Description:** *Development and Validation of a Screener for Behavioral and Emotional Problems in Elementary and Middle School.* The purpose of this project is to develop and validate a five-minute screening assessment to be used by teachers to identify elementary and middle school children with behavioral or emotional problems that predispose them to academic failure.

**Amount:** \$941,141

**Period of Performance:** 5/1/06–4/30/10

## **Unsolicited Proposal**

**Grant #:** R324U060001

**Name of Institution:** University of Wisconsin-Madison

**Principal Investigator:** Thomas Kratochwill

**Co-Principal Investigator:** Joel Levin (University of Arizona)

**Description:** *Single-Case Research Design and Analysis: Applications in Educational Intervention Research.* The purpose of this project is to review the current state of single-case research design and data analysis as applied to educational intervention research. The review will culminate in recommendations to single-case researchers to adopt more scientifically rigorous experimental designs and statistical analyses, thereby enhancing the validity of the researchers' conclusions. In addition, the researchers will consider methods for synthesizing the research literature from single-case research designs, including traditional literature reviews and meta-analyses.

**Amount:** \$600,000

**Period of Performance:** 10/1/06–9/30/09

## **Section V**

### **Summary of Studies and Evaluations Under Section 664 of *IDEA***



## Summary of Studies and Evaluations Under Section 664 of *IDEA*

In the December 2004 reauthorization of the *Individuals with Disabilities Education Act (IDEA)*, Congress instructed the secretary of education to delegate to the director of the Institute of Education Sciences (IES) responsibility to carry out the Studies and Evaluations program authorized in Section 664, with the exception of subsections (d) and (f), which required the *Annual Report to Congress* and a study of new Part C provisions, respectively. The National Center for Education Evaluation and Regional Assistance (NCEE) of IES is responsible for the special education studies and evaluations conducted under Section 664 of *IDEA* and supported the following activities during FY 2006:

- *The Pre-Elementary Education Longitudinal Study (PEELS)*. This is a six-year study that examines the experiences and services of a nationally representative sample of 3,104 preschool children with disabilities receiving special education services and follows them through the early elementary school years. PEELS project activities are currently scheduled for completion of 2010. See Pages 4-5 and Pages 51-56 of this report for more PEELS information.
- *The National Longitudinal Transition Study-2 (NLTS2)*. This study is intended to provide a national picture of the experiences and achievements of students in special education during high school and as they transition from high school to adult life. NLTS2 involves a nationally representative sample of 11,276 students who were 13 to 16 years old and receiving special education services in December 2000, when the study began. The activities of NLTS2 are currently scheduled for completion in 2010. See Page 6 and Pages 97-108 of this report for more NLTS2 information.
- *The Evaluation of States' Monitoring and Improvement Practices Under the Individuals with Disabilities Education Act*. This project was a five-year study intended to (a) describe the nature and extent of the various monitoring activities implemented by states for Parts B and C of *IDEA*, (b) assess the quality of states' monitoring and improvement efforts, and (c) develop recommendations. The evaluation activities of this project were completed in September 2009. See Pages 6-7 and Pages 109-117 of this report for more information about this project.
- *The National Study on Alternate Assessments*. This project was a four-year congressionally mandated study of alternate assessments based on alternate achievement standards. The project developed state and national profiles on the implementation of alternate assessments and conducted case studies to explore the implementation processes at state and local levels. The project was completed in 2009.
- *Design Task for an Evaluation of the Personnel Preparation to Improve Services and Results for Children With Disabilities Program*. This project developed design options for an evaluation of the implementation, outcomes and impacts of the Personnel Preparation to Improve Services and Results for Children with Disabilities Program authorized under Part D of *IDEA*. The project reviewed grantee information and key studies and obtained guidance from an expert panel to inform the design of this program evaluation which is part of the larger *IDEA* evaluation project, a description of which follows. The design task was completed in spring 2007.

- *Design of the National Assessment of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004)*. This project informed the design of the National Assessment of *IDEA* that was mandated in the 2004 reauthorization of *IDEA*. The project team convened a Technical Working Group, reviewed and documented extant data, determined needs for new data collections and described design options for studying the implementation and impacts of programs and services supported under *IDEA* 2004. The findings from this project informed the design of two projects that are analyzing extant data and studying program implementation, and they will inform the design of future research on impact.



## **Appendix A**

### **Data Notes for *IDEA*, Part C**



## DATA NOTES FOR *IDEA*, PART C

These data notes contain information provided by the states<sup>1</sup> on the ways in which they collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions, (b) other information provided by states that they believe is necessary for understanding the data they have reported and (c) states' explanations in the event of *substantial changes* in data reported from the previous year. For the latter, OSEP flags *substantial changes* in the state-reported data for further inquiry. Specifically, OSEP asks states to explain whether a flagged change is indicative of a change in policy, a change in reporting practices, a change in practices in the field or a data validity problem.

The Part C data covered in these data notes are:

- 2005 Child Count,
- 2004 Program Settings,
- 2004–05 Exiting, and
- 2004 Early Intervention Services.

### Year-to-Year Substantial Change Criteria

In 2005, OSEP changed the criteria to define what constitutes a *substantial change*—that is, a change in numbers reported by a state in a given data category from one year to the next (e.g., Part C Child Count from 2004 to 2005; Part C Early Intervention Services from 2003 to 2004). That change is reflected for the first time in this *29th Annual Report to Congress*. Known as the “more than 10 percent and more than 10 people rule,” the new criteria require that a reported number be flagged if:

- There is an increase or decrease of 10 percent or more from the number reported for the previous year. A change of more than 10 percent occurs when the result of the difference reported for two consecutive years, divided by the number reported for the prior year, multiplied by 100, is larger than 10.0 or smaller than -10.0.
- An additional threshold of “more than 10 people” is applied, whereby any change of 10 percent or more must represent a numeric change greater than 10.

The “more than 10 percent and more than 10 people” rule differs noticeably in the following three ways from the criteria explained in the *28th Annual Report to Congress* (see <http://www.ed.gov/about/reports/annual/osep/index.html>, last accessed Oct. 24, 2008):

- The “more than 10 percent and more than 10 people” criteria are more stringent than the year-to-year substantial change criteria described in the *28th Annual Report to Congress*, which ranged from 20 to 30 percent and 25 to 10,000 children/students, depending on the data category.
- The “more than 10 percent and more than 10 people” criteria apply consistently across the data collection categories in the *29th Annual Report to Congress* instead of varying across the categories, as the criteria did for the *28th Annual Report to Congress*.

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<sup>1</sup> In these Data Notes, references to “states” may encompass the 50 states, the District of Columbia, Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands).

- The new criteria led to lengthier data notes in the *29th Annual Report to Congress* than have appeared in previous annual reports. The more stringent criteria increased the number of year-to-year changes flagged by OSEP as substantial, causing OSEP to make more requests for explanations, resulting in many more data notes being provided by the states.<sup>2</sup>

OSEP instituted the more restrictive “more than 10 percent and more than 10 people” criteria for flagging substantial year-to-year changes in fall 2005 to enhance data quality, standardize the criteria across the data categories and encourage states to investigate changes at the state and district levels.

### **Compilation of Part C Data Notes**

The data notes that follow accurately reflect data notes as submitted by the states to OSEP. Some data notes were added to point out data changes that were not explained by the states. In some cases, light edits were made to the data notes for clarity and consistency in format for publication in this annual report to Congress.

### **Part C Data Categories and Subcategories**

Table A-1 lists the data categories and subcategories that states are required to report to OSEP regarding infants and toddlers birth through age 2 served under *IDEA*, Part C.

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<sup>2</sup> Where a change occurred that met the “more than 10 percent and more than 10 people” criteria described above, and there was no accompanying data note, it was because the state did not explain the change in the data.

**Table A-1. Categories and subcategories of data required for infants and toddlers birth through age 2 served under IDEA, Part C: 2004–05**

Data Category	Data Subcategories
Child Count	Total served  Total at risk served  <i>Race/ethnicity (by total served and total at risk served)</i> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)
Program Settings*	<i>Program settings</i> Total program settings Program designed for children with developmental delay or disabilities Program designed for typically developing children Home Hospital (inpatient) Residential facility Service provider location Other setting  <i>Race/ethnicity (by program setting and total program settings)</i> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)
Exiting	<i>Basis (reason) for exit</i> Total exiting Completion of IFSP prior to reaching maximum age for Part C Part B eligible Not eligible for Part B, exit to other programs Not eligible for Part B, exit with no referrals Part B eligibility not determined Deceased Moved out of state Withdrawal by parent (or guardian) Attempts to contact unsuccessful

\* References in this report to natural settings refer to a subcategory that collapses *home* and *program for typically developing children*.

Continued on next page

**Table A-1. Categories and subcategories of data required for infants and toddlers birth through age 2 served under IDEA, Part C: 2004–05 (continued)**

Data Category	Data Subcategories
Exiting (continued)	<p><i>Race/ethnicity (by exit reason and total exit reasons)</i></p> <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian or Pacific Islander</li> <li>Black (not Hispanic)</li> <li>Hispanic</li> <li>White (not Hispanic)</li> </ul>
Early intervention services	<p><i>Type of services</i></p> <ul style="list-style-type: none"> <li>Assistive technology services/devices</li> <li>Audiology</li> <li>Family training, counseling, home visits and other support</li> <li>Health services</li> <li>Medical services (for diagnostic or evaluation purposes)</li> <li>Nursing services</li> <li>Nutrition services</li> <li>Occupational therapy</li> <li>Physical therapy</li> <li>Psychological services</li> <li>Respite care</li> <li>Social work services</li> <li>Special instruction</li> <li>Speech-language pathology</li> <li>Transportation and related costs</li> <li>Vision services</li> <li>Other early intervention services</li> </ul> <p><i>Race/ethnicity (by type of service)</i></p> <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian or Pacific Islander</li> <li>Black (not Hispanic)</li> <li>Hispanic</li> <li>White (not Hispanic)</li> </ul>

**Table 6-1 Through 6-3, 6-7 Through 6-9: IDEA Part C Count of Infants and Toddlers Served, 2005**

**Alabama**—The state attributed the increase in the number of white (not Hispanic) and Hispanic infants and toddlers served to an increase in the white (not Hispanic) and Hispanic population in the state. The state reported that 61 percent and 4 percent of infants and toddlers receiving services were white (not Hispanic) and Hispanic, respectively. The Center for Demographic Research at Auburn University reported that Census data showed that 62 percent and 4 percent of the state’s birth through 3 population were white (not Hispanic) and Hispanic, respectively.

**Alaska**—Alaska estimated race/ethnicity for 20 infants and toddlers (3 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Infant Learning Program (ILP) service improvements in two remote regions of the state resulted in an increase in the number of Alaska Natives enrolled and served by the programs. These two programs saw increases of 43 and 12 enrolled Native infants and toddlers. The decrease in the number of white (not Hispanic) infants and toddlers served was relatively small, and the state believed the decrease was a product of normal fluctuations in a small overall population. The fluctuations happened in several regions of the state with no direct cause.

**American Samoa**—The increase in the child count for American Samoa was due to efforts over the past two years to rebuild the entire early intervention program. These efforts included the implementation of a database management system. These improvements resulted in a significant increase in both the number of infants and toddlers served and the territory’s ability to collect and manage its data.

**Arizona**—Arizona estimated race/ethnicity for 182 infants and toddlers (4 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

**Arkansas**—There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to an influx of Hispanic people entering Arkansas and the Child Find Campaign, which resulted in an increase in Hispanic children and families receiving services.

The decrease in the number of black (not Hispanic) infants and toddlers served was attributed to the increase in infants and toddlers transferring out of the early intervention (EI) program and attending the Child Health Management Services program (CHMS) that is funded by Medicaid.

The increase in Asian/Pacific Islander infants and toddlers was due to the Public Awareness Project Child Find and influx into Arkansas’ population. Child Find, which affects the referral process, has been emphasized and used in Early Child Care Centers and other state programs.

**California**—California estimated the number of at-risk infants and toddlers it served. Although the state serves at-risk infants and toddlers, its database cannot always distinguish the at-risk infants and toddlers from other Early Start participants. Early Start is California’s Part C program. Some participants enter the program classified as at-risk (e.g., referral soon after birth) and later manifest developmental delays. Other participants enter Early Start with developmental delays, and risk factors are later identified. This updated information may not be present in the database for several months (up to a year) after the delay is identified. In order to report the number of at-risk infants and toddlers served, in 2002, the state conducted a cohort analysis to determine the percentage of infants and toddlers it served who were best described as “solely at risk.” The state followed up on a 1998 cohort of regional center Early Start participants to determine how many entered school-age services because of a diagnosed developmental disability. The remaining infants and toddlers were deduced to be at risk. From this study, the state determined that 8 percent of Early Start participants are best described as “solely at risk.” California applied this percentage

to its Early Start child count and reported the result as the number of at-risk infants and toddlers served. It attributed the increase in the number of at-risk infants and toddlers served to an increase in the child count. Because this estimate was based on the state's total child count, any increase in the child count would be expected in the at-risk count.

California estimated race/ethnicity for 4,743 infants and toddlers (15 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. It also estimated race/ethnicity for 381 at-risk infants and toddlers (16 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. All of these infants and toddlers received services through the state's Department of Developmental Services.

The state attributed the increase in the number of Asian/Pacific Islander and Hispanic infants and toddlers served to an increase in the Asian/Pacific Islander and Hispanic populations in the state. These populations are growing at faster rates than California's overall population.

California attributed the increase in the total number of infants and toddlers receiving services to an increase in the state's birth through 3 population and to an increase in the number of infants and toddlers served by Early Start. Typically, Early Start averages a 5 percent growth annually. In 2005, there was an 11 percent increase in the number of infants and toddlers served in Early Start. The state attributed this increase in caseload to a variety of factors:

- All of the state's 21 regional centers have liaison activities with Neonatal Intensive Care Units.
- Through the use of a Hilton Special Quest Grant, Early Head Start now uses an Infant Development Scale to assess siblings and other infants and toddlers.
- The Department of Developmental Services coordinates with the California Department of Social Services on the referral requirements of the *Child Abuse Prevention and Treatment Act (CAPTA)*.
- California's Interagency Coordinating Council focused on child outreach activities and related referrals in which 21 different activities were identified.
- A revised public outreach brochure entitled "Reasons for Concern" was developed and disseminated in collaboration with the California Department of Education.
- In Los Angeles, where 28 percent of Californians reside, the BEST Primary Care Physicians began using a standardized assessment for pediatric patients.
- California expanded its Newborn Hearing Screening Program to statewide.

**Colorado**—The state believed the increase in the number of Asian/Pacific Islander infants and toddlers receiving services was due to an increase in the number of adoptions of female infants from Asian countries. Some of these infants and toddlers were referred to Part C.

**Connecticut**—The state believed the increase in the number of Asian/Pacific Islander infants and toddlers receiving services was due to an increase in the number of adoptions of Chinese female infants. Some of these infants and toddlers were referred to Part C.

**Delaware**—As a result of prorating the unknown race category, a higher number of infants and toddlers were categorized as white (not Hispanic) in 2005 than in 2004. For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent



years, documentation indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers were entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child's race; however, it has become increasingly difficult for Delaware to provide a single race in this category. The demographic determination for 88 infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

The state resubmitted its 2005 child count data. The table was resubmitted because Delaware holds the cases of children who are born between May 1 and August 31 open until August 31 (until they transition into the schools). Some of these children require additional follow-up to ensure a smooth transition. The cases are closed as of August 31, but the data entry to close those cases sometimes does not happen automatically and is often delayed. Usually, there is a small change in the counts, fewer than a dozen children. Unfortunately, the state was without a local management analyst, who was responsible for reviewing the local charts and ensuring their proper closure in a timely fashion, in one of the counties. The position was vacant for about nine months. The position was filled, and the state worked closely with the new person. Appropriate closures were made, and the adjustments were reflected.

**District of Columbia**—The District of Columbia attributed the increase in the total number of infants and toddlers served to a change in the way it collected data. The District conducted a caseload validation process, pulled each active file in its database and verified that the most recent individualized family service plan (IFSP) was on file. The District cross-referenced this list with the Part C intake data of all Part C-eligible infants and toddlers to ensure that all eligible infants and toddlers were identified and reported. The District changed its early intervention database and can now track families on a monthly basis. The District believed the increase in the total number of infants and toddlers served also may have been the result of its attempt to meet the *Child Abuse Prevention and Treatment Act (CAPTA)* regulations, by increasing the number of infants and toddlers referred from foster care and protective service agencies.

**Florida**—The state attributed the increase in the number of Asian/Pacific Islander infants and toddlers served to an increase in the population of Asian/Pacific Islanders in the state and to an increase in the number of adoptions of Asian/Pacific Islander infants and toddlers. The state believed this increase was partly due to better data reporting and partly due to face-to-face intakes that allowed service coordinators to more accurately report race/ethnicity.

**Georgia**—Georgia estimated race/ethnicity for 329 infants and toddlers (6 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

The state had a decrease in the number of Asian/Pacific Islanders served in 2004. The decrease was attributed to families moving back and forth across state lines. As demonstrated in the state demographics, the largest loss of Asian/Pacific Islanders was from rural counties that border neighboring states. Another possibility was that the imputation formula used for infants and toddlers in the *other* category could have artificially indicated change.

**Guam**—Guam submitted revisions to its 2001, 2002 and 2003 child count data. The revisions significantly lowered the number of at-risk infants and toddlers.

**Hawaii**—The decrease in the number of Hispanic infants and toddlers served was explained as follows. Upon comparing child count data between 2003 and 2005, it was found that 2004 had an increase in the number of Hispanic infants and toddlers. The data reported for 2005 were more in line with 2003's data and may have reflected a return to the more historical trend. The number of Hispanic infants and toddlers served in 2003 was 124, and in 2005, it was 121. Further, closer scrutiny of the data submitted by individual Part C providers in the state revealed that most groups had a slight decrease in the number of

infants and toddlers served. This follows with the overall decrease in the number of infants and toddlers served from 3,936 in 2004 to 3,688 in 2005.

The decrease in the number of at-risk infants and toddlers served was attributed to the steady decrease in the number of families enrolled in the Healthy Start Home visiting program, which is responsible for serving the at-risk population in Hawaii. The change was attributed to more parents working full time and being unavailable for services. Many families identified as at risk were also using illegal drugs and in need of more intensive support services. A new program called Enhanced Healthy Start was created to serve high-risk families and was implemented as of November 2005. The state may see an increase in the number of at-risk families served, with the influx of new referrals from the program.

The state resubmitted its 2005 child count data. The Part C data manager accidentally left out data from two programs. When these data were added, the total child count was 8,395.

**Idaho**—The state attributed the increase in the total number of infants and toddlers served and in the number of white (not Hispanic) infants and toddlers served to an increase in the number of people moving into the state. According to the Census Bureau, the state's population is one of the fastest growing in the country. The state attributed the increase in the number of Hispanic infants and toddlers served to an increase in the total Hispanic population in the state. The Census Bureau reports that between 2003 and 2004, the state's Hispanic population increased at double the rate of the state's overall population.

**Illinois**—Illinois estimated race/ethnicity for 210 infants and toddlers (1 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 210 infants and toddlers, 32 were reported as ages birth to less than 1; a total of 66 were reported as ages 1 to less than 2; and 112 were reported as ages 2 to 3.

The state attributed the 6 percent increase in the total number of infants and toddlers served to a reduction in the length of time between a referral to early intervention and the development of an initial IFSP. The state believed that because a family spent an average of 30 days in intake, infants and toddlers were determined eligible to receive services more quickly. As a result, fewer families left the program before eligibility determination.

The state attributed the increase in the number of Asian/Pacific Islander infants and toddlers served to outreach efforts in three counties. Census data showed that Asian/Pacific Islander infants and toddlers were heavily concentrated in those counties.

**Indiana**—The state attributed the increase in the number of Hispanic infants and toddlers served to an increase in the Hispanic population in the state.

The state attributed the decrease in the number of at-risk infants and toddlers served to better data reporting. The state emphasized the importance of correctly reporting the eligibility status of infants and toddlers who were eligible for more than one reason. One of these reasons was the child was biologically at risk.

**Iowa**—The state attributed the increase in the total number of infants and toddlers served to regional continuous improvement plans based on regional performance data, early identification procedures in 2004 and focused monitoring that targeted early identification.

For the 2005 data collection, Iowa began using the last Friday in October as its collection date for Part C. Although historically this was not a data collection option for Part C, Iowa's Part C program is run by the state's Department of Education. Iowa's Part B program also uses the last Friday in October for its data collection date.

**Kansas**—The population in the western part of the state was decreasing, and the state's population center shifted to the east. In the western part of the state, the towns with industry, i.e., beef-packing and hog-farming operations, were generally maintaining their populations. The state also saw an increase in the migrant population, particularly during the wheat and corn harvest seasons. This group's entries and exits influenced the state's annual and December 1 counts.

The Asian population increased, primarily in metropolitan areas and, somewhat, in beef-packing communities.

The state attributed the increase in the number of American Indian/Alaska Native infants and toddlers receiving services to successful child find efforts. In 2005, the total number of infants and toddlers screened increased 69 percent, and the number of referrals for evaluation increased by 6 percent. The state also believed its American Indian/Alaska Native population increased. Data from the Census Bureau revealed that the American Indian/Alaska Native population in the state increased 55 percent from 2003 to 2004. The state believed this population continued to increase in 2005.

**Kentucky**—The decrease in number of black (not Hispanic) infants and toddlers served was most likely a result of better collection of ethnicity data from the field. Since fall 2005, Kentucky implemented penalties to contracted providers for not submitting this important information. The result was that the number of infants and toddlers with ethnicity unknown (requiring estimates of ethnicity for the OSEP tables) decreased. Estimates based on the distribution for which ethnicity was known were applied to the unknown infants and toddlers. In 2004, it was likely that these estimates overstated the number of black (not Hispanic) infants and toddlers. The 2005 data were more accurate. Thus, the change was most likely due to a reduction in the number of infants and toddlers for whom ethnicity was estimated rather than an actual reduction in the number of black (not Hispanic) infants and toddlers served.

**Louisiana**—Louisiana estimated race/ethnicity for 60 infants and toddlers (2 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the total number of infants and toddlers served, as well as in the number of black (not Hispanic) and Hispanic infants and toddlers served. The drop in numbers was due to Hurricanes Katrina and Rita. Families were displaced in two areas of the state. One of the areas (New Orleans) was the largest urban area and served over 1,000 infants and toddlers.

**Maryland**—The state attributed the increase in the number of Hispanic infants and toddlers served to changing demographics, an increased number of infants, toddlers and families served statewide and sustained efforts to target public awareness activities to underserved and special populations. Thirteen jurisdictions reported increases in Hispanic infants and toddlers served, and those with the most significant increases had comparable increases in the overall Hispanic population for the jurisdiction.

Starting in 2004, Maryland uses the last Friday in October as its collection date for Part C. Although historically this was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education. Maryland's Part B program also uses the last Friday in October for its data collection date.

**Michigan**—There was an increase in the number of Asian/Pacific Islander infants and toddlers served. Michigan could not provide an explanation for the significant year-to-year change and planned to further investigate the change.

**Minnesota**—Minnesota attributed the increase in child count to a change in formula for allocating funds to local areas for public awareness and outreach activities that took effect July, 1 2005. A multi-factorial appropriation system was implemented that increased the proportion of funds allocated to local areas with higher proportions of families in poverty and families speaking a language other than English. Through the annual application for these funds, local areas were required to develop action plans to improve outreach activities to the general public and to underserved segments of the state's population. The implementation of these activities resulted in improved child find efforts to families of diverse language or cultural backgrounds. These efforts resulted in more infants and toddlers identified from minority racial backgrounds.

**Mississippi**—The state attributed the decrease in the total number of infants and toddlers served to families moving out of the state following the aftermath of Hurricane Katrina. The state expected this number to increase in the coming years as families move back to Mississippi.

**Nebraska**—The decrease in the number of Asian/Pacific Islanders served was due to the movement of Asian/Pacific families to other states. The state will further investigate the change.

**New Jersey**—The increase in the number of Hispanic infants and toddlers served was due to an influx of Hispanic families to the state. This resulted in an increase in referral to the New Jersey Early Intervention System. In addition, child find efforts addressed reaching Hispanic families in the state. The child find efforts included significant outreach in potentially underserved local areas of the state and increased public awareness activities. The state also created a child find poster in Spanish.

**New Mexico**—Significant increases were made in the efforts of New Mexico's *IDEA* Part C program to serve minorities and underserved populations. This resulted in an increase in the number of children who were Asian or Hispanic being served in 2005.

**New York**—New York's Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2005, there were 1,064 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in the child count.

New York estimated race/ethnicity for 10,348 infants and toddlers (31.8 percent of the child count) with an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level. The state worked with the New York Department of Health to resolve its problems of missing race/ethnicity data. Starting in 2006, IFSPs had a field indicating a child's race/ethnicity. The only categories permitted on this form were the five race/ethnicity categories currently used by OSEP. The state believed this would improve its reporting on race/ethnicity in the future.

**North Carolina**—The increase in the number of American Indian/Alaska Native and Asian/Pacific Islander infants and toddlers receiving services was most likely due to random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina's Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

The state resubmitted its 2005 child count data. After review of the 2005 settings data, it was determined that the child count numbers had some errors. These errors were corrected.

**North Dakota**—There were increases in the total number of infants and toddlers served, the number of American Indian/Alaska Native infants and toddlers served and the number of white (not Hispanic) infants and toddlers served. The increases were attributed to ongoing child find activities that included the Right Track and Birth Review programs and increased collaboration with Tribal Early Childhood programs.

Right Track is a statewide initiative that offers a free developmental screening to all infants and toddlers in North Dakota. The Birth Review program is a collaborative effort of the North Dakota Department of Health and the North Dakota Department of Human Services. If a family indicates on its child's birth certificate that it would like additional information, the family receives follow-up correspondence containing information based on risk factors identified on the birth certificate and information regarding developmental screenings through the Right Track program. In 2005, a total of 9,003 Right Track screenings were completed, and 5,879 families received information from the Birth Review program (72 percent of all resident births). The increase in the percentage of infants and toddlers served who were less than 1 year of age also affected the total number of infants and toddlers served.

Tribal Early Childhood Programs are members of Regional Interagency Coordinating Committees. The Part C lead agency meets quarterly with Tribal Early Childhood Programs to facilitate communication and identify areas of potential collaboration.

**Northern Marianas Islands**—There was an increase in the number of infants and toddlers served in 2005. The increase was attributed to a more focused and effective public awareness and child find campaign. The purpose of the campaign was to ensure that all infants and toddlers were located and identified, including infants and toddlers who were not being served or were part of underserved populations. The child find activities included daily visits to the neonatal intensive care unit (NICU) and pediatric ward and personal visits to private clinics with referral process information, including information for parents of premature infants. Public awareness materials also were translated into 10 languages and disseminated at local grocery stores, laundromats, garment factories and clinics and in the Head Start Centers.

**Ohio**—The state attributed the increase in the total number of infants and toddlers served to new performance-based funding. This funding served as an incentive to counties that achieved their target numbers of infants and toddlers served. The state also believed the increase in the number of infants and toddlers receiving services was the result of the Bureau of Early Intervention staff emphasizing the importance of child find efforts and meeting Part C targets.

The state resubmitted its 2005 child count data. Some children were excluded from the count because their data were not entered. Data entry for these children was completed, and the revised Table 1 reflected the accurate child count for Dec. 1, 2005. The number of infants and toddlers with an IFSP receiving early intervention services on Dec. 1, 2005 changed to 10,985. This was a change of 92 children from the original Table 1 submission due Feb. 1, 2006.

**Oklahoma**—The state attributed the decrease in the number of Asian/Pacific Islander infants and toddlers receiving services to a decrease in the state's overall population. The state believed it was serving an appropriate percentage of Asian infants and toddlers. Asian/Pacific Islanders make up 1 percent of the state's population, and the state served more than 1 percent of its Asian/Pacific Islander population.

**Oregon**—The state attributed the 16 percent increase in the total number of infants and toddlers served to an increase in the total population in the state and to an increased focus on child find efforts as a result of the implementation of Oregon's Special Education System Performance Review and Improvement model. This model requires agencies (early intervention contractors and subcontractors) to look at how their data

compare to the state and national targets. If an agency's data are less than the state and national data, the agency specifically addresses how to meet targets. The state believed that it had been reporting fewer Part C infants and toddlers than expected for many years and believed these new child find efforts resulted in an increased child count.

The state attributed the increase in the number of Hispanic and black (not Hispanic) infants and toddlers reported to the model mentioned above. The model provides a breakdown of Part C infants and toddlers by race/ethnicity, and the state compares it to the breakdown of race/ethnicity of all infants and toddlers in the contractor area. Again, if an agency's data are less than the state and national data, it focuses its child find efforts in areas that may have higher minority populations. The state also attributed the increase in the number of Hispanic and black (not Hispanic) infants and toddlers reported to an increase in these populations across the state.

**Pennsylvania**—Pennsylvania estimated race/ethnicity for 1,596 infants and toddlers (11 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 1,596 infants and toddlers, 288 were ages birth through 1; a total of 536 were ages 1 to 2; and 772 were ages 2 to 3.

The state attributed the increase in the number of Hispanic infants and toddlers served to its continuing efforts to monitor child find activities. The state believes that monitoring such activities ensures that county programs are locating and identifying infants and toddlers who are representative of the population in their local areas.

**Puerto Rico**—There was an increase in the number of infants and toddlers served for fiscal year 2005. This increase followed the trend of the past two years. The number of Part C infants and toddlers served in 2005 represented 2.6 percent of the total population. The steady increase was due to an increase in child find efforts. Puerto Rico has been meeting with physicians and hospitals to try to find infants and toddlers who need Part C services.

**Rhode Island**—Rhode Island estimated race/ethnicity for 140 infants and toddlers (9 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Rhode Island had 135 infants and toddlers (9.15 percent of the overall December 1 count) who fell outside of the noted race/ethnicity categories. The percentages were proportionally distributed among the categories.

Rhode Island's Early Intervention Program changed lead agencies in January 2005. The Rhode Island Department of Human Services (DHS) reviewed the Early Intervention Management Information System (EIMIS) data collection process and implemented new data collection policies and EIMIS improvements that enhanced its reporting capabilities. EIMIS was developed by the Department of Health and was transferred to DHS. DHS updated the system to a higher version of Microsoft Access and added new data elements as required by the State Performance Plan (SPP). All drop-down lists were reviewed and updated to match federal wording and federal definitions (location, race and discharge). Definitions and policies surrounding data entry were then distributed to all providers. These policies also were in line with new certification standards that went into effect Jan. 1, 2006. These improvements and an increase in the number of infants and toddlers served in Rhode Island were all factors that caused an increase in total, black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served.

**South Carolina**—There was an increase in the total number of children served, the number of Asian/Pacific Islander children served, the number of black (not Hispanic) children served, the number of Hispanic children served and the number of white (not Hispanic) children served. These increases were due to the fact that during the past three years, South Carolina was under a compliance agreement.

Through aggressive child find efforts, the state increased the number of children with IFSPs by 37.7 percent. The child count also climbed to 3,152 children, which was close to 2 percent of the newborn population and was in accordance the compliance agreement with OSEP. The increase in the numbers was also in direct proportion to the racial breakdown in the state.

**Tennessee**—There was an increase in the number of Hispanic infants and toddlers served. The increase was due to changes in three counties. Shelby County has the largest city in Tennessee: Memphis. The Tennessee Early Intervention System (TEIS) Point of Entry Office targeted the Hispanic community for child find/public awareness activities. Davidson County is the location for the second largest city in Tennessee: Nashville. There has always been a high Hispanic population in Nashville. The lead agency operates an early intervention program in Nashville that solely targets this population for child find and the provision of services to eligible infants/toddlers. Hamblen County is a smaller county in East Tennessee. This county has the fastest growing Hispanic population in East Tennessee. Agriculture, factory, industries and home building draw this population for work opportunities. In July of 2005, the state Interagency Coordinating Council added a new voting member from the state's Migrant Head Start Program, which is a program that targets Hispanic families.

**Texas**—The increase in the number of Asian/Pacific Islander infants and toddlers who were served appeared to be due to increases in the number of infants and toddlers served in some urban areas of the state, particularly communities in and around Dallas, Austin and Houston. This was a result of population growth in those areas and outreach efforts conducted by the 58 local agencies.

**Utah**—The state attributed the decrease in the number of American Indian/Alaska Native infants and toddlers receiving services to caseload turnovers in two regions in the state with high concentrations of American Indian/Alaska Native infants and toddlers.

**Virgin Islands**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Virginia**—There was an increase in Asian/Pacific Islanders served and a decrease in black (not Hispanic) infants and toddlers served. These changes were because the percentage of infants and toddlers served in the Part C system in Virginia who were Asian or black (not Hispanic) reflected Virginia's birth to 4 Asian and black (not Hispanic) populations more closely than before.

Virginia's 2005 child count included 1,003 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom were under the age of 3, were served using local, not Part B, funds.

**Washington**—Because Washington did not estimate race/ethnicity for 541 infants and toddlers (13 percent of the child count) who had missing or multiple races/ethnicities, the number of infants and toddlers reported by race/ethnicity was smaller than the number of infants and toddlers reported by age. These children were reported as other race or multiracial or as did not wish to provide information.

The Infant Toddler Early Intervention Program (ITEIP) served 389 more infants and toddlers on Dec. 1, 2005, than on Dec. 1, 2004. The increase may have been due to enhanced child find activities.

In 2005, the total Asian/Pacific Islander birth to 3 population of the state was 8.6 percent. From 2001 through 2004, ITEIP consistently served 4 percent of the birth to 3 population. For Dec. 1, 2005, ITEIP served 4.8 percent of the birth to 3 population (203 of 4,238). ITEIP continues to look at outreach to this population.

ITEIP served 8.2 percent (347 of 4,248) of infants and toddlers whose families self-identified as multiracial/other. This may have accounted for the decrease in the number of infants and toddlers identified as black (not Hispanic). In addition, the following outreach/child find activities were conducted statewide:

- A statewide distribution (8,400 brochures) to pediatricians, hospitals, audiologists and local lead agencies;
- Distribution of 5,453 public awareness letters to all appropriate Medicaid providers, including physicians, accredited registered nurse practitioners, therapists and managed care plans;
- Public awareness materials sent to First Steps case managers statewide (the First Steps program is for Medicaid-eligible pregnant women);
- Dissemination of “Please Ask; Babies Can’t Wait!” brochures to all licensed child care providers;
- ITEIP funding of CHILDP Profile developmental screening information in English and Spanish for parents of all newborns in the state (approximately 80,482 births in 2003). Developmental screening and referral information was sent for each child to his/her parents, at intervals of three to six months, six to 12 months and 12 to 18 months;
- ITEIP information added to the Department of Social and Health Services (DSHS) Children’s Administration (foster care agency) Web site.
- ITEIP development of a parent information brochure titled *Infants and Toddlers Who Are Deaf or Hard of Hearing*. The brochure provides the statewide Central Directory 1-800 number to call to connect with the local Family Resources Coordinators (FRCs).

**West Virginia**—West Virginia estimated race/ethnicity for 766 infants and toddlers (29 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There were increases in the total number of infants and toddlers served, in the number of Hispanic and white (not Hispanic) infants and toddlers served and in the number of at-risk infants and toddlers served. These changes occurred because the state redesigned its Part C System in 2003. As a result, the system had an increase in visibility and continued child find activities. In a state as small as West Virginia, a change in a few infants and toddlers makes a large percentage change. The increase of infants and toddlers in the at-risk category was due in part to the overall increase in the number of infants and toddlers identified. The early intervention system also experienced a significant increase in referrals from Child Protective Services, many of whom were eligible under the at-risk category.

**Wisconsin**—The state attributed the increase in the number of American Indian/Alaska Native infants and toddlers served to a contract with the Great Lakes Inter-Tribal Council to provide outreach to Native American families and work with counties to ensure integration of Native American infants and toddlers into county birth to 3 programs.

**Wyoming**—The state attributed the increase in the number of Hispanic infants and toddlers reported to improved screening and identification and an increase in the Hispanic population in the state.



**Table 6-4 and Table 6-10: IDEA Part C Early Intervention Service Settings, 2004**

Early intervention service settings as used by OSEP are defined as follows:

<i>Home</i>	The principal residence of the eligible infant's or toddler's family or caregivers.
<i>Hospital (in patient)</i>	A residential medical treatment facility, in which a child receives services on an inpatient basis.
<i>Other setting</i>	Service settings other than a <i>program designed for children with developmental delay or disabilities</i> , a <i>program designed for typically developing children</i> , <i>home</i> , <i>hospital (in patient)</i> , <i>residential facility</i> or <i>service provider location</i> .
<i>Program designed for children with developmental delay or disabilities</i>	An organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.
<i>Program designed for typically developing children</i>	A program or service designed primarily for children without disabilities and regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.
<i>Residential facility</i>	Treatment facility that is not primarily medical in nature where the infant or toddler currently resides and where he receives early intervention services.
<i>Service provider location</i>	Services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.

**Alaska**—Alaska estimated race/ethnicity for 28 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The decrease in the number of Hispanic infants and toddlers served was attributed to a new emphasis by authorities on eliminating illegal immigration. There is a significant population of migrants who work at fish processing plants and other seasonal jobs in the state. These families were reluctant to seek early intervention services because of the emphasis on illegal immigration. This was consistent with program data and state trends of Hispanic families seeking social services.

**American Samoa**—The increase in infants and toddlers served in total settings and decrease in infants and toddlers served in the *program designed for children with developmental delay or disabilities* setting was due to efforts over the past two years to rebuild the entire early intervention program. These improvements resulted in a significant increase in both the number of infants and toddlers served and the territory's ability to collect and manage its data. These improvements also included a greater emphasis on delivering services in natural environments.

**Arizona**—The children reported in the *other setting* category included infants and toddlers and families who received services at parks, libraries and community centers.

The increase in the number of infants and toddlers served in all of the settings reflected the significant increase in the state's child count. The increases in the *program designed for typically developing children, home* and *other setting* categories reflected the continued emphasis on the state's policy to provide services in natural environments.

There were increases in the total number of infants and toddlers served, along with Asian/Pacific Islanders, white (not Hispanic) and Hispanic infants and toddlers. These changes were due to the increased child count in the race/ethnicity categories.

There was a decrease in the number of black (not Hispanic) infants and toddlers served. The black (not Hispanic) population represented a small percentage of Arizona's population, and, therefore, any change in the number of infants and toddlers served resulted in a significant change in percentage.

**Arkansas**—The children reported in the *other setting* category included infants and toddlers and families whose service settings were unknown. In some cases, these infants and toddlers had closed cases, were not eligible for services, had parents who refused services or could not be contacted.

The children reported in the *other setting* category included infants and toddlers and families who did not have active IFSPs. The state planned to resubmit these data.

There was a decrease in total number of infants and toddlers served and in the number reported in the *program designed for children with developmental delay or disabilities, home* and *service provider location* categories. These changes were due to a data entry error. The lead agency chose to report only those infants and toddlers whose data were immediately verifiable. The lead agency worked with local providers and staff to update the data system and verify current numbers, thereby ensuring accuracy of future reports.

There was an increase in the number of infants and toddlers reported in the *other setting* category. The increase was attributed to data being inadvertently entered in this category, due to lack of staff training. Staff were trained, and data were entered and verified.

The decrease in black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served was due to the revision of the child count, reflecting the most accurate information.

**California**—The state attributed the increase in the number of American Indian/Alaska Native children to an increase in the total population of these infants and toddlers and to state and program outreach efforts.

Children reported in the *hospital (in patient)* category were primarily those in NICUs. The state believed the small decline in the number of infants and toddlers reported in the *hospital (in patient)* category was partly the result of developing less-institutional options for infants and toddlers with intense medical needs. The state also believed that this practice contributed to the increase in the number of infants and toddlers reported in the *residential facility* category. Infants and toddlers reported in the *residential facility* category primarily received early intervention services at specially licensed community care facilities for infants and toddlers with special health care needs.

Most infants and toddlers who received services primarily in programs designed for children with developmental delay or disabilities were participants in the California Department of Education (CDE) programs. This category included infants and toddlers served in pediatric subacute care facilities and in Intermediate Care Facility for the Developmentally Disabled (ICF/DD) nursing facilities. These programs were individually designed for these infants and toddlers. It also included 20 infants and toddlers under the age of 1 who received services in a health facility.

California estimated race/ethnicity for 6,856 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Of these 6,856 infants and toddlers, 6,470 were reported in the *home* category, seven were reported in the *residential facility* category, 324 were reported in the *service provider location* category and 55 were reported in the *program designed for children with developmental delay or disabilities* category. All of these infants and toddlers received services through the DDS.

**Colorado**—The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of communities that received training in 2004 in best practices that emphasized that early intervention should occur as part of a family’s daily routine. The changes were also attributed to a statewide enforcement in place since 1998 that requires the state to use public funding to provide early intervention in the child’s natural environment.

The state believed the increases in the number of Asian/Pacific Islander, black (not Hispanic) and Hispanic infants and toddlers served may have been the result of increases in the total population of those races/ethnicities or better child find activities.

**Delaware**—The infants and toddlers reported in the *other setting* category included infants and toddlers and families who received early intervention services primarily in pediatric prescribed extended care facilities for infants and toddlers who are medically fragile.

There was a decrease in the number of services provided in the *program designed for children with developmental delay or disabilities* and *service provider location* categories. There was an increase in the number of services provided in *program designed for typically developing children* and *home* categories. The reason for these changes was that the state enacted improvement activities to increase services in locations considered to be natural environments. The state’s multifaceted improvement activities to increase services in natural environments were referenced under Indicator 2 of Delaware’s SPP.

As a result of prorating the unknown race category, a higher number of infants and toddlers than last year were categorized as white (not Hispanic). For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent years, documentation indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers were entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child’s race; however, it is becoming increasingly difficult for Delaware to provide a single race in this category. The demographic determination for 88 infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

**District of Columbia**—The District of Columbia attributed the increase in the number of infants and toddlers reported in the *home* category to an increase in the total number of infants and toddlers served in the birth through 1 age category. These infants and toddlers were more likely to receive services in the *home*. The District also attributed this increase to better cooperation from Medicaid and managed care organizations to pay for services received in the *home*.

The District attributed the increase in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of white (not Hispanic), middle-class families receiving Part C services. The District of Columbia has a sliding fee scale system, and these families do not typically qualify for financial assistance and generally pay for Part C services with their private insurance. Some private insurers encourage families to receive services at outpatient clinic facilities or private offices.

**Florida**—The children reported in the *other setting* category included infants and toddlers and families whose settings were unknown and those who received early intervention in various public places.

Infants and toddlers reported in the *program designed for typically developing children* category included those who received early intervention services in family daycare and childcare centers. Infants and toddlers reported in the *service provider location* category received early intervention services in schools, outpatient clinics, Child and Medical Services clinics, county public health clinics and other locations in the community.

The state uses records from the state's Family Support Plan Service Authorization database to derive primary setting. Although these records are intended to document all services recommended in the family support plan, they do not include all services planned. The state worked with local providers to improve the quality of these data and expected that, over time, these data would include all services listed on the IFSP. The state planned to review these data quarterly and to improve the quality of these records as part of its continuous improvement plan.

The state implemented a team-based service provider model to ensure that as many families as possible received services in natural environments. Some service providers were unwilling to participate in this delivery system, and the state believed they were discouraging families from participating in Part C. The state believed this resulted in a decrease in the total number of infants and toddlers served, as well as in the number of infants and toddlers served in the *program designed for children with developmental delay or disabilities* and *service provider location* categories.

The state attributed the decrease in the number of infants and toddlers reported in the *other setting* category to better data reporting. This category included infants and toddlers with an unknown setting. The state provided technical assistance to service providers on improving data entry. The state believed this technical assistance resulted in a decrease in the number of infants and toddlers with an unknown setting.

**Georgia**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a health district office.

The state attributed the increase in the number of white (not Hispanic), Hispanic and black (not Hispanic) infants and toddlers served to improved statewide child find activities.

**Guam**—The increase in number of services provided in the *home* setting was attributed to the state's emphasis on the importance of providing services in the child's natural environment, which begins with the *home*. As referrals increased in 2004, the number of services provided in the *home* setting increased. Program policy allows the delivery of services in settings appropriate to the needs of the child and family, which might include a setting other than the *home*.

**Hawaii**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a community park.

There were decreases in the number of infants and toddlers receiving services in the *program designed for children with developmental delay or disabilities*, *program designed for typically developing children* and *service provider location* categories. These decreases were due to an increased emphasis by the Hawaii Early Intervention system on providing services in the *home* and moving away from center-based services. The following initiatives were implemented:

- Statewide Part C training for all Part C providers emphasizing the purpose and rationale for *home*-based services.
- Contracted providers were paid for both travel time and mileage to provide *home*-based services.
- When quality assurance efforts identified a family receiving center-based services, the IFSPs were reviewed to ensure appropriate reasons were documented.
- Contracted programs had a performance objective that focused on the percentage of infants and toddlers served at *home* and in other natural environments.

**Illinois**—The state attributed the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category and the increase in the number of infants and toddlers reported in the *service provider location* category to a change in definitions. While making the early intervention system *Health Insurance Portability and Accountability Act (HIPAA)* compliant, the wording of the definition for a *program designed for children with developmental delay or disabilities* was unintentionally altered. This alteration resulted in some services provided in a *program designed for children with developmental delay or disabilities* being coded as services provided in a *service provider location*. The state believed that, overall, there was little change in the number of services provided in non-natural environments.

The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category to encouragement by the early intervention program to increase the delivery of services in community settings.

Illinois' early intervention program does not provide early intervention services in a *hospital (in patient)* or a *residential facility*; therefore, no children were reported in these settings.

**Indiana**—The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* and *service provider location* categories to training service providers on the importance of serving infants and toddlers and families in their natural environments.

The children reported in the *other setting* category included infants and toddlers and families who received services at churches, community centers and restaurants.

**Kansas**—The decrease in the number of children reported in the *program designed for typically developing children* setting was attributed to a combination of large and urban infant-toddler networks that decreased the number of infants and toddlers served in daycare settings and increased the number of infants and toddlers served in the *home*.

There was an increase in the *home* setting and a decrease in the *service provider location* setting. These changes were due to increases in the number of infants and toddlers identified statewide as Part C eligible and one network amending its *service provider location* practices and providing services to 69 infants and toddlers in the *home* or other natural environment settings.

There was a decrease in the number of American Indian/Alaska Native children served in all settings. There was no one network or reason for the decrease.

There was an increase in the number of Pacific Islanders served in all settings. The changes cannot be attributed to one network or reason. No local network realized a net increase of more than five infants and toddlers.

There was an increase in the number of black (not Hispanic) infants and toddlers served in all settings. The change was attributed to one network experiencing an increase of 22 infants and toddlers (45 percent). This may have been due to the introduction of a collaborative newborn at-risk screening program, which led to increased identification among minority populations.

**Kentucky**—Kentucky’s data collection system includes only two types of service setting categories: *home/community-based* and *office/center-based*. Infants and toddlers in the *home/community-based* setting category are reported to OSEP in the *home* category, and infants and toddlers in the *office/center-based* category are reported to OSEP in the *service provider location* category. In practice, some of the infants and toddlers reported in the *office/center-based* category actually received services in a *program designed for children with developmental delay or disabilities*, while others received services in a *program designed for typically developing children*.

The state attributed the decrease in the number of infants and toddlers reported in the *service provider location* category to a decrease in the total child count and to its use of independent contractors, who are more likely to provide services in the *home*.

**Louisiana**—There was an increase in total settings and *program designed for typically developing children* and *home* settings. There was a decrease in *program designed for children with developmental delay or disabilities* and *other setting* categories. The reason for these changes was that the state’s Part C Program, EarlySteps, developed training materials and instructions for use of a statewide IFSP document that included the provision of services in natural environments. EarlySteps provided training and technical assistance to service coordinators and IFSP teams on appropriate settings for the child based on the child’s needs.

**Maine**—The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category and the decreases in the number of infants and toddlers reported in the *program designed for children with developmental delay disabilities* and *service provider location* categories to initiatives started in 2003 that resulted in improved training programs for Child Development Services case managers and service providers. One of the initiatives related to the definitions of primary settings.

The state believed the decrease in the number of infants and toddlers reported in the *hospital (in patient)* category was the result of normal fluctuation in a small population.

**Maryland**—The state attributed the increase in the number of infants and toddlers served in the *home* and in a *program designed for typically developing children* categories and the decrease in the number of infants and toddlers served in the *program designed for children with developmental delay or disabilities* category to the Maryland State Department of Education (MSDE) targeting the number of infants and toddlers served in natural environments in its State Improvement Plan, primarily through training and technical assistance. Maryland requires local infants and toddlers programs to increase the provision of services in the *home, program designed for typically developing children* and other natural environments in local improvement plans.

The state attributed the increase in the number of Asian/Pacific Islander, black (not Hispanic) or Hispanic infants and toddlers served to an MSDE requirement that local infants and toddlers programs implement public awareness activities to ensure that they are reaching all potentially eligible infants and toddlers,

especially typically underrepresented populations, and to track data to indicate progress. A combination of changing demographics, increased numbers of infants and toddlers served throughout the state and sustained efforts to reach underserved populations resulted in an increase in the number of Asian/Pacific Islander, black (not Hispanic) or Hispanic infants and toddlers served.

For the 2005 data collection, Maryland continued to use the last Friday in October as its data collection date for Part C. Although this historically was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education, and Maryland's Part B program uses an October count date.

The children reported in the *other setting* category included infants and toddlers and families who received services at a parent's place of employment, a library and community centers.

**Massachusetts**—The state had a decrease in the percentage of infants and toddlers whose primary setting was a *program designed for children with developmental delay or disabilities*. This was a result of the continued movement into natural environment settings. Massachusetts also implemented a change in the service provision standards in January 2003. This resulted in early intervention programs cutting back services focused on infants and toddlers with developmental delay. The change implemented was fewer allowable hours per week for child group services. Child group services could include either a community-based child group service (must include both infants and toddlers enrolled in early intervention and infants and toddlers not enrolled in early intervention) or an early intervention-segregated child group service (all infants and toddlers in the group are enrolled in early intervention). The result was a shift into home visit services.

**Michigan**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in playgroups, restaurants and other public places. Michigan estimated race/ethnicity for 145 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the number of services provided in the category *program designed for typically developing children* and an increase in the number of services provided in *other settings*. Michigan placed increased focus on serving infants and toddlers in their natural environment.

There were decreases in the number of services provided in a *service provider location* and a *program designed for children with developmental delay or disabilities* settings. There was an increase in services provided in the *home*. These changes were attributed to districts within the state changing their service model and moving most of the infants and toddlers to a *home* setting. For the *service provider location*, two districts (of 57) accounted for 69 percent of the infants and toddlers served in this setting. For *program designed for children with developmental delay or disabilities*, three districts accounted for 54 percent of the infants and toddlers in this setting.

**Minnesota**—Minnesota attributed the decrease in total setting, *program designed for children with developmental delay or disabilities*, *program for typically developing children* and *service provider location* categories to the fact that prior to Dec. 1, 2004, Minnesota reported infants and toddlers on Dec. 1 based on their age as of Sept. 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on Dec. 1 had turned 3 after Sept. 1. Many of these 3-year-old infants and toddlers were served in center-based program options rather than in their *homes*.

**Mississippi**—In Mississippi, there was an ongoing emphasis on providing services in natural settings. Training sessions, meetings and correspondence consistently emphasized the importance and rationale for providing services through normal routines and activities. Service provider contracts contained clauses requiring the individuals and agencies to provide early intervention services in natural settings.

The decrease in services provided in the category *program designed for children with developmental delay or disabilities* was attributed to the drop in the number of noninclusive programs. The Mississippi Department of Mental Health, the largest public provider of early intervention services in Mississippi, decreased the number of center-based therapies while increasing the number of sessions offered in natural settings. This trend continued in Mississippi, as a result of closer interagency collaboration and training.

There was an increase in services provided in a *program designed for typically developing children and the home*. There was a decrease in the services provided in a *service provider location*. The changes were a result of contract provisions and the change in service delivery by the Department of Mental Health. There was a decrease in services provided in the *other setting* category. This resulted from the removal of this option from the database, so eventually the number should drop to zero. Service coordinators had to choose a setting. If the setting was outside the natural environment, service coordinators had to tell where it was and why it was chosen.

**Montana**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in the Gateway Treatment Facility, a Nurturing Center on the Blackfoot Indian Reservation and in a restaurant. The Gateway Treatment Facility allows parents and infants and toddlers to live on-site while the parent receives treatment for addiction. The Nurturing Center on the Blackfoot Reservation is the Early Head Start Program.

The increase of American Indian/Alaska Native infants and toddlers was due to the enhanced relationship with the reservations through clearer collaborative agreements and ongoing public relationships.

**Nevada**—There were increases in the number of infants and toddlers served in all settings, in a *program designed for typically developing children* and at *home*. There were also increases in the number of black (not Hispanic), Hispanic, white (not Hispanic) and Asian/Pacific Islander infants and toddlers served. Nevada attributed the increase in the total number of infants and toddlers receiving Part C services to a \$3.5 million increase of funds during the state's 2004–05 fiscal year. As a result of this funding increase, the state was able to increase the number of direct service personnel providing early intervention services. This increase in personnel allowed the state to serve more infants and toddlers.

There was a decrease in the *program designed for children with developmental delay or disabilities* category. The decrease was attributed to the early intervention programs in Nevada continuing the shift to provide services in natural environments.

**New Jersey**—There were decreases in the *program designed for children with developmental delay or disabilities* and *service provider location* settings. The decreases were attributed to a systemic review of all IFSP services that were provided in other than natural environments. The services with insufficient justification resulted in immediate technical assistance.

There was an increase in *residential* provider locations. The increase was due to a change in the population identified and referred from year to year.

There was a decrease in the *other setting* category. The decrease occurred after a close review of the data entered into the electronic database by the system. This resulted in the appropriate reporting of settings previously reported as *other*.



There was an increase in the number of American Indian/Alaska Native infants and toddlers served. The change was attributed to revisions in intake questions related to race/ethnicity and an expansion of race/ethnicity reporting categories. Data were entered in an electronic data system and collapsed into the federal reporting categories by the lead agency.

**New Mexico**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**New York**—New York’s Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in the child count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

The children reported in the *other setting* category included infants and toddlers and families receiving services at a child care center or at a community recreation center.

New York attributed the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category to the overall decrease in the number of infants and toddlers participating in the Early Intervention Program. New York monitors and provides technical assistance to municipalities to ensure that infants and toddlers receive services in settings that are most appropriate for their needs, including services in natural environments.

**North Carolina**—The *program designed for typically developing children* category included infants and toddlers who received services in Head Start.

There was an increase in the number of infants and toddlers reported in the *service provider location* category. The increase was most likely due to random fluctuations associated with categories with small numbers.

There was a decrease in the number of infants and toddlers reported in the *other setting* category. The decrease was attributed to a reporting error in 2003. In 2003, the *other setting* category was used for infants and toddlers for whom the primary service setting was missing. The issue was corrected for 2004 so that no missing data were reported, which eliminated the need for the *other setting* category.

There were increases in the number of American Indian/Alaska Native and Hispanic infants and toddlers receiving services. There was a decrease in the number of Asian/Pacific Islander infants and toddlers receiving services. The increase in the number of infants and toddlers receiving services was most likely due to random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina’s Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

**North Dakota**—The children reported in the *other setting* category included infants, toddlers and families receiving early intervention services primarily in homeless shelters, safe homes, parents’ place of employment and the Tribal Early Childhood Office. The Tribal Early Childhood Office monitors at-risk infants and toddlers living on reservations.

There was an increase in the all settings and *program designed for typically developing children and home* categories. The increase in the total settings area was due to an increase in the number of infants and toddlers served. Training to clarify data entry and the role of consultation with childcare providers also affected the *program designed for typically developing children and home* settings.

**Ohio**—The state attributed the increase in the total number of infants and toddlers served to successful child find efforts. The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities, service provider location* and *other setting* categories to training that focused on the importance of serving infants and toddlers in natural environments.

The state attributed the increase in the number of infants and toddlers reported in the *hospital (inpatient)* category to successful child find efforts, an increase in total number of infants and toddlers served and an increase in the number of infants and toddlers ages birth through 1 served. Many infants and toddlers ages birth through 1 received the majority of early intervention services in the *home*.

The decreases in the *program designed for children with developmental delay or disabilities, service provider location* and *other settings* categories were attributed to an increased focus on training and promoting services in a natural environment.

The increase in the number of infants and toddlers served at *home* was attributed to the state's stressing the importance of providing services in natural environments whenever possible.

**Oklahoma**—There was a decrease in the number of services provided in all settings, *program designed for typically developing children, service provider location* and *other setting* categories. These changes were due to the fact that Oklahoma implemented a new *IDEA* Part C database. The new system allowed the state to better track infants and toddlers who transferred between the 10 regions in Oklahoma. This provided more accurate data.

**Oregon**—There was an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The increase was attributed to the overall population increase in Oregon and the focus on child find through Oregon's Special Education System Performance Review and Improvement (SPR&I) system of accountability. The SPR&I system focuses on procedural compliance and key performance indicators identified through federal and state regulations and previous state accountability findings. Early intervention programs with annual identification rates below the state target for infants and toddlers ages birth to age 3 receiving Part C services were required to gather and analyze additional data and develop and implement improvement plans for ensuring that all infants and toddlers with disabilities were identified. This type of reporting and improvement planning was implemented with all programs in 2003.

There were also increases in the number of infants and toddlers served in a *program designed for typically developing children* and at *home*. These increases were attributed to Oregon's child find efforts and work on increasing settings in natural environments.

There was a decrease in the number of infants and toddlers served in the *service provider location* category. This decrease was attributed to changes in service delivery model and errors in the special education child count coding in previous years. Two programs accounted for the majority of this decrease. One program decreased from 22 to 0, the other from 11 to 0.

There was an increase in the number of black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served. This increase was attributed to the fact that the SPR&I system provides a breakdown of infants and toddlers receiving Part C and Part B 619 services (Oregon has a birth-to-school-age Early Intervention/Early Childhood Special Education (EI/ECSE) program) by race/ethnicity in comparison to the ratio of the race ethnicity of all infants and toddlers in same geographic area. Since Oregon does not have data available on the race/ethnicity of the general population of preschool infants and toddlers, the EI/ECSE data were compared to the race/ethnicity of children in public school, kindergarten through third grade. These were the best comparison data available in Oregon. These data provided early intervention programs information to see where race ethnicity ratios differed from what could be expected. This encouraged programs to focus child find efforts in areas that may have had higher minority populations.

Another reason for the increase in black (not Hispanic) and Hispanic infants and toddlers was the fact that there was an overall rise in the proportion of minorities in Oregon. Based on the U.S. Census estimates, the majority (single race) population in Oregon (white (not Hispanic)) dropped from 89.2 percent in 2000 to 87.8 percent in 2003.

**Pennsylvania**—The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category to ensuring that infants and toddlers received their services in a natural environment and through their regular family routines and activities.

The state attributed the decrease in the total number of American Indian/Alaska Native infants and toddlers it served to a decrease in the number of American Indian/Alaska Native families living in the state. The state attributed the increase in the total number of Asian/Pacific Islander and Hispanic infants and toddlers it served to effective child find activities in the local county programs in identifying underrepresented groups.

**Puerto Rico**—There was an increase in the number of services provided in the *home* and in *program designed for typically developing children* categories. The change was attributed to the fact that since 1999, Puerto Rico has had an increasing trend of providing early intervention services in natural environments, primarily in these two settings.

**South Carolina**—The children reported in the *other setting* category included infants and toddlers and families who received services at a family day care.

There was an increase in the number of services provided in *program designed for typically developing children* and *home* settings. There was a decrease in the number of services provided in the *service provider location* category. These changes occurred because the state made a major effort to serve children in their natural environments.

There was an increase in the number of Hispanic children served due to the overall increase in the Hispanic population in South Carolina.

There was an increase in the number of white (not Hispanic) children served because of general child find efforts.

The settings data showed more children than were reported in the child count. This discrepancy was attributed to the state's contracting for a Web-based data collection system: BabyTrac. The contractor worked to correct the flaw in the report from the program.

**South Dakota**—There was an increase in the number of infants and toddlers who received services at *home*. The reason for this change was that South Dakota grew in population about 2.7 percent in the last five years. The number of infants and toddlers in South Dakota’s Part C program increased from 614 in 2003 to 680 in 2004. In addition, the state emphasized providing services in the *home* setting, which is an appropriate natural environment for infants and toddlers.

There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to a large increase in the Hispanic population in Minnehaha County. According to Census data, the Hispanic population in Minnehaha County increased by 310 from 2003 to 2004.

**Tennessee**—Investigation of the data revealed one primary issue related to the increase in *service provider location* as a primary setting. One of the largest managed care organizations for the state’s Medicaid Program (TennCare) implemented a policy that refused to pay for early intervention services provided in *home* settings unless the provider was designated as a home health agency. In several of the larger districts, there was a decline in therapeutic providers for the Part C system as these providers chose not to seek the home health agency designation. As a result of this policy, there was a decline in the availability of therapeutic service providers to provide services in the *home* and other natural environment settings. Approximately 60 percent of the state’s population of Part C eligible infants and toddlers were covered under the TennCare system.

**Texas**—The children reported in the *other setting* category included infants, toddlers and families who received services at parks, community centers, playgrounds and gymnasiums.

The slight increase in the number of infants and toddlers in the *other setting* category could have been the result of more infants and toddlers in day care settings and state emphasis (to local programs) on the importance of providing services in natural environments in addition to the *home*. This increase may also have been related to the corresponding decrease in the *program designed for children with developmental delay or disabilities* category. However, the slight decrease for this setting yielded a significant change in percentage only because the total in the setting was very small (less than .3 percent of the total).

The increase in the number of black (not Hispanic) infants and toddlers in the settings data was a result of an increase in infants and toddlers served in the Houston area.

**Utah**—The state attributed the increase in the number of infants and toddlers reported in the settings *program designed for children with developmental delay or disabilities* and *program designed for typically developing children* to an increase in playgroup and family training groups offered in early intervention classrooms and community locations. While most infants and toddlers received some early intervention services in the *home*, many toddlers, especially those over 24 months of age, received additional services in early intervention classrooms or community locations. These groups offered parents the opportunity to network with and learn from others and for toddlers to interact with other toddlers. The state also attributed the increase in the number of infants and toddlers reported in the categories *program designed for children with developmental delay or disabilities* and *program designed for typically developing children* to an increase in the number of toddlers over 24 months of age receiving early intervention services.

The state attributed the increase in the number of infants and toddlers reported in the *service provider location* category to better data reporting. Last year, the state believed it underreported infants and toddlers in this category. Even though the Part C data entry staff received training on the definitions of each setting category, there was still some confusion on the difference between *program designed for children with developmental delay or disabilities* category, *program designed for typically developing children* category and *service provider location*.

The state attributed the decrease in the number of infants and toddlers reported in the *other setting* category to the effect of introducing parent fees in 2003. While parent fees resulted in many families declining IFSP services, other families chose instead to receive only service coordination, which required no fee. Families who received only service coordination in 2003 were reported in the *other setting* category. In 2004, no families received only service coordination, and no families were reported in this category.

**Vermont**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily at school.

**Virgin Islands**—The children reported in the *other setting* category included infants and toddlers and families who received services at a park.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

The state had a greater number of children reported in one or more categories for these data than are reported in their child count data. The state did not explain this discrepancy.

**Virginia**—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a babysitter's home, grandparent's home, foster care and parents' place of employment.

These data included infants and toddlers receiving services through the public schools.

Virginia's 2004 settings count included 1,076 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom were under the age of 3, were served using local, not Part B, funds.

Virginia's increase in service to Asian/Pacific Islander and Hispanic infants and toddlers was due to Virginia's changing population demographics.

Virginia had decreases in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* and *service provider location* categories. There were increases in the number of infants and toddlers reported in the *program designed for typically developing children* and *other setting* categories. Virginia attributed these changes to its continued emphasis on individualizing Part C services and provision of services in natural environments.

The changes implemented by Virginia included technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia created the *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places* technical assistance document. Increased adoption of the practices outlined in the document resulted in Part C services being more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

**Washington**—Washington did not report race/ethnicity for 381 infants and toddlers. Of the 93 infants and toddlers served in programs for children with developmental delays or disabilities, 58 were multiracial; 18 were other race; and 17 did not provide race/ethnicity information.

The state attributed the increases in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities*, *program designed for typically developing children*, *hospital (in patient)* and *service provider location* categories and the decrease in the number of infants and toddlers reported in the *home* category to training in September and October 2005 that included clarification on the federal definitions of the primary setting categories. The state included strategies to ensure that the primary service setting was correctly identified in its SPP.

The state attributed the decrease in the number of American/Indian and Asian/Pacific Islander and the increase in the number of Hispanic infants and toddlers served to changes in the birth through 3-year-old population of these racial/ethnic groups within the state. The state believed these changes were not statistically significant when compared to the birth through 3-year-old population.

**West Virginia**—The children reported in the *other setting* category included infants, toddlers and families who received services at community centers.

There were increases in the number of infants and toddlers served and reported in the *program designed for typically developing children* and *home* categories. These changes reflected the overall increase in number of eligible infants and toddlers.

West Virginia's *residential facility* setting is used primarily for infants and toddlers who are staying with their mothers in a Women's Correctional Facility in Greenbrier County.

**Wyoming**—The state attributed the increase in the total number of infants and toddlers receiving services and in the number of infants and toddlers reported in the *program designed for typically developing children* and *service provider location* categories and a 100 percent decrease in the number of infants and toddlers reported in the *other setting* category to training on how to determine primary setting. This training included additional edits when reporting a child in the *other setting* category. Some infants and toddlers who had previously been reported in the *other setting* category were reported in the *program designed for typically developing children* and *service provider location* categories. The state also attributed the increase in the total number of infants and toddlers reported to an increase in its child count.

The state attributed the increase in the number of Hispanic and white (not Hispanic) infants and toddlers reported to an increase in the child count. The total number of infants and toddlers served was proportional to the number of Hispanic and white (not Hispanic) infants and toddlers served.

#### **Table 6-5 and Table 6-11: IDEA Part C Early Intervention Program Exiting, 2004–05**

**Alabama**—The state attributed the increase in the number of infants and toddlers reported in the *Part B eligible* and *Part B eligibility not determined* categories to an increase in the child count, resulting in an increase in the number of infants and toddlers turning 3 during the exit period. Some of these infants and toddlers were eligible for Part B, and some were determined not eligible for Part B.

**Alaska**—There were decreases in the total number of infants and toddlers who exited Part C, the number of infants and toddlers who were determined *Part B eligible* and the number of infants and toddlers who were determined not *Part B eligible*. These decreases were a result of the Alaska early intervention program efforts to enroll infants and toddlers before their first birthday where possible. The state also made an effort to clear up discrepancies in enrollment eligibility criteria, especially for infants and toddlers enrolled based on clinical opinion. These two efforts affected infants and toddlers exiting the program right after the changes were implemented because the infants and toddlers who were enrolled had significant needs and were expected to remain enrolled longer.

The race/ethnicity of 13 exiting students was estimated for this report.

**American Samoa**—There was a decrease in the total number of infants and toddlers who exited Part C. The decrease was due to efforts over the past two years to rebuild the entire early intervention program. These efforts included the implementation of a database management system that allowed for more reliable tracking of data such as changes of address, phone number and living situation. There were also major improvements in service coordination and service delivery that ensured that infants and toddlers are assessed and evaluated appropriately and were not exited prematurely if a need continued. Major improvements were also made in transition services to ensure that infants and toddlers remained in the program so long as they needed to and transitioned to Part B and other services if necessary.

**Arizona**—There were increases in the total number of infants and toddlers who exited Part C, along with the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*, were considered *Part B eligible*, exited without a referral, *moved out of state* and *withdrawn by parent (or guardian)*. These increases reflected the increases in Arizona's child count. In addition, focused monitoring and technical assistance efforts resulted in improved reporting of these data by providers.

**Arkansas**—There was a decrease in the total number of infants and toddlers exiting and the *Part B eligible* and *not eligible for Part B, exit with no referrals* categories. There was also an increase in the number of infants and toddlers who were determined *not eligible for Part B*. These changes were due to the lack of current information in Arkansas' Data System. All data needed were not entered into the data system due to the lack of staff. The lead agency worked toward ensuring that all data were collected and entered into the data system.

The state changed the exiting reporting period from December 2002-November 2003 to July 2004-June 2005. The new data manager in 2005 determined that to use the fiscal year would ensure a more accurate report and show continuity with Part B. OSEP instructions specified that states could decide which 12-year period could be used. This fiscal year will be used in the future.

**California**—The state attributed the increase in the number of infants and toddlers reported in the *moved out of state* category to an increase in the total number of families leaving the state. This trend was confirmed by the state's Department of Finance.

California estimated race/ethnicity for 4,143 infants and toddlers (13 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 4,143 infants and toddlers, 34 were reported in the *deceased* category; 72 were reported in the *moved out of state* category; 622 were reported in the *completion of IFSP prior to reaching maximum age for Part C* category; 582 were reported in the *Part B eligibility not determined* category; 850 were reported in the *withdrawal by parent (or guardian)* category; 613 were reported in the *attempts to contact unsuccessful* category; 831 were reported in the *not eligible for Part B, exit to other program* category; and 539 were reported in the *Part B eligible* category. All of these infants and toddlers received services through the DDS.

**Colorado**—The state attributed the increase in the total number of infants and toddlers exiting to better data reporting. The Colorado Department of Education identified data errors when reporting infants' and toddlers' exit reasons. As a result, it held a statewide training on how to record and use all of the exit categories appropriately. Because local data managers sometimes forgot to close a child's record in the database after a child exited Part C, this training reinforced the importance of closing a child's record when he/she exited Part C.

The state attributed the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to an increase in the number of infants and toddlers who were eligible for Part C due to low birth weight. In the early 2000s, the state started serving more infants and toddlers with low birth weights from NICUs. However, when these infants and toddlers reached age 3, many no longer had low birth weight. Infants and toddlers who were eligible for Part C due to low birth weight, but no longer had low birth weight at age 3, did not have a Part B eligibility determination.

The Colorado School Finance Law allows infants and toddlers younger than age 3 to go to Part B programs if they qualify for preschool education services and will turn age 3 in fall of the school year. Districts receive half of the per-pupil operating amount for a preschool placement for these infants and toddlers. The state believed fewer infants and toddlers younger than age 3 were qualifying for preschool education services and were, therefore, moving to other non-special education preschool programs, such as Head Start or the Colorado Preschool Program. The state attributed the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* category to this shift.

**Connecticut**—Connecticut estimated race/ethnicity for 95 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The apparent decline in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category compared with the number reported for 2003–04 was actually the result of a data anomaly caused by the introduction of parent fees. The introduction of parent fees resulted in a large number of families withdrawing from Part C in 2003–04. Fewer parents withdrew from Part C in 2004–05 because they knew about the parent fees when their child entered Part C. The number of infants and toddlers exiting in 2004–05 was comparable to the number of infants and toddlers exiting in 2002–03.

The apparent decline in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category compared with the number reported for 2003–04 was the result of fewer families deciding to exit Part C because they believed their child no longer required services. In 2003–04, the number of parents who decided that their child did not need early intervention may have been related to the introduction of parent fees. If the IFSP team agreed that that a child met his/her outcomes, the child was reported in the *completion of IFSP prior to reaching maximum age for Part C* category. If the IFSP team believed the child had not met his/her outcomes, the child was reported in the *withdrawal by parent (or guardian)* category.

**Delaware**—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. There was a decrease in the number of infants and toddlers who were determined *eligible for Part B*. These changes were attributed to the state’s Interagency Coordinating Council Ad Hoc Committee reviewing both eligibility and exit criteria and developing guidelines to reinforce exit reasons. The committee emphasized the category *completion of IFSP prior to reaching maximum age for Part C*. As a result, fewer infants and toddlers exited in the category of *Part B eligible*.

There was a decrease in the number of infants and toddlers who *exited to other programs*. There was an increase in the number of infants and toddlers who *exited without a referral*. These changes resulted from data entry staff turnover and data analyst vacancies. Analysts closely review and verify data for these two categories, as well as the other categories, entered by data entry staff. The analyst positions were filled; however, the state still experienced a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst took all possible measures to be current with data. Additionally, the state cross-trained staff to minimize future delays in data entry and data monitoring.



**District of Columbia**—The District of Columbia had a decrease in the number of children who *exited to other programs*. The reason for the decrease was that families who had Medicaid funding chose to remain in the program when their children were past the age of 3. These families eventually accessed Head Start, a Charter School or Part B (DCPS) but had not completed the process by the time their children reached age 3.

The increase in the number of children who were *withdrawn by their parent (or guardian)* was attributed to improvements in the Part C office for child find and an increase in the number of children served over the past year. Another factor was that a large number of families who participated in Part C services (68 percent) were Medicaid funded. Payment also may have been a factor in families choosing to participate after eligibility for Part C was determined. The District of Columbia is a cost participation state, and families may have to pay some or all of their costs. The District of Columbia's office planned to analyze those cases where a parent refused services to determine to what degree cost of services was a factor.

The increase in the number of children in the *attempts to contact unsuccessful* category was due to increases in the number of children served, which also meant an increase in the number of families who may not have responded after initial eligibility was determined. The District of Columbia also had a significant number of families who were homeless or experiencing some type of crisis. The District of Columbia believed that families were so well connected with other agencies and in services that they did not understand the need to be linked to the Part C office. In some cases, the Part C office needed to rely on the service provider to find a family or get a response from it.

Registration for Part B involved a new process as of January 2006. The process included registration, review of documents, identification of any additional information/assessment needed and eligibility determination in the same day. The IEP was developed if all information was present for Part B to complete the process. Families needed to access the Part B system for their child's file to be retrieved and activated after the transition conference.

The decrease in the number of *Part B eligible* children reflected the number of families who were either delaying Part B access or had chosen another option. Part B early childhood staff in the District of Columbia are made aware of all children who will be exiting the Part C system when the children are 2 years of age or upon their entry if they are over 2 years old. A representative also participates in the IFSP transition conference when a child is 2.5 years old; however, Part B does not determine eligibility at that time. The process in place through DCPS allows eligibility to be determined only if the family actually accesses Part B services. Families must give DCPS permission to evaluate and consider them for Part B services. This is done through the Part B registration process. If families do not access Part B in a timely manner, eligibility will not be determined by the time their child is 3 years of age. The majority of families either do not access Part B before their children are 3 years of age or choose another option altogether.

Approximately 200 children exit the Part C system each year. While well over 90 percent of eligible children have a transition conference, less than 50 percent actually access Part B for eligibility determination. Families who do not wish to access Part B usually inform the state of their decision during the transition conference. One of the forms completed is a "next steps" page where the family lets Part C know how it would like to proceed. At that time, families have the option to identify whether they intend or are considering Part B registration, Head Start or other plans. Approximately 75 percent (150) look at Head Start or have other plans. Other plans include remaining in the program they are currently attending.

The following are reasons for not accessing Part B:

- They have a space and want to stay in the early intervention program facility;
- They are participating in early Head Start and plan to continue into regular Head Start;
- They are utilizing a child care center, need extended day care and know that few Part B schools have before/after care available;
- They do not want their child in public school;
- They do not want a full-day/5-day a week program;
- They have Medicaid, and Medicaid has agreed to continue to pay for therapy.

The following are other programs parents are choosing:

- Early intervention programs that also serve older children and receive funding through Medicaid;
- DC Public Charter Schools (about four serve 3-year-olds) (Part B develops the IEP);
- DC Charter Schools (serve as own LEA) (about three serve 3-year-olds) (each school completes eligibility and IEP);
- DCPS Head Start (families can choose the program wanted; over 60 classrooms throughout the DCPS system) (families may register with Part B as well, and therapy services are provided by Part B in the local elementary school if the child is found eligible);
- Community-Based Head Start—DC has six agencies that provide services (over 50 classrooms throughout the city) (each program arranges for therapy through contracts or Medicaid);
- Private preschool programs (families with private insurance often use this option);
- Continuation in child care with use of Medicaid for therapy services.

The increase in the number of children in the *Part B eligibility not determined* category occurred because the majority of children exiting the Part C system either had not started the process for accessing Part B under the current guidelines put in place by Part B or had not completed the process by age 3 years. There are no written deadlines; however, if a family fails to access Part B prior to the child's third birthday or it contacts Part B very close to the child's third birthday, it is subject to the 120-day timeline that Part B uses as a deadline to determine eligibility. Part B may develop the IEP but does not honor it unless the family accepts the recommended DCPS placement. Any child in a program outside of DCPS is considered to be in placement by the family. Many families may not complete the process by the time their child is 3 years of age but do access the Part B system and complete the process sometime before the child's fourth birthday or shortly thereafter. The state finds that nearly 50 percent of the children age out in Part B services within a year after their third birthday. Improvements made in this office regarding recordkeeping enabled Part C to have more accurate data regarding status at age 3 years.

**Florida**—Florida's 2003–04 exiting data included reporting errors. Infants and toddlers still receiving Part C services as of their third birthday, as well as those who exited Part C on their third birthday, were excluded from the exiting count. The state corrected this error for 2004–05. Infants and toddlers who exited Part C on their third birthday were reported according to their Part B eligibility status. All infants and toddlers still receiving Part C services as of their third birthday were reported as *eligible for Part B*.

However, in reality, some of these infants and toddlers may have been awaiting eligibility determination. The state's database was unable to distinguish between these groups of infants and toddlers.

The state cross-walked its exit categories into the OSEP exit categories. Historically, infants and toddlers reported in the state category one-time evaluation were cross-walked into the OSEP category *Part B eligibility not determined*. However, as of June 2005, the state stopped using the one-time evaluation category.

**Georgia**—Georgia estimated race/ethnicity for 358 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

Due to a database problem, 46 infants and toddlers who exited Part C in 2004–05 had an unknown exit reason. The state proportionally distributed these 46 infants and toddlers into exit categories based on the distribution of infants and toddlers whose exit reasons were known.

The state attributed the increase in the number of infants and toddlers reported in the *Part B eligible* category and the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit with no referrals* category to emphasis the state placed on improving transition for families. First, it encouraged program managers to train service coordinators on ways to better improve families' transitions, to follow up with them on the data they collect and to provide feedback on those data. Second, the state added elements to its database to capture a child's referral information from Part C, including public schools, community settings or *home*.

The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* and *attempts to contact unsuccessful* categories to the state's nine months of experience working with infants and toddlers mandated for referral under *CAPTA*. The state believed that parents who were referred to early intervention by the Division of Family and Children's Services (DFCS) were less likely to follow through and accept early intervention services.

**Guam**—The decrease in the number of infants and toddlers who were determined to be *Part B eligible* resulted from the increase of cases under *moved out of state* and *attempts to contact unsuccessful*. The number of infants and toddlers who fell under these categories were of transition age and possibly eligible for Part B services.

There was an increase in the number of infants and toddlers who were *withdrawn by their parents*. Based on the program coordinator's interview with service coordinators and review of cases under this category, services were discontinued by families because parents felt the child was developing appropriately and no longer required early intervention services. Service coordinators abided by the parent's wishes and discontinued services as requested. However, families were informed that should there be any concerns with their child in the future, they could contact the program and the child's name would be placed on the Monitor Program listing. The Monitor Program has service coordinators follow up with families regarding the child's progress and families' interest in possible services.

**Hawaii**—There was an increase in the total number of infants and toddlers exiting Part C because of increases in the different exiting categories.

The increase in the number of infants and toddlers in the category *completion of an IFSP prior to reaching maximum age for Part C* was attributed to the increased attention that all Part C programs in Hawaii placed on timely IFSP completion.

There were decreases in the number of infants and toddlers who *exited to other programs* and *exited without a referral*. There was an increase in the number of infants and toddlers with *Part B eligibility not determined*. The changes in these categories were related to a misunderstanding in data categorization at Part C programs from 2002–04. Programs reporting data to the Part C data manager were incorrectly placing infants and toddlers with *Part B eligibility not determined* into either *not eligible for Part B, exit to other programs* or *not eligible for Part B, exit with no referrals* categories. Due to an increased focus on training in 2002, 2003 and 2004, this reporting error continued to be corrected, and programs categorized infants and toddlers accurately.

The increase in the number of infants and toddlers who *moved out of state* was due to the fact that the Hawaii Department of Health serves both civilian and military populations. There is a significant military population in Hawaii, and with the war effort in Iraq and Afghanistan, military families were entering and leaving Hawaii more frequently than in previous years as military personnel were transferred to other U.S. military bases.

**Illinois**—The number of Asian/Pacific Islander infants and toddlers exiting Part C increased 0.6 percent from 2003–04 to 2004–05. The state was unsure of the reasons for this increase because Asian/Pacific Islanders make up only 2.5 percent of all active IFSPs. However, the state believed outreach efforts in areas with high concentrations of Asian/Pacific Islanders may have contributed to the increase.

The state attributed the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category to the state’s successful efforts in reaching younger infants and toddlers. Because the increase in the total number of infants and toddlers exiting in this category was larger than the increase among individual racial/ethnic groups, the state believed the change was experienced uniformly statewide.

The state was unsure of the reason for the 37 percent increase in the number of infants and toddlers for whom *Part B eligibility was not determined*. The state believed the increase may have been the result of fiscal pressures on school districts. The increase in this category was more dramatic in some specific counties. The state Department of Education worked with the state’s early intervention program to improve transition performance. The state was also unsure of the reason for the increase in the number of infants and toddlers reported in the *moved out of state* category. While the change in the number of infants and toddlers was small (90), the state believed a weak economy may have forced families to leave the state.

The state attributed the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to an increase in the number of cases paid for by Medicaid. Families on Medicaid are more mobile than families not on Medicaid and are therefore less readily tracked. Black (not Hispanic) infants and toddlers and families were most likely to exit in the *attempts to contact unsuccessful* category. The state believed this may have been due to a weak economy and higher Part C staff vacancies in areas with a high black (not Hispanic) population.

**Indiana**—The state attributed the 929 percent increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to a change in data reporting. The state’s data system had a new data element that required service coordinators to report a child who was determined *eligible for Part B* but did not have an IEP in place by age 3 in this category. In some of these cases, a school may have determined the child was eligible for Part B services, but did not complete the IFSP, sometimes at the request of a parent. Westat provided technical assistance to the state, informing it that these infants and toddlers, if they had an IFSP in place, could be reported in the *Part B eligible* category. The state will consider reporting these infants and toddlers as *Part B eligible* in the future.

The state resubmitted its 2004 exiting data.

**Iowa**—The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category and the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category to technical assistance. In the 2003–04 reporting period, some IFSP teams were unsure when to report a child in the *completion of IFSP prior to reaching maximum age for Part C* and *withdrawal by parent (or guardian)* categories. Technical assistance was provided and resulted in more accurate data for the 2004–05 reporting period.

**Kansas**—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. The change was attributed to the fact that the state served 7 percent more infants and toddlers in 2004 than 2003. This caused an increase in referrals for services.

The decrease in the number of infants and toddlers who exited to other programs was because of data entry errors. These occurred because of a change in the lead agency and network coordinator. The new staff had to be trained in data collection and entry procedures.

There was a decrease in the number of infants and toddlers who exited without a referral. The decrease occurred because a new data reporting system was implemented. The system guided networks in increasing referrals at exit.

There was a decrease in the number of students who were *withdrawn by their parent*. The decrease was due to some networks hiring staff to work directly with families on accessing services and improved recordkeeping with new information technology data system implementation.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The change was attributed to an increase in the migrant population and an improved data reporting system.

There was a decrease in the number of infants and toddlers who *died*. This change was spread out in all but 10 of the 36 networks.

There was an increase in the number of infants and toddlers who *moved out of state* because one network that borders Oklahoma lost a major employer during this period.

**Kentucky**—In 2004, the state trained primary service coordinators to properly identify the status of infants and toddlers when they exit to the Central Billing and Information System (CBIS). The state credited better data reporting with the increase in the reported number of infants and toddlers in the exit categories *Part B eligible* and *not eligible for Part B, exit with no referral* and the decrease in the number of infants and toddlers reported in the exit categories *not eligible for Part B, exit to other programs* and *Part B eligibility not determined*.

The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by a parent (or guardian)* category to a number of factors. First, families moved and did not leave a forwarding address. Second, families chose to stop receiving services early to avoid a family share payment, which requires parents to pay part of the cost of services once the child turns age 3. Third, some families who chose not to enroll their infants and toddlers into Part B chose another type of provider, such as home health providers, to administer services prior to the child's third birthday. Finally, some families felt their child no longer needed early intervention services.

**Louisiana**—In the 2004–05 exiting report, there were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C; not eligible for Part B, exit to other programs*; and *not eligible for Part B, exit with no referrals* categories. There were increases in the *Part B eligibility not determined, moved out of state, withdrawn by parent (or guardian) and attempts to contact unsuccessful* categories. These changes were due to a stricter adherence to EarlySteps transition policies and procedures.

The reporting period of the 2003–04 data was October 2003 to October 2004. The reporting period for the 2004–05 data was July 2004 to June 2005. There was a data entry error in the 2003–04 data collection. The state has since changed the reporting period for the 2003–04 data collection to July 2003–June 2004.

**Maine**—The state attributed part of the decrease in the number of infants and toddlers reported in the *moved out of state* category to the downsizing of a military installation in the area of at least one service site. The state believed the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category was the result of normal fluctuation in a small population.

**Maryland**—The state attributed the number of infants and toddlers who exited in the *completion of IFSP prior to reaching maximum age for Part C* category to its emphases on early identification, program improvement efforts and best practices through continuous monitoring and training. Twenty of 24 local Infants and Toddlers Programs reported an increase of greater than 10 percent in the number of infants and toddlers who exited the program due to *completion of the IFSP prior to reaching maximum age for Part C*. The state believed these efforts, as well as addressing child and family needs through evidence-based practices, resulted in more infants and toddlers achieving their IFSP outcomes prior to age 3.

The state attributed the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* category to two jurisdictions reporting some infants and toddlers in the *not eligible for Part B, exit with no referrals* category. In the past, these jurisdictions reported more children in the *not eligible for Part B, exit to other programs* category. The state revised its transition policies, and this change may have contributed to the decrease.

**Massachusetts**—The state attributed the decrease in the number of infants and toddlers age 3 and the increase in the number of infants and toddlers under age 3 reported in the *completion of IFSP prior to reaching maximum age for Part C* category to a change in eligibility criteria in July 2004. This change resulted in some Part C infants and toddlers becoming ineligible for early intervention. As a result, these infants and toddlers were required to exit Part C prior to their third birthday.

In previous years, the state did not report infants and toddlers in the *moved out of state* category. Effective July 2004, the state included this as a discharge reason on each child’s exit form and reported infants and toddlers in this category. The state will continue to have this as an option on the exit form for future data collections.

The state attributed the decrease in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category to the correction of a data reporting error. In the past, infants and toddlers who moved within state or exited with an unknown reason but reappeared in Part C before the end of the reporting period were reported in the *withdrawal by parent (or guardian)* category.

The state attributed the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to the correction of a data reporting error. In prior years, the state proportionally distributed infants and toddlers with an unknown exit reason into each exit category based on the distribution of infants and toddlers with known exit reasons. In 2004–05, the state included 883 infants

and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category.

**Michigan**—The increase in the number of infants and toddlers in the *attempts to contact unsuccessful* category was attributed to the state's not adequately tracking the exiting reasons for infants and toddlers under the age of 3. The state developed an improved monitoring data system. The new system is called the Michigan Continuous Improvement Monitoring System. As part of system planning, Michigan implemented a data verification process.

The increase in the total number of infants and toddlers who exited Part C was due to a large increase in the number of infants and toddlers in the Part C system over the last year. The increase in child count was partly attributed to increased child find activities around the state.

The increases in the categories of *completion of IFSP prior to reaching maximum age for Part C; not eligible for Part B, exit to other programs; and withdrawal by parent (or guardian)* all corresponded with the rate of increase for the total number of infants and toddlers who exited Part C.

The *not eligible for Part B, exit with no referrals* category increased as a result of better identification of existing services for students leaving Part C at age 3. Michigan has begun to identify/develop additional supports for those infants and toddlers not eligible for Section 619 of Part B of *IDEA*. The 2004–05 administration initiated the Great Start Early Childhood Investment Corporation to develop a system of care for young infants and toddlers in the state.

Michigan estimated race/ethnicity for 135 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

**Minnesota**—Minnesota attributed the decrease in the *Part B eligibility not determined* category to the fact that prior to Dec. 1, 2004, Minnesota reported infants and toddlers on Dec. 1 based on their age as of Sept. 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on Dec. 1 had turned 3 after Sept. 1. Correcting reporting procedures resulted in a more accurate though reduced number of infants and toddlers in the exit categories. This correction coincided with improved training around transition procedures.

**Mississippi**—The increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age* was attributed to training on writing outcomes focused on obtaining measurable goals. Since the goals were clearly measurable, it was easier to determine whether infants/toddlers and their families met their goals and whether they completed their IFSP or needed to continue services. There was an increase in the number of infants and toddlers who were determined to be *Part B eligible*. There was a decrease in the number of infants and toddlers who were not determined to be *Part B eligible*. These changes were due to a transition project that was being implemented in the state. In this project, the evaluation team included assessment personnel from Parts B and C who determined eligibility for both Parts simultaneously. Implementation of the project helped to increase the number of infants and toddlers ruled eligible and transitioning to Part B in a smooth and timely manner.

There was an increase in the number of infants and toddlers who *exited to other programs*. The increase occurred because Early Head Start and Head Start increased the number of slots allocated to infants and toddlers with disabilities and/or developmental delays.

The decrease in the number of infants and toddlers who *exited Part C without a referral* was attributed to more infants and toddlers completing their IFSP prior to age 3 or transition to other programs, including Part B.

The increase in the number of infants and toddlers who *moved out of state* was due to a data entry error. The data system was capturing the number of infants and toddlers who moved out of the health district in which they were served, not out of state. The data system was changed to indicate when infants and toddlers move out of state.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent (or guardian)*. The state checked with its 60 service coordinators, and they had one or two parents who withdrew their infants and toddlers each year for various reasons. Since the total numbers were so low (116 to 138), the difference of 22 infants and toddlers from 2003 to 2004 was less than one child/family for one-third of the coordinators. This was consistent across the state. It was impossible to identify a systemic issue or trend based on these small occurrences.

**Missouri**—Missouri attributed the decrease in the number of infants and toddlers who exited the Part C program from 2003 to 2004 to the recent improvements in finding and referring infants and toddlers eligible for the program at younger ages. The most significant decrease in the *Part B eligible* category was due to the shift toward earlier referrals of infants and toddlers. The decrease in the *Part B eligibility not determined* category was due to the shift in age at referral as well as improved transition practices. The decrease in the *withdrawal by parent (or guardian)* category was due to parents' being happier with the program and therefore not withdrawing their infants and toddlers.

**Montana**—The increase in infants and toddlers exiting corresponded with the increased number of infants and toddlers in services.

The increase in infants and toddlers *exiting Part C prior to reaching maximum age* was attributed to an increase in the number of infants and toddlers who no longer qualified for Part C after the completion of the IFSP because of the increased number of referrals from *CAPTA* and premature births. After review of the IFSP and evaluation of whether the child had delays under the state's definition of 50 percent in one or 25 percent in two of the five areas of development, it may have been determined that the child was no longer eligible for services under Part C.

The increase in infants and toddlers whose *Part B eligibility was not determined* was due to public school districts not completing the Child Study Team/IEP by the child's third birthday and parents choosing not to access school services.

**Nebraska**—There was an increase in the number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age, were not determined to be Part B eligible* or were *withdrawn by parent*. There was a decrease in the number of infants and toddlers who were considered *Part B eligible*. These changes were attributed to the state's being a birth mandate state with the same eligibility criteria for Part C and Part B; therefore, a child who was eligible for Part C services at age 3 was automatically eligible for Part B services. Some school districts were not accurately exiting students from Part C and entering them into Part B. The state cross-walked these data with the Nebraska Health and Human Services' Connect data submitted by early intervention services coordinators. A new data element was added to the data collection process to alert school districts to correctly exit a child from Part C and enter him/her into Part B when the child reached age 3. Training emphasized this reporting concept.

**Nevada**—The decrease in infants and toddlers who *completed an IFSP prior to reaching maximum age* was attributed to a data entry error. Nevada discovered through data audits/data verification that the early intervention programs were incorrectly coding infants and toddlers exiting the system in this category during 2003–04. Technical assistance was provided to the early intervention programs to correct the data error in 2004–05.



There was an increase in the total number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who were in the *Part B eligible*, *Part B eligibility not determined*, *moved out of state* or *withdrawal by a parent (or guardian)* categories. These changes were due to the state's high transient rate and the increased funding received for the state's 2004–05 fiscal year. The funds enabled the state to increase the number of infants and toddlers being served.

**New Hampshire**—The number of infants and toddlers who *died* was not under the control of the Part C program, although a change in the economy in one region of the state due to a change in the major industry of that region may have been a contributing factor.

The increase in the number of infants and toddlers found eligible for special education by their third birthday may have been due to the state's focus on improving early childhood transition. The focus revolved around efforts to increase awareness of the regulations regarding early childhood transitions. The efforts included improvements to increase the number of infants and toddlers being identified as eligible prior to the third birthday.

It was unknown why the category *withdrawal by parent (or guardian)* increased. This issue was monitored to determine the reason and any need for intervention. Further followup indicated that these infants and toddlers would not have been found eligible for Part B if they had remained with the program.

**New Jersey**—There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. The change occurred because New Jersey implemented revised family cost participation policies and procedures that resulted in some families choosing to withdraw.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The increase occurred because of the new fee-for-service system implemented in 2004. The grant contract system that provided funding based on an average caseload and encouraged the practice of maintaining infants and toddlers as active cases was no longer advantageous. The fee-for-service contract requires that services consented to in an IFSP be authorized for billing and payment by the contracted early intervention program agencies at least every six months. Infants and toddlers are referred to a service coordinator if the early intervention agency is unable to contact the family and therefore unable to provide the service and receive payment. The service coordinator then attempts to contact the family and, if unsuccessful, reports the closed date and reason for entry into the electronic database.

**New Mexico**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**New York**—OSEP reporting guidelines instruct states to report infants and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category. The guidelines also instruct states to report infants and toddlers over the age of 3 with an unknown exit reason in the *Part B eligibility not determined* category. However, the state reported 43 infants and toddlers under the age of 3 with an unknown exit reason in the *completion of IFSP prior to reaching maximum age for Part C* category and nine infants and toddlers over the age of 3 with an unknown exit reason in the *not eligible for Part B, exit with no referrals* category. Westat informed New York it was not following the reporting guidelines and asked the state to resubmit these data.

New York's Part C program serves infants and toddlers past their third birthday. During the July 1, 2004, to June 1, 2005, reporting period, 6,709 infants and toddlers over the age of 3 enrolled in Part C. These infants and toddlers were not included in this count when they exited Part C.

New York estimated race/ethnicity for 9,325 infants and toddlers (31 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

In 2004–05, the state continued to match moved infants’ and toddlers’ records against the records of all infants and toddlers enrolled in early intervention in the entire state, as well as the records of any infants and toddlers who exited Part C during the program year. Of the 1,003 infants and toddlers who moved prior to completing Part C:

- Nearly one-half (446) were found to be enrolled in early intervention in another New York county. These infants and toddlers were not reported as exits.
- Just over one-half (525) of infants and toddlers under the age of 3 who were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *attempts to contact unsuccessful* category.
- A small proportion (32) of infants and toddlers over the age of 3 were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *Part B eligibility not determined* category.

The state’s early intervention program requires infants and toddlers to be determined eligible for Part B services in order to receive Part C services past their third birthday. These infants and toddlers are reported in the *Part B eligible* category. In 2004–05, the state reported 7,741 infants and toddlers who reached their third birthday, but who continued to receive Part C services as *Part B eligible* until the parent decided when the child would transition. In New York, because all infants and toddlers are required to have eligibility determination by age 3, if a child is determined eligible for Part B, an IEP is developed with a start date for Part B preschool services. The parent decides when the child will transition to Part B and, depending on the child’s birth date, the child can continue to receive Part C services until Jan. 2 (for infants and toddlers born from Sept. 1 through Dec. 31) or Sept. 1 (for infants and toddlers born January 1 through August 31).

New York attributed the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* and *not eligible for Part B, exit with no referrals* categories and the decrease in the number of infants and toddlers reported in the *Part B eligibility not determined* category to legislation that was enacted in 2003 and implemented in 2004. The legislation requires that all infants and toddlers receive a determination for eligibility for preschool special education by their third birthday in order to remain in the early intervention program. If not eligible, the child’s exit would be recorded in the *not eligible for Part B, exit to other programs* or *not eligible for Part B, exit with no referrals* categories.

The legislation resulted in an overall decrease of 3.97 percent in the number of infants and toddlers participating in the early intervention program during this reporting period. In turn, this overall decrease influenced the data in the various categories reported in the federal tables. As a result of the overall decrease, the proportional changes in the various categories from 2003–04 to 2004–05 were actually not as large as represented.

**North Carolina**—North Carolina reported that infants and toddlers who did not meet eligibility criteria for Part C were reported in the exit category *completion of IFSP prior to reaching maximum age for Part C*. Infants and toddlers who transferred to another county were not included in the exit data.

The state also explained how it cross-walked its state-specific exit categories into OSEP's exit categories.

- The state's categories entered into preschool special education program, eligible for preschool program and family refused services were cross-walked into the OSEP exit category *Part B eligible*.
- The state's category not eligible for the preschool program was cross-walked into the OSEP exit category *not eligible for Part B, exit to other programs*.
- The state's other exit reason category was cross-walked into the OSEP exit category *Part B eligibility not determined*.
- The state's categories moved, address unknown and deceased were cross-walked into the OSEP exit category *moved out of state*.
- The state's categories parent refused enrollment and parent discontinued participation were cross-walked into the OSEP exit category *withdrawal by parent (or guardian)*.
- The state's lost to follow-up category was cross-walked into the OSEP category *attempts to contact unsuccessful*.
- The state's aged out without a closure report category was cross-walked into the OSEP category *Part B eligibility not determined*.

If a child within the state moved to a county in a different early intervention service area, the child's record was closed out in the first county, and a new record was opened in the receiving county. The child was not reported to OSEP as an exit.

North Carolina submitted revised data for 1998 through 2003. The July 2003 to June 2004 data were resubmitted along with the previous four years of exit data. Using July 2003 to June 2004 as the first year of comparison, there were increases in the number of infants and toddlers reported in the total, *completion of IFSP prior to reaching maximum age for Part C, Part B eligibility not determined* and the *attempts to contact unsuccessful* categories. There was a decrease in the number of infants and toddlers reported in the *moved out of state* category. The increase in the total number of infants and toddlers who exited corresponded to the increase in the total number of infants and toddlers receiving services in North Carolina over the previous few years. The increases in the numbers of infants and toddlers reported in the *Part B eligibility not determined* and *attempts to contact unsuccessful* categories were due partially to better data reporting as a result of the system reorganization.

**Ohio**—The increase in the total number of infants and toddlers who exited Part C was due to an overall increase in the number of infants and toddlers served, along with more concerted efforts to work closely with the Ohio Department of Education on transition issues. These efforts allowed for an improved focus on directing infants and toddlers to the appropriate next steps upon exit.

An increase in the number of infants and toddlers *eligible for Part B* services was a result of an increase in the overall number of infants and toddlers served, as well as an enhanced working relationship with the Ohio Department of Education on transitioning infants and toddlers from Part C to Part B.

The increases in the *exit to other program, exit with no referrals, deceased, moved out of state, withdrawal by parent (or guardian)* and *attempts to contact unsuccessful* categories were attributed to an increase in the total number of infants and toddlers served. This resulted in balanced increases across the exit categories.

A decrease in the number of infants and toddlers in the *Part B eligibility not determined* category was due to a more accurate understanding and assignment in determining where infants and toddlers exit.

**Oklahoma**—In 2003–04, the state reported some infants and toddlers as exiting who did not have active IFSPs. In 2004–05, the state corrected this error and included only infants and toddlers with active IFSPs who exited during the 12-month reporting period.

There was an increase in the number of infants and toddlers who were *Part B eligible, moved out of state* and had *unsuccessful attempts to contact*. There was a decrease in the number of infants and toddlers who had *Part B eligibility not determined*. These changes were attributed to the implementation of a new IDEA Part C database. The new system gives the state the ability to report using the parameters provided. In 2003, the old database included infants and toddlers whose eligibility had not been determined. The 2004 data collection included only infants and toddlers who were eligible for IFSP services.

**Oregon**—The infants and toddlers reported in the *Part B eligible* category included only those infants and toddlers determined to be eligible for Part B who entered the state’s Part B Early Childhood Special Education Program. Any infants and toddlers determined to be eligible for Part B but who did not enroll in Part B were reported in the *deceased, moved out of state, withdrawal by parent (or guardian) or attempts to contact unsuccessful* categories, as appropriate.

There was a decrease in the total number of infants and toddlers who exited Part C and the number of infants and toddlers who were *eligible for Part B*. When the 2004 data were compared with data from 2002, the total number of exiting infants and toddlers did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated increase may have happened because of Oregon’s relatively unique system of a single combined early intervention/early childhood special education program covering infants and toddlers from birth to age 5. The 2004 data collection system required that the state fill the *Part B eligible* category by matching 3-year-olds who were receiving Part B services on the current census with the same infants and toddlers who were receiving Part C services as 2-year-olds in the previous census (a match indicated a successful transition from Part C to Part B, i.e., the child must have been found *Part B eligible*). In the absence of a fixed student identification code, matches were based on the best available data. In the 2002–03 exit census, broader matching criteria were used, which resulted in a greater number of infants and toddlers being identified as successfully transitioning from Part C to Part B (probably resulting in some infants and toddlers being incorrectly identified as *Part B eligible*). In the 2003–04 count, Oregon required a more exact match, probably resulting in some undercount in the *Part B eligible* category. Infants and toddlers missed in the matching process would not show up as exited in any category.

There was an increase in the number of infants and toddlers who *exited Part C to other programs*. The increase in this category was attributed to a statewide effort to increase the number of referrals for infants and toddlers who were *not Part B eligible*. Oregon’s Special Education System Performance Review and Improvement (SPR&I) system of accountability focused on procedural compliance, including early intervention transition standards aligned with federal and state regulations. Early intervention programs with noncompliance issues related to planning for a child’s exit to a non-special education program when the child did not qualify for Part B services were required to develop and implement improvement plans to ensure that exiting infants and toddlers had a transition plan to the next *early childhood setting*. The increase was also attributed to one submitting agency. This agency changed databases during this time. The old database output (2003 data) was incompatible with the new file format from the Oregon Department of Education. A number of conversions had to be made to the data before the final submission of the 2004 data. Not all of the codes transferred correctly.

There was a decrease in the number of infants and toddlers who *exited Part C without a referral*. The decrease in this category was attributed to a statewide effort to increase the number of referrals for infants and toddlers who were not *Part B eligible*. There did not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was a decrease in the number of infants and toddlers who *moved out of state*. When the 2004 data were compared with data from 2002, the number of exiting infants and toddlers who *moved out of state* did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. There did not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. When the 2004 data were compared with data from 2002, the total number of exiting infants and toddlers who were withdrawn by a parent did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. There did not seem to be a pattern in the way the changes occurred. Only 10 programs showed a slight increase of a few infants and toddlers each, and seven programs reported the same or fewer infants and toddlers from the previous year.

There was a decrease in the number of infants and toddlers who had *unsuccessful attempts to contact*. When the 2004 data were compared with data from 2002, the number of exiting infants and toddlers who could not be contacted did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated incident occurred because of one lead agency that changed one large program in 2003. The new agency had difficulty tracking infants and toddlers in 2003 because the previous agency was reluctant to share child records with the new agency. This was not an issue in the 2004 data collection of exit data.

**Pennsylvania**—The state attributed stricter transition planning requirements with increasing the total number of infants and toddlers who exited and the number of infants and toddlers reported in the exit categories *completion of IFSP prior to reaching maximum age for Part C, Part B eligibility not determined, deceased, moved out of state, withdrawal by parent (or guardian) and attempts to contact unsuccessful*.

**Puerto Rico**—The increase in the number of infants and toddlers reported as *Part B eligibility not determined* was explained by the challenges related to the implementation of transition policy and procedures included in the 2003 interagency agreement between the Department of Education and the Department of Health:

- New procedures for the timely development of transition plans under the new interagency agreement were not implemented.
- Personnel from both departments were struggling between the old and the new procedures for the development of transition plans for infants and toddlers transitioning to Part B services.
- Several educational regions were requiring that the child be “registered” at the Department of Education before the transition plan meeting activities (old procedures).
- Early intervention service coordinators were experiencing resistance from Department of Education personnel when trying to implement the new procedures.

The increase in the number of infants and toddlers who completed *an IFSP prior to reaching maximum age* was attributed to two factors. The first factor was the increase in the total number of infants and toddlers served (26 percent more than in 2003) of which 67 percent were in the 2 through 3 age group.

The main reason for referrals to early intervention services in this age group was speech and language delay. Many of these infants and toddlers had minimal delay and therefore achieved established outcomes quickly. The second reason was that almost 100 percent of the infants and toddlers were served in natural environments where services were integrated into the family's, infant's or toddler's daily routines, which may have contributed to earlier achievement of outcomes.

The decrease in the number of infants and toddlers who *exited Part C without a referral* was attributed to one of the seven regional Pediatric Centers. The center accounted for the majority of the infants and toddlers who were *not eligible for Part B* and *exited Part C without referral*. Families had received orientation from Head Start and Child Care Centers as other options for their infants and toddlers in case they were deemed *not eligible for Part B*. Instructions were given to these centers to provide the referral to parents of all infants and toddlers *not eligible for Part B* along with the developmental status of the child and recommendations for service (s) if any.

**Rhode Island**—Because Rhode Island state law mandates that, whenever possible, all children exiting Part C without completing their IFSP goals must be referred, the state did not report any infants and toddlers in the *not eligible for Part B, exit with no referrals* category.

**South Carolina**—There were increases in the total number of children who exited Part C, *completed an IFSP prior to reaching maximum age, were eligible for Part B* and *exited to other programs*. These changes were due to an overall increase in children served.

There was a decrease in the number of children *withdrawn by parent (or guardian)* from Part C. The decrease was attributed to the state's putting more efforts into the transition process.

There was an increase in the number of children who did not have their eligibility determined. The increase was a result of a more accurate recording of children transitioning who were not determined eligible so were not counted as *Part B eligible* because the state did not have all the information at the time.

**South Dakota**—The total number of infants and toddlers who exited and were *eligible for Part B* increased because there was a jump of 8.07 percent in the number of infants and toddlers served in South Dakota's Part C program. Most of the infants and toddlers served were 2- to 3-year-olds. Therefore, the number exiting was greater than the increase in infants and toddlers served.

There was an increase in the number of infants and toddlers who *exited to other programs*. The change was attributed to the state's Part C program having a 21.43 percent increase in other programs, which may have included Head Start. The increase in these programs may have occurred because the infants and toddlers did not meet the criteria for Part B under the existing Part B eligibility guidelines. There also was an increase of preschool slots statewide due to the governor's preschool initiative in his 2010 E program.

There was an increase in the number of infants and toddlers who were *not eligible for Part B*. A study was completed in January of 2006 by the 619 coordinator to determine the significant shift in *Part B eligibility not determined*. A survey was sent to school districts to request explanations. The results were that a majority of the respondents indicated that parents did not sign consent or parents refused services. The Department will continue to track this category for trends to determine if this is an anomaly to the 2004–05 reporting year.

There was an increase in the number of infants and toddlers who *moved out of state*. The increase may have occurred because South Dakota historically has low wages, which may cause people to look elsewhere for better opportunities.

**Tennessee**—Tennessee changed its 12-month reporting period for 2004–05. OSEP gave the state permission to use July 1 to June 30 for this data collection and future data collections. In prior data collections, the state used December to November for the 12-month reporting period.

There were decreases in seven of the 10 exiting categories. These categories included the total, *completion of IFSP prior to reaching maximum age for Part C; Part B eligible; not eligible for Part B, exit to other programs; not eligible for Part B, exit with no referrals; moved out of state; and withdrawal by parent (or guardian)*. These decreases occurred because of two major changes in the way Tennessee collected exiting data for 2004–05.

The first reason was the change in the data collection period, which may have missed some infants and toddlers who would have been reported under the former timeframe. The reason for switching the reporting period for these data was to ensure that exiting data were submitted to OSEP by November. The former timeframe did not allow the submission of exiting data by November.

The second reason for the decreases was that the state stopped collecting exiting data from all providers that serve Part C eligible infants and toddlers. Instead it collected data only from agencies that designated service coordination because it is the responsibility of these agencies to ensure procedures around transition.

**Texas**—The number of families who withdrew from services decreased because of the initiation of the state’s family cost share system, which began in the previous year. The sliding fee schedule also was reduced, which contributed to the decrease in withdrawals. The number of infants and toddlers who *exited to other programs* decreased because as providers reported, there was a reduction in the availability of other services and programs at the local level. The decrease in the number of *deceased* and *moved out of state* and the increase in *attempts to contact unsuccessful* categories are relatively small numbers and appear to be normal year-to-year fluctuations.

**Utah**—The state attributed the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category and the decrease in the number of infants and toddlers reported in the *Part B eligible* category to a correction of data reporting. In 2003, some infants and toddlers were incorrectly reported as *Part B eligible*. In 2004, these infants and toddlers were reported in the *Part B eligibility not determined* category.

The state attributed the decrease in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category and the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to technical assistance the state provided to two Part C programs. In 2003, two programs reported infants and toddlers in the *withdrawal by parent (or guardian)* category if the family opted not to have eligibility determination completed. In 2004, the state reported these infants and toddlers in the *Part B eligibility not determined* category.

**Vermont**—There was an increase in the total number of infants and toddlers exiting Part C. The increase occurred because the age of entry into the Part C program was older between Dec. 2, 2003, and Dec. 1, 2004, than in the previous year.

There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. The increase was due to the fact that the base figure was low. As a result, the percentage increase was high only when valuing the number in that category. The total number of infants and toddlers exiting prior to age 3 was 76 in 2004 compared to 54 in 2003—an increase of 22 of 628 or .04 percent

There were increases in the number of infants and toddlers who were *Part B eligible* and *exited to other programs*. The changes reflected the increase in the total number of exits between 2003 and 2004.

**Virgin Islands**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Virginia**—Virginia had an increase in the total number of infants and toddlers exiting. There were also increases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C, Part B eligible, Part B eligibility not determined, moved out of state and withdrawal by parent (or guardian)* categories. The state attributed these changes to the overall increase in the number of infants and toddlers served. The increase in the number of infants and toddlers was even greater for the annualized child count. Additionally, in 2002 Virginia had a significantly higher birth to age 1 population in the system. In 2004, these infants and toddlers were exiting the program in all categories.

**Washington**—Washington did not report race/ethnicity for 354 infants and toddlers. Of these infants and toddlers, the majority exited in the *Part B eligible; not eligible for Part B, exit to other programs; Part B eligibility not determined; attempts to contact unsuccessful; and completion of IFSP prior to reaching maximum age for Part C* categories.

The state attributed the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* and *not eligible for Part B, exit to other programs* categories to an increase in the number of infants and toddlers who left early intervention services because they no longer needed services or were not eligible for Part B.

**West Virginia**—The *withdrawal by parent (or guardian)* category included infants and toddlers whose parents declined further IFSP services, infants and toddlers whose parents were dissatisfied with IFSP services and infants and toddlers who had no exit reason. In some cases, when a parent declined further IFSP services, the family and IFSP team felt that the child and family no longer needed early intervention services.

The *Part B eligibility not determined* category included 24 infants and toddlers whose family requested a referral not be made, 64 infants and toddlers whose parents did not consent to transition planning, 46 infants and toddlers who were referred to Part B and were awaiting eligibility determination and 154 infants and toddlers who had no exit reason.

There were increases in the total number of infants and toddlers exiting, as well as in the number of infants and toddlers exiting in the *Part B eligible; not eligible for Part B, exit to other programs; not eligible for Part B, exit with no referrals; Part B eligibility not determined; moved out of state; and withdrawal by parent (or guardian)* categories. There were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* and *attempts to contact unsuccessful* categories. A portion of the increased numbers across categories was due to the increased number of infants and toddlers being served.

The increase in the *Part B eligibility not determined* category was due to the following reasons: 46 infants and toddlers in this category were identified as referral made, awaiting eligibility; 88 families declined transition planning; 154 did not have further reasons documented. Part C and Part B were pursuing strategies to confirm the status of infants and toddlers who exit the Part C system at 3 years of age. Confidentiality requirements restricted confirmation to only those families who gave permission for sharing the data.



The increase in the *withdrawal by parent (or guardian)* category was due to the following reasons: 185 infants and toddlers were further identified as parent declined further IFSP service. Some of these may have been due to the child's achieving IFSP outcomes and no longer needing services. The completion of the West Virginia Birth to Three redesign resulted in several new service coordinators. Technical assistance was provided to ensure consistency in documentation of exit reasons.

There was a discrepancy in the 12-month exiting reporting period. This year, the state used January 2004–December 2004, and last year it used December 2002 to December 2003. The reporting period was Jan. 1, 2003, to Dec. 31, 2004. The year before, the reporting period was Jan. 1, 2003, to Dec. 31, 2003—the state labeled the 2003 data incorrectly.

**Wisconsin**—The *Part B eligibility not determined* category included 66 families who did not consent to transition planning. The *completion of IFSP prior to reaching maximum age for Part C* category included 37 infants and toddlers who reached age 3, met their IFSP goals and no longer had delays.

An increase in the *attempts to contact unsuccessful* category was due to the fact that children who exited prior to age 3 for other reasons were included in this category.

The state could not explain why there was an increase in the number of children who did not have eligibility determined for Part B. The state calculated the numbers for 2005–06, and the number dropped from 561 to 487 children. The state believed that the increase during the 2004–05 reporting period was due to natural variation.

**Wyoming**—There was an increase in the total number of infants and toddlers who exited Part C, exited with *completion of an IFSP prior to reaching maximum age for Part C*, were *Part B eligible*, *moved out of state* and for whom *attempts to contact* were unsuccessful. These changes resulted from the child count consistently increasing over recent years.

#### **Table 6-6 and Table 6-12: IDEA Part C Early Intervention Services, 2004**

**Alaska**—The state had significant year-to-year changes in eight of the 17 service categories. These changes were related to the variations that occurred within the child count.

**American Samoa**—There was an increase in *physical therapy* and *special instruction* services. These changes were due to a significant increase in the total infants and toddlers served, which was a result of efforts over the past two years to rebuild the entire early intervention program. These efforts included major improvements in child find as well as the assessment and evaluation of infants and toddlers. These improvements resulted in a significant increase in the number of infants and toddlers served as well as improvement in the territory's ability to provide the appropriate services. It also improved the territory's ability to collect and manage the data.

**Arizona**—Arizona's *other services* category included services provided by play groups.

There was a decrease in the number of children receiving services in the category *family training, counseling, home visits and other support*. There were increases in the number of children who received *medical services, nursing services, nutrition services* and *social work services*. The state was unable to explain these changes.

There was a decrease in the number of children who received *respite care*. This drop in services was a result of a clarification regarding the proper use of the service. Arizona Early Intervention Program (AzEIP) sent out a memorandum, dated Sept. 30, 2003, to its local program coordinators, management

teams, AzEIP Participating State Agency personnel and contractors titled “Clarification of Respite in Early Intervention Services.” This memorandum stated that the OSEP letter clarified that “the term ‘respite’ as used in that note is not intended to mean ‘reprieve’ or ‘rest’ but rather a child care-type service provided to enable parent(s) to participate or receive *other early intervention services* in order to meet the outcomes on a child’s IFSP.” AzEIP’s implementation of that OSEP policy clarification changed the use of *respite services* in the following years.

There was a decrease in the number of children who received *assistive technology services/devices* and *other early intervention services*. These changes were due to the collaboration with the state’s agencies to educate on the proper coding procedures

The decrease in *transportation* services was a result of providing more services in the natural environment, reducing the need for *transportation* services.

**Arkansas**—There was a decrease in the number of infants and toddlers reported in the category *audiology services* and *family training, counseling, home visits and other support*. These data were captured to satisfy the Medicaid requirements but not early intervention. The state acknowledged the need to simplify documentation for early intervention data collection purposes and was working toward this goal.

There were increases in the number of infants and toddlers receiving *health services, nutrition services, occupational therapy, physical therapy, psychological services, social work services, special instruction, speech-language pathology services, transportation and related costs* and *vision services*.

Among Hispanic infants and toddlers, there were increases in children receiving *medical services, nutrition services, physical therapy, special instruction, speech-language pathology services* and *transportation and related costs*.

Among white (not Hispanic) infants and toddlers, there was a decrease in children receiving *audiology services* and *family training, counseling and home visits*. There were increases in the number of infants and toddlers receiving *nutrition, occupational therapy, physical therapy, psychological services, social work services, special instruction, speech-language pathology services, transportation and related costs* and *vision services*.

These changes were attributed to the fact that during the 2002–2004 years, the lead agency implemented a procedure to improve the quality of the IFSP development to include all services listed on the IFSP. This improved the data collection process.

The Department of Developmental Services (DDS) also incorporated Children’s Medical Services (CMS) as a part of the program. The state staffs of CMS serve as case managers and are nurses also, thereby improving collaboration of *health services* and resources for early intervention and identifying additional needs in the service areas that are medically related. DDS, as a result of this move, better collaborated with other divisions and their initiatives, such as Early Periodic/Screening Diagnosis and Treatment; which is Medicaid based; Healthy Arkansas Initiatives-Child Nutrition; and the Women, Infants, and Children (WIC) Program through the Arkansas Department of Health, which is currently a part of the Department of Health and Human Services.

In addition to the above, a campaign for public awareness, Child Find, which affects the referral process, was emphasized and used in other state programs, such as Early Child Care Centers.

**California**—California’s *other early intervention services* category included daycare, interdisciplinary assessment services, services provided by translators and interpreters, Socialization Training Program services, reimbursement for travel and other purchases and services related to diapers, nutritional supplements and vouchers.

Because California’s services data are based on a billing system, changes in the data reported to OSEP often reflect changes in the way services are paid for rather than real changes in services delivered. California has no accurate way of determining the services paid for and provided via generic agencies (not federal Early Start funds) to the infants and toddlers in the Early Start Program. The services data reported to OSEP are an undercount of the actual total services provided because they include only those services purchased by the DDS or the California Department of Education (CDE) using federal Early Start and state General Fund Early Start monies. They do not include services from generic sources, private insurance or the Departments of Alcohol and Drugs, Social Services, Mental Health or Health Services (including California Child Services (CCS)).

The state attributed the decrease in the number of infants and toddlers reported as receiving *other early intervention services* to a change in data reporting. The Medi-Cal rate exceptions for specialized therapies are not reported in the specialized therapy category (*occupational therapy, physical therapy*). In the past, the state reported these services in the *other early intervention services* category.

The state attributed the increase in the number of infants and toddlers reported as receiving *psychological services* to its continued best practices training initiative related to Autistic Spectrum Disorders.

The state attributed the decrease in the number of infants and toddlers reported as receiving *assistive technology services/devices* to the state’s changing racial/ethnic composition. Because white (not Hispanic) infants and toddlers are historically most likely to receive this service, as the white (not Hispanic) population decreased, so did the number of infants and toddlers reported as receiving *assistive technology services/devices*.

The state attributed the decrease in the number of infants and toddlers reported as receiving *vision and audiology services* to fewer children with low-incidence disabilities. These services were purchased by CDE and were provided most often to infants and toddlers with low-incidence disabilities; however, access to immunizations made some of these conditions rare. The state also attributed the decrease in the number of infants and toddlers reported as receiving *audiology services* to an expansion of its Newborn Hearing Screening Program, which is a generic source and not reported in these data.

The CDE provides virtually all *social work and family training, counseling, home visits and other support services*. The decreases in the number of infants and toddlers reported as receiving these services paralleled the increase in the number of infants and toddlers reported as receiving *psychological services*.

The state attributed the decrease in the number of infants and toddlers reported as receiving *medical services* to a change in who pays for these services. The state streamlined its Healthy Infants and Children’s program, and schools and regional centers paid for some of the costs for *medical services*. These were generic sources and were not reported in these data.

The state attributed the decrease in the number of infants and toddlers reported as receiving *respite care* to payments for this service not being authorized. *Respite care* frequently appeared on IFSPs as a non-required service, and the state authorized fewer payments for these services.

California estimated race/ethnicity for 3,282 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Because this data collection was a duplicated count, the sum of the number of infants and toddlers who had a race/ethnicity estimated in each service category did not equal the total number of infants and toddlers for whom race/ethnicity was estimated. All of these infants and toddlers received services through the DDS.

**Colorado**—Colorado’s *other services* category included services provided by a health nurse.

The state attributed the decrease in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support* to budget cuts experienced by the state’s mental health system. This system typically provided *family training, counseling, home visits and other support*. The state also believed there was confusion among service providers about what constituted a home visit and trained service providers about when to report a home visit to correct the problem.

The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices, audiology services, nutrition services, occupational therapy, physical therapy* and *speech-language pathology services* to the state’s better addressing the needs of its infants and toddlers using transdisciplinary service models. As a result of these models, providers were more involved with infants and toddlers and gained knowledge on appropriate service delivery.

**Connecticut**—There was an increase in *assistive technology services/devices* for white (not Hispanic) infants and toddlers. Connecticut clarified to its providers that all *assistive technology services/devices* must be listed as an IFSP service and entered into the data system, even if those devices are low-cost, low-tech items. Previously, providers listed and entered only devices for which they requested state reimbursement. This caused an overall reported increase in the numbers of infants and toddlers receiving *assistive technology services/devices* from 411 to 630. While the number of white (not Hispanic) infants and toddlers receiving *assistive technology services/devices* increased significantly from Dec. 1, 2003, white (not Hispanic) infants and toddlers, as a percentage of all infants and toddlers receiving *assistive technology services/ devices*, actually decreased from 72 percent on Dec. 1, 2003, to 70 percent on Dec. 1, 2004.

**Delaware**—Delaware’s *other early intervention services* category included developmental assessments. There was a decrease in *family training, counseling, home visits and other support; nursing services; nutrition services; physical therapy; social work services; vision services; and other early intervention services*. These decreases were attributed to data entry errors. The numbers in the service categories did not decrease because of a decrease in the services available, but as a result of a delay in data entry. The delay in data entry resulted from data entry staff turnover and data analyst vacancies. The vacancies were filled; however, the state experienced a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst took all possible measures to be current with data. Additionally, the state cross-trained staff to minimize future delays in data entry and data monitoring.

**District of Columbia**—There were decreases in the number of infants and toddlers served in *family training, counseling, home visits and other support; medical services; nursing services; occupational therapy; physical therapy; psychological services; speech-language pathology services; and transportation and related costs*. The District of Columbia attributed these changes to difficulty the Part C office had with accurate reporting due to the lack of a reliable database. Recognizing this problem, the District performed a child validation review and count. The District audited all of its records to ensure an accurate account of the infants and toddlers in the system.

**Florida**—Florida’s *other early intervention services* category included providing general equipment and services provided by Head Start. General equipment included supplies, materials and medical equipment such as prosthetics, orthotics and tracheotomy tubes.

The state used Family Support Plan Service Authorization (FSPSA) records as its data source rather than records of services delivered and paid for by Part C. The state planned to review these data quarterly and focus on improving the quality of these records as part of the state’s continuous improvement plan.

The state attributed the decrease in the number of infants and toddlers reported as receiving *medical and health services* to better data reporting. In the past, the state included non-early intervention services in these categories.

**Georgia**—Georgia’s *other early intervention services* category included applied behavioral analysis.

Georgia had significant year-to-year changes in 14 of the 17 service categories. The state was uncertain of the reason for these changes, but believed its shift toward a primary coach model of early intervention service delivery may have affected these data. In this model, the multidisciplinary team consists of professional staff, but services are provided through an individual professional or primary coach who, along with the family, has access to the entire multidisciplinary team. Under this model, infants and toddlers may not necessarily be receiving more services, but they do have access to a full complement of professionals who frequently discuss the child’s issues and come together more often to discuss each child.

The state attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to an increase in the number of services that were available to families in their own settings, resulting in less need for families to travel to services.

**Guam**—The increase in the number of *audiology* services provided was a result of a major state and national effort to implement newborn hearing screening programs. The University of Guam, Guam Early Hearing Detection and Intervention (GEHDI) Project was established in 2002. The program went into full force in 2004. The increase in referrals from GEHDI resulted in the need to assist in the identification of infants and toddlers with auditory impairment.

There was an increase in number of *family training, counseling, home visits and other support* services. The increase was attributed to services during the home sessions that emphasized the importance of assisting the family in understanding the needs of the child and enhancing the child’s development. The data for the number of services provided in the *home* setting should reflect the data for *family training, counseling, home visits and other support*.

**Hawaii**—The decrease in *assistive technology services/devices* was due to fewer requests for those services. The fewer requests resulted from assistive technology staff providing extensive training to early intervention providers. The move toward training instead of direct services was driven by the dramatic increase in travel costs to neighbor islands. Followup is carried out increasingly by program staff instead of assistive technology staff.

The increase in *audiology services* was due to a strengthened relationship between the Hawaii Early Intervention Section and pediatricians, the Newborn Hearing Screening Program and local audiological programs at hospitals to identify more infants and toddlers with hearing loss.

There were increases in *occupational therapy, physical therapy and speech-language pathology* services. These changes were attributed to the increased provision of Comprehensive Developmental Evaluations (CDEs) to infants and toddlers referred for early intervention services. The new provision helped Hawaii move away from evaluating infants and toddlers only on the specific areas of concern and, instead, evaluating all of their areas of development.

The increase in *transportation and related costs* was due to the increase in the number of taxis provided for families to come to CDE appointments when the family would prefer that services not be provided in the *home*. The increased use of taxis resulted from a pilot program in 2004. The program at Kapiolani Medical Center provided CDE's for infants and toddlers but only in the *hospital (in patient)* setting. The taxi service was used so that CDE's would meet timelines.

**Illinois**—Illinois estimated race/ethnicity for 3.7 percent of infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices* to increased understanding of the value of these services as well as to an increase in the availability of assistive equipment.

The state attributed the increase in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support* to an increase in the Hispanic caseload. This category included translation-related services, and Hispanic families were more likely than other races/ethnicities to receive this service. The increase in the Hispanic population was proportionately similar to the increase in the number of infants and toddlers reported in the *family training, counseling, home visits and other support* category.

The state believed the increases in the number of infants and toddlers reported as receiving *occupational therapy, physical therapy, special instruction and speech-language pathology* services were the result of an increase in the total number of infants and toddlers receiving services.

The state attributed the increase in the number of infants and toddlers reported as receiving *nutrition services* to an increased understanding of the importance of these services. The state attributed the increase in the number of infants and toddlers reported as receiving *psychological services* to the statewide implementation of a social-emotional consultation program during the 2005 fiscal year.

**Indiana**—The state attributed the increase in number of infants and toddlers reported as receiving *occupational therapy, physical therapy and special instruction* to an increase in the number of infants and toddlers diagnosed with pervasive developmental delays (PDD) and sensory processing issues. These infants and toddlers are more likely to use these services. The state believed it was able to diagnose more infants and toddlers with PDD and sensory processing issues due to emphasizing the importance of these diagnoses to service providers when they conducted evaluations.

**Kansas**—The state's Part C Infant Toddler database was developed and implemented in 2003 and 2004. A review of service definitions and data entry was provided throughout these two years. Through paper and database comparisons, reporting errors were discovered and noted in some service areas. The data received in 2004 were more representative of services provided and more accurate. The change in the collection system was reflected in the differences in data tables between the two years.

The decrease in *audiology* services was attributed to a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state's Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

There was an increase in *respite care* services because of one network's emphasis on the newly created newborn at-risk identification screening program.

There was a decrease in *social work services* because one network decreased by 56 infants and toddlers, which was an 88 percent decrease after a shift in service delivery from a *hospital (in patient)* setting to community-based settings.

The decrease in *medical services* was due to the decreases in services provided to all racial/ethnic categories. These changes occurred because the state's networks indicated that the number of infants and toddlers with medical evaluations and diagnoses before referral to the network increased. This may have been due to the American Academy of Pediatrics' emphasis on the importance of developmental evaluation in a physician's education and practice and the networks' collaboration with their local physicians. Thus, there was less need for referral to a physician for this purpose. Another reason was that the networks that had significant changes in *medical services* also had an 8 percent decrease in the number of infants and toddlers served between 2003 and 2004.

There was an increase in *physical therapy services* because one network had a large increase due to the number of referrals from sources such as NICUs and physicians.

There was a decrease in *other early intervention services* because some activities listed in the past under this category should have been counted under other service areas. The activities were moved to the appropriate service categories.

There were increases in the number of black (not Hispanic) infants and toddlers who received *family training, counseling, home visits and other support; nutrition; and transportation and related costs*. These increases occurred because of an 11 percent increase in the black (not Hispanic) population. One of the main increases occurred in a network that saw an increase in the number of black (not Hispanic) infants and toddlers served after the development of a community at-risk identification program.

There was an increase in the number of black (not Hispanic) infants and toddlers who received *respite care* services because one network created a newborn at-risk identification screening program. This one network made up the entire 85 percent increase.

There was an increase in the number of black (not Hispanic) infants and toddlers who received *special instruction* because nine of 36 networks had changes in their child count. The network with the largest increase attributed it to the creation of the newborn at-risk identification screening program.

The increase in the number of Asian/Pacific Islanders who received *occupational therapy services* was attributed to a statewide increase of 10 percent in Asian and 10 percent in Pacific Islander populations in Kansas. There was also an 8 percent increase in the number of Asian/Pacific Islander infants and toddlers served in infant/toddler services.

The decrease in the number of Asian/Pacific Islanders who received *audiology* services was due to changes in *audiology* services provided in seven of the 36 networks. There was a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state's Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

The decrease in *vision services* provided to white (not Hispanic) infants and toddlers was attributed to data entry errors. These were discovered through the implementation of a new data system and subsequent training. Some networks were counting vision screening in the vision category. One network also had an 8 percent decrease in the number of white (not Hispanic) infants and toddlers served in 2004.

The decrease in the number of white (not Hispanic) infants and toddlers who were provided with *other early intervention services* was due to data entry errors. In 2003, a number of networks reported positions and other agencies under *other early intervention services* rather than actual services. The state notified and trained the networks to let them know that these were incorrect designations for *other early intervention services*.

The decrease in the number of white (not Hispanic) infants and toddlers who received *audiology services* was attributed to a statewide decrease in *audiology services* by 150 infants and toddlers. One hundred thirty-five of these infants and toddlers were tracked to Johnson County (Kansas City). At that time, Kansas' Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

The decrease in *medical services* provided to white (not Hispanic) infants and toddlers was due to two networks' having significant decreases in their white (not Hispanic) population.

The 13.45 percent statewide increase in the number of white (not Hispanic) infants and toddlers who received *physical therapy* was due to a decrease of 56 infants and toddlers in one network. This was an 88 percent decrease after a shift in service delivery from a *hospital (in patient)* setting to community-based settings.

The increase in the number of Hispanic infants and toddlers who received *nursing services* was attributed to a significant increase in Hispanic population in two networks.

Kansas' *other early intervention services* category included translation and interpretation.

**Kentucky**—The state attributed decreases in nearly all service categories to a new state policy. To reduce the number of unnecessary services listed on an IFSP, on July 1, 2004, the state implemented regulations limiting the number of services that could be listed on the IFSP. If infants and toddlers required additional services, the IFSP team requested a record review. The state also attributed the decreases in nearly all service categories to training service providers on the consultative model of service delivery, which stresses the training of caregivers to implement strategies and activities into the daily routines of the family to increase the amount of early intervention services the child receives.

**Louisiana**—Louisiana's *other early intervention services* category included services provided by bilingual and sign language interpreters.

There was an increase in nine of the 17 service categories. These increases were a result of Louisiana's comprehensive child find and public awareness efforts. More infants and toddlers were identified and eligible, resulting in increases in services across all races/ethnicities.

**Maine**—The state believed the increase in the number of infants and toddlers reported as receiving *nursing services* was the result of normal fluctuation in a small population.

**Maryland**—The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices, nursing services, physical therapy, psychological services, social work services* and *special instruction* to a 12 percent increase in the child count. The IFSP process is individualized to meet each child's needs, and the state believed these increases reflected the needs of the infants and toddlers.



The state attributed the decrease in the number of infants and toddlers reported as receiving *health services, nutrition services* and *transportation and related costs* to an IFSP process. The state believed these decreases reflected the needs of the infants and toddlers served. The state partly attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to an increase in the number of infants and toddlers receiving services primarily in the *home*, reducing the need to travel for services.

The state attributed racial/ethnic differences in the receipt of services to its IFSP process and believed the differences reflected the services each child needs.

For the 2005 data collection, Maryland continued to use the last Friday in October as its data collection date for Part C. Although historically this was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education, and Maryland's Part B program uses an October count date.

Maryland's *other early intervention services* category included interpretation and behavior modification.

**Massachusetts**—The state attributed the decrease in the number of infants and toddlers reported as receiving *assistive technology services/devices* to a change in the way the state gathered its data. Previously, the state reported the number of infants and toddlers using an assistive technology device. Effective July 2004, the state required that each IFSP specify whether a child received assistive technology services as part of the child's service plan. Following OSEP's instructions, infants and toddlers who used an assistive technology device, but did not receive assistive technology services, were no longer reported.

The state attributed the increase in the number of infants and toddlers reported as receiving *special instruction* to an increased public awareness of autism, which was the result of nationwide media presentations during National Autism Awareness month in February 2005. The state reported specialty services for infants and toddlers with autism as *special instruction*. The state also attributed the increase in the number of infants and toddlers reported as receiving *special instruction* to statewide trainings provided to early intervention clinicians on identifying early signs of autism.

**Michigan**—Michigan's *other early intervention services* category included services provided by informal supports, playgroups, Ages and Stages and other evaluations. Ages and Stages is an evaluation tool used in several service areas that has age-specific tests to help determine the child's development status. There were decreases in the number of infants and toddlers who received *audiology services*. There was an increase in the number of infants and toddlers who received *family training, counseling, home visits and other support; health services; physical therapy; and respite care*. Michigan could not provide an explanation for these significant year-to-year changes and planned on conducting further investigation.

There was an increase in black (not Hispanic) infants and toddlers and a decrease in the number of Hispanic infants and toddlers served. The state needed to further examine why the number of Hispanic infants and toddlers served decreased.

**Minnesota**—Minnesota attributed the increase in all services categories to the data being collected for the first time from IFSPs. Dec. 1, 2004, was the first time that data were drawn from IFSPs and tied to individual infants and toddlers. Prior to 2004, local interagency coordinating committees reported service data in an aggregate form. The data for 2004 represented information that was substantially more accurate. For the first time, the state was able to report the data by race/ethnicity.

**Mississippi**—The decrease in the number of *audiology* services provided was because the service coordinators may not have coordinated as many of these services.

The decrease in the number of *family training, counseling, home visits and other support* was due to coding within the data system. The data system lists the provider type versus the service type.

The increase in *occupational therapy* services was attributed to more occupational therapists becoming available in the state’s early intervention system.

The decrease in the amount of *social work services* was due to the fact that many of the service coordinators are social workers. *Social work services* are a part of service coordination and may not have been counted as a separate service.

The increase in *special instruction* occurred because of training to the service coordinators. The training brought out that special instructors can serve babies and families with diverse needs. In the past, special instructors were assigned to a family only if cognitive delays were identified on the evaluation instrument.

The increase in *speech-language pathology* services was attributed to more speech language pathologists becoming available in the state’s early intervention system.

The decrease in *other early intervention services* occurred because the state no longer used this category in its data system. The state now asks for an explanation of “other” and assigns those services to a specific category.

**Missouri**—Missouri’s *other early intervention services* category included services by an interpreter.

The state attributed the decrease in the number of infants and toddlers receiving *assistive technology services/devices* to improvements in the availability of information needed to make appropriate decisions about assistive technology purchases.

**Montana**—Montana’s *other early intervention services* category included massage therapy, vision therapy, evaluation/assessment services, therapeutic horseback riding, kindermusic, swimming, high-risk infant screening and travel assistance for medical and therapy care. This category also included services provided by family support specialists, Early Head Start, toddler groups, spina bifida clinics, NICU follow-up clinics, AWARE (a nonprofit human services agency), cranial facial clinics, a genetics clinic, a preschool for infants and toddlers with hearing impairments, services provided by deaf-blind educators in the Office of Public Instruction and MonTECH. AWARE provides development delay and mental health services, and MonTECH provides adaptive equipment through the University of Montana.

Montana attributed the decrease in the number of infants and toddlers receiving *health services* to redistribution of infants and toddlers into the other service areas and to closer adherence to the definition of *health services*.

Montana attributed the increase in the number of infants and toddlers receiving *nursing services* to serving more infants and toddlers who were medically fragile and more families utilizing public health services.

Montana attributed the increase in the number of infants and toddlers receiving *occupational therapy* services to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers with sensory issues.

Montana attributed the increase in the number of infants and toddlers receiving *physical therapy* services to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers who needed feeding instructions.

Montana attributed the decreases in *psychological services* to a decrease in the number of Part C infants and toddlers needing emotional and developmental evaluations. In addition, families may not have requested those services due to their lack of availability in their geographic locations. Families were made aware of the closest services, but often chose not to utilize them.

Montana attributed the decrease in *respite care* to the increase in the number of infants and toddlers being served in Part C. The state wanted to ensure that the entitled services were met first. *Respite* was provided based upon extenuating needs, e.g., surgery of a parent, death in the family.

Montana attributed the decrease in *social work services* to an error in entering data and entering items under a different service category.

Montana attributed the increase in *transportation and related costs* to serving more families in rural areas. Montana attributed the increase in *vision services* to an increase of infants and toddlers who need follow up for vision due to premature birth or other established conditions.

Montana attributed the increase in the number of infants and toddlers receiving *other early intervention services* to an increase in the total number of infants and toddlers being served in Part C.

Montana attributed the decrease in *audiology services* to infants and toddlers being screened before they enter services.

Montana attributed the decrease in *health services* to a closer adherence to the definition of the service and families utilizing public health services.

Montana attributed the increase in *nursing services* to redistributing infants and toddlers into the other service areas and to closer adherence to the definition.

Montana attributed an increase in *nutrition services* and *speech-language pathology services* to the increase in the number of infants and toddlers being served in Part C and more infants and toddlers being served who were medically fragile.

Montana attributed the decrease in *special instruction* to removing family support specialists from *special instruction* and placing them under the *other early intervention services* category.

Montana attributed the increase in *medical services* and *occupational therapy* to an increase in referrals from the reservation, along with an increase in NICU and medically related referrals.

**Nebraska**—The increases in the number of infants and toddlers who received *assistive technology services/devices*, *occupational therapy* and *physical therapy* were attributed to the increase in the number of infants and toddlers serve and to an increase in the complexity of the needs that required specialized therapies.

The decrease in *transportation and related costs* was due to the state's providing technical assistance on the provision of services in natural environments. Services in natural environments require fewer *transportation services*.

The increases in *occupational* and *physical therapy* for black (not Hispanic) infants and toddlers were attributed to an increase in the number of infants and toddlers served and to the increasing complexity of needs that required specialized therapies.

The increases in the number of white (not Hispanic) infants and toddlers receiving *assistive technology services/devices*, *occupational therapy* and *physical therapy* were attributed to an increase in the number of infants and toddlers served and to the increasing complexity of needs that required specialized therapies.

**Nevada**—Nevada’s *other early intervention services* category included intensive behavioral services.

There were increases in the total number of infants and toddlers and white (not Hispanic) infants and toddlers receiving *assistive technology services/devices*; *audiology services*; *family training, counseling, home visits and other support*; *nutrition services*; *occupational therapy*; *physical therapy*; *special instruction*; *speech-language pathology services* and *vision services*. There were also increases in the number of Asian/Pacific Islander, black (not Hispanic) and Hispanic infants and toddlers who received *family training, counseling and home visits*; *special instruction*; and *speech-language pathology services*. Black (not Hispanic) and Hispanic infants and toddlers also had an increase in *physical therapy*. Hispanic infants and toddlers had an increase in *nutrition services* and *occupational therapy*. These increases were attributed to the increase in the total number of infants and toddlers receiving Part C services. These changes occurred because of a \$3.5 million increase of funds during the state’s 2004–05 fiscal year. As a result of this funding, the state was able to increase the number of direct service personnel providing early intervention services, which in turn allowed the state to serve more infants and toddlers.

The decrease in the total number of infants and toddlers and all race/ethnicity groups that received *other early intervention services* was due to the state’s receiving technical assistance from OSEP, which advised the state not to report service coordination as a service.

**New Hampshire**—New Hampshire’s *other early intervention services* category included family support.

The decrease in *respite care* services was attributed to the large decrease in the Hispanic population (98 percent). New Hampshire acknowledged that it needed to investigate why so many Hispanic families received *respite care* in 2003 (42) compared to other race/ethnicity groups to understand why there was such a sharp decrease. Only one or two regions in the state have large Hispanic communities. New Hampshire posited that there could have been an error in entering the race/ethnicity data.

There was an overall decrease in the number of students receiving *other early intervention services*. These services included Developmental Services’ Family Support Program and transdisciplinary services. Transdisciplinary service is used as a method of providing services, as opposed to a specific service.

**New Jersey**—The decrease in *assistive technology services/devices* was due to a data reporting issue. *Assistive technology* was often provided through other service types and recorded as such. It was often written as a strategy incorporated into the service type, for example, a speech language pathologist who was using an alternative communication system with the child and family when providing speech and language services.

The increase in *family training, counseling, home visits and other support* was due to a change to a fee-for-service contract that provided payment based on services delivered in accordance with the IFSP and encouraged IFSP teams to consider and include family training. Under the contract system, all services provided were bundled under an average cost per child.

The decreases in *nursing services* and *social work services* were due to technical assistance that ensured appropriate identification of the service provided. It was determined that the discipline and not the service provided was driving how the service was reported. It was made clear that a nurse providing *special instruction* or family training was not to be reported as a *nursing service*. Social workers were often providing family training and counseling services

The decrease in *vision services* (98 percent) was due to a data reporting issue. *Vision services* often are provided in consultation with other service types and recorded as such. Providing *vision services* is written often as a strategy incorporated into the service type.

The increase in the number of Asian/Pacific Islander infants and toddlers who received *occupational therapy* was attributed to changes in the service needs identified as the population changed from year to year. New Jersey was concerned that new agencies and practitioners may not readily accept and implement the philosophy of early intervention, resulting in an increase in therapy-specific services.

The decreases in the number of black (not Hispanic) infants and toddlers who received *occupational therapy*, *physical therapy*, *social work services*, *special instruction*, *speech-language pathology* services and *vision services* were directly related to a decrease in the number of black (not Hispanic) infants and toddlers in the child count.

The increases in the number of Hispanic infants and toddlers who received *family training*, *counseling*, *home visits and other support*; *physical therapy*; and *speech-language pathology* services were directly related to an increase in the number of infants and toddlers in the child count.

The decreases in the number of white (not Hispanic) infants and toddlers who received *assistive technology services/devices* and *vision services* were attributed to a data reporting issue. *Assistive technology* and *vision services* often were provided through other service types and recorded as such.

**New Mexico**—*Other early intervention services* decreased to zero because up until this reporting period, New Mexico and a few other states reported service coordination under *other early intervention services*. OSEP made it clear that service coordination should not be counted.

**New York**—New York's Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. The services received by these infants and toddlers were not included in this count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

New York attributed the decrease in *audiology* services and *respite care* to the overall decrease in the numbers of infants and toddlers participating in the early intervention program during this reporting period. Specifically regarding the decrease in *audiology* services, one municipality in particular appeared to be contributing to this decrease. New York intended to follow up with the municipality and identify the hospitals involved in newborn hearing screening to ensure infants and toddlers were appropriately referred to the early intervention program.

New York attributed the decrease in *respite care* to the fact that it had been working with a number of municipalities, and one large municipality in particular, to ensure they were applying state *respite care* guidelines correctly and consistently. New York expected to see a decrease when the guidelines were appropriately applied.

**North Carolina**—The state’s early intervention database reports data on *special instruction* received in the *home* and in a center-based setting. Both of these were reported in the *special instruction* service category.

There was an increase in the number of infants and toddlers reported as receiving *psychological services*. There were decreases in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support; health services; medical services; nursing services; nutrition services; respite care; social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There were also some changes along racial/ethnic lines:

- The number of Asian/Pacific Islander infants and toddlers reported as receiving *special instruction* and *other early intervention services* decreased 100 percent.
- Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support; health services; medical services; nutrition services; occupational therapy; respite care, social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *audiology services*.
- Hispanic infants and toddlers showed decreases in the number reported as receiving *family training, counseling and home visits; medical services; transportation and other early intervention services* (100 percent). There were increases in the number of infants and toddlers reported as receiving *audiology, occupational and physical therapy and speech language pathology services*.
- White (not Hispanic) infants and toddlers showed decreases in the number reported as receiving *family training, counseling, home visits and other support; health services; medical services; nursing services; physical therapy; respite care; social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *psychological and health services*.
- Among American Indian/Alaska Native infants and toddlers, there was a 100 percent decrease in the number reported as receiving *other early intervention services*.

These changes were attributed to the data reported in the *family training, counseling, home visits and other support* category being refined from previous years to include only those services provided by social workers, psychologists and other qualified personnel as defined by the federal regulations. Previous years’ data included these services provided by personnel other than those in the federal regulations. This change made North Carolina consistent with the federal regulations. Also, in past years, North Carolina reported any other service identified for a child, including non-early intervention services, in the *other early intervention services* category. North Carolina did not define any other services as early intervention services and, therefore, reported zero for this category, which means that non-early intervention services were no longer reported in the table.

**North Dakota**—There were significant increases in the year-to-year changes for 13 of the 17 service categories. These changes were due to an intensive training program that focused on the requirement to record all supports the family receives. The training was initiated because not all service coordinators or infant development primary coach/home visitors were recording consultative services.

**Ohio**—The decrease in the number of infants and toddlers receiving *assistive technology services/devices* was attributed to the redefinition of assistive technology to match the OSEP definition. The state’s data dictionary was updated with the definition and distributed to all county-level project directors. This led to a better understanding of these services.

The state attributed the decrease in the number of infants and toddlers reported as receiving *nursing services* to a partnership with the Bureau for Children with Medical Handicaps, which resulted in many *nursing services* reclassified as service coordination.

The state attributed the decrease in the number of infants and toddlers reported as receiving *respite care* to the data reporting of one large, urban county. This county had a contract for *respite care* that ended prior to this count date.

The state attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to a partnership with the Ohio Department of Job and Family Services. This partnership allowed Medicaid-eligible infants and toddlers to use transportation covered by Medicaid, resulting in fewer infants and toddlers having *transportation and related costs* on their IFSPs.

The state attributed the increase in the number of infants and toddlers reported as receiving *health, nutrition and medical services* to a partnership with the Bureau for Children with Medical Handicaps that resulted in the Part C program working with medical homes, which often provide these services.

The state attributed the increase in the number of infants and toddlers reported as receiving *vision services* to the availability of a new vision screening tool, which led to fewer infants and toddlers being identified as requiring these services.

A decrease in the number of infants and toddlers receiving *audiology services* was due to the full implementation of the Universal Newborn Hearing Screening program in the last half of 2004.

The increases in the Asian/Pacific Islander, black (not Hispanic), Hispanic and white (not Hispanic) race/ethnicity categories were due to an increase in the overall number of infants and toddlers served.

Infants and toddlers who were from Somalia were reported in the black (not Hispanic) race/ethnicity category.

Ohio’s *other early intervention services* category included child care, Children’s Protective Services, clothing, dental and orthodontic services, drug and alcohol counseling, educational services, financial services, genetic counseling, housing services, legal services, music therapy, recreational and social services, rehabilitation services and temporary shelter.

**Oklahoma**—Oklahoma’s *other early intervention services* category included services provided by psychological assistants.

The *family training, counseling, home visits and other support* category included family therapy and services provided by a child guidance specialist. The *health services* category included services provided by pediatricians and other physicians. The *social work services* category may have included services provided by a resource coordinator. The *special instruction* category included child development services. The *vision services* category included services provided by orientation and mobility specialists.

In 2003 and 2004, the state did not report any infants and toddlers as receiving *audiology* services. However, all infants and toddlers who fail a hearing screening are referred to an audiologist for evaluation. This service information was not collected on the IFSP. The state planned to collect these data in the future. In 2004, the state also did not report any infants and toddlers as receiving *transportation services*. While Oklahoma's early intervention program provided this service, the information was not collected on the IFSP. The state planned to collect these data in the future.

**Oregon**—The increase in *audiology* services was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. There were small increases in *audiology* services (one to 10 infants and toddlers) across a number of agencies.

The decrease in *nursing service* was due to one large agency's data. This agency found that some infants and toddlers received *nursing services* from both the EI/ECSE program and another community-based program. In 2004, the agency worked to ensure that infants and toddlers needing *nursing services* received the services from only one program (from the community-based source or the EI/ECSE agency).

The decrease in *nutrition services* was attributed to small decreases in the numbers of infants and toddlers receiving *nutrition services* in several agencies. One of these agencies changed how it was coding feeding services—from the *nutrition services* code to the *nursing services* or *occupational therapy* code.

The increase in *psychological services* was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The largest program in the state grew by a total of 88 infants and toddlers from 2003 to 2004. Eleven additional infants and toddlers in the program received *psychological services* in 2004.

The increase in *social work services* was attributed to one large agency that showed a large increase in infants and toddlers receiving *social work services*. This agency reported that all infants and toddlers receiving early intervention service coordination also received *social work services*. There was also an overall increase in infants and toddlers receiving early intervention services in this agency.

The increase in *special instruction* was attributed to four agencies. One agency also made a change in how it reported services. In 2004, all (276) infants and toddlers in the program were reported as receiving *special instruction*, an increase from 23 infants and toddlers reported the previous year.

The increase in *transportation and related costs* was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. Two of the largest agencies showed the most increase in infants and toddlers receiving this service.

There was a decrease in *vision services*. No one agency accounted for the decrease. Seventeen fewer infants and toddlers received *vision services* from 2003 to 2004. This decrease was reported across eight agencies. The change appeared to be due to chance.

The decrease in *other early intervention services* was accounted for by two of the agencies that reported the largest increases in the *special instruction* category of early intervention services. The same two programs showed the largest decreases in *other early intervention services* from 2003 to 2004. It appeared that these programs shifted coding from the *other early intervention services* to the *special instruction* coding category in 2004. Another agency reported that it was switching databases during this time, and the old database output was incompatible with the new file format from the Oregon Department of Education. A number of conversions had to be made to the data before the final submission of the 2004 special education child count data. Not all of the codes (including those for *other early intervention services*) transferred correctly.



The increase in *special instruction* services for Asian, Hispanic and white (not Hispanic) infants and toddlers was due to one agency reporting a large number of infants and toddlers receiving *special instruction* services. This agency reported almost all (250/276) infants and toddlers in the program as receiving *special instruction*.

The increase in the number of black (not Hispanic) infants and toddlers who received *speech-language pathology* services was attributed to one large agency. This agency reported an increase of 135 black (not Hispanic) infants and toddlers receiving Part C services in its program in 2004. Four other agencies also reported increases in *speech-language pathology* services for black (not Hispanic) infants and toddlers but to a lesser degree than the large agency.

The increase in the number of Hispanic infants and toddlers who received *social work services* and *transportation and related costs* was due to a large number of Hispanic infants and toddlers reported at one agency.

Oregon could not provide an explanation for the decrease in *other early intervention services* for Hispanic infants and toddlers.

The increase in *audiology* services for white (not Hispanic) infants and toddlers was accounted for by small increases across a number of agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white (not Hispanic).

The decreases in the number of white (not Hispanic) infants and toddlers who received *nursing services* or *nutrition services* were attributed to one agency that had significant decreases in the number of white (not Hispanic) infants and toddlers served.

The increase in *transportation and related costs* for white (not Hispanic) infants and toddlers was accounted for by increases of this service in two large agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white (not Hispanic).

The decrease in *vision services* for white (not Hispanic) infants and toddlers was accounted for by small decreases across a number of agencies.

Oregon's *other early intervention services* category included augmentative communication, autism-related services, behavior consultations, interpretation, sign language services, transition services, English as a second language/migrant services and services provided by instructional assistants.

**Pennsylvania**—There was a decrease in the number of infants and toddlers reported as receiving *social work services* and an increase in the number of infants and toddlers reported as receiving *nutrition services*. There were also some changes along racial/ethnic lines:

- There were increases in the number of Asian/Pacific Islander infants and toddlers reported as receiving *occupational therapy*, *special instruction* and *speech-language pathology* services.
- There were decreases in the number of black (not Hispanic) infants and toddlers reported as receiving *assistive technology services/devices* and increases in the number of black (not Hispanic) infants and toddlers reported as receiving *nutrition services* and *special instruction*.
- There was an increase in Hispanic infants and toddlers reported as receiving *special instruction*.

- There were decreases in the number of white (not Hispanic) infants and toddlers reported as receiving *social work services* and *vision services*. There were increases in the number of white (not Hispanic) infants and toddlers reported as receiving *audiology*; *family training*, *counseling*, *home visits and other support*; and *nutrition services*.

The changes noted in these areas would be driven by the individualized needs identified through the evaluation process and the IFSP.

**Puerto Rico**—The increase in *audiology* services was explained by a monitoring finding. *Audiology* services were included among the strategies and activities identified for outcomes expected to be achieved by the child and the family, but were not included as a service in the IFSP early intervention services section. As a result, not all *audiology* services provided were included in the data collection. In addition, there was an increase in the FTE of audiologists during 2003–04, making the services more accessible.

The increase in *special instruction* services is explained by a policy change. *Special instruction* must be specified in an IFSP whenever the early intervention services include providing families with information, skills and support related to enhancing the skill development and/or working with the child to enhance the child development.

**Rhode Island**—Rhode Island estimated race/ethnicity for 451 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

Rhode Island's *other early intervention services* category included developmental monitoring, interpretation and transition planning.

All infants and toddlers also received service coordination, but this service was not reported in these data.

**South Carolina**—South Carolina's *other early intervention services* category included autism and interpretation services.

There was a decrease in *audiology* and *vision services* and an increase in *special instruction* services. These changes were due to normal increases in the service categories that came with serving more children.

The increase in *other early intervention services* was attributed to an increase in Spanish interpreters to serve the increased Hispanic population.

**South Dakota**—There was an increase in the use of *assistive technology services/devices*. The change reflected the increase in the number of infants and toddlers being served, increased awareness of appropriate devices and the children's specific needs based on the decisions of the local IFSP team.

There was an increase in the use of *special instruction*. The increase was attributed to more *special instruction* educators in rural areas than speech therapists; therefore, local IFSP teams addressed expressive and receptive issues through *special instruction*.

The 150 percent increase in the number of Hispanic infants and toddlers who received *physical therapy* reflected an increase in the number of Hispanic infants and toddlers overall.

The number of white (not Hispanic) infants and toddlers who received *assistive technology services/devices* increased because IFSP teams were more aware of appropriate services relating to assistive technology and devices. Because of the increase in child count and the majority of infants and

toddlers being white (not Hispanic), it was expected that *assistive technology services/devices* for white (not Hispanic) infants and toddlers would increase as well.

There are two reasons for the increase in *special instruction* for American Indian/Alaska Native infants and toddlers. First, the majority of Native American infants and toddlers lived in rural areas. There were more *special instruction* educators in rural areas than speech therapists; therefore, local IFSP teams addressed expressive and receptive issues through *special instruction*. Second, there was an increase in the Native American population from 2003 to 2004 of 37.7 percent.

**Tennessee**—Tennessee’s *other early intervention services* category included interpretation, translation, feeding therapy and music therapy.

**Texas**—Texas’ *other early intervention services* category included behavioral intervention and music therapy.

The increase in the number of infants and toddlers with *audiology* and *vision services* was the result of efforts to better identify infants and toddlers with these needs and better community and agency coordination. The increase in *assistive technology services/devices* was due to efforts to improve documentation of these needs. The increase in *respite services* was the result of local efforts to identify additional *respite* resources. Almost all of the other large changes were the result of natural fluctuation in the types of infants and toddlers served on any given day and resulting large changes in percentages for low-frequency services.

**Utah**—The state attributed the increase in the number of infants and toddlers reported as receiving *transportation and related costs* to a data reporting error. The state believed these data were underreported in 2003 and was working to ensure these data are reported accurately.

The state attributed the increase in the number of Hispanic infants and toddlers reported as receiving *family training, counseling, home visits and other support; special instruction; transportation and related costs; and vision services* to an increase in the total Hispanic population in the state.

**Vermont**—Vermont’s *other early intervention services* category included child care and services provided by personal care assistants/aides.

The decrease in *audiology services* was due to the drop in the number of infants and toddlers with active IFSPs from 2003 to 2004.

The increase in *family training, counseling, home visits and other support* was attributed to an increase in efforts to use family training visits that are offered through other services.

The increase in *health services* was mainly due to infants and toddlers and their IFSP team needing consultation from physicians.

The increase in *medical services* was due to a rise in the number of infants and toddlers who were referred for and received medical/diagnostic evaluations, many of which were related to Autism Spectrum Disorders.

The decrease in *occupational therapy* and *physical therapy* was attributed to the overall drop in the number of active infants and toddlers from 2003 to 2004.

The decrease in *respite care* services was due to a narrowing of the definition. *Respite care* was redefined to reflect the OSEP definition. *Respite care* now allows only for parents to support themselves around their child's delay or disability with support groups, educational forums or even to take part in their child's therapy session so that they can continue working between those sessions. Before this definition, *respite care* had been used as a payer of last resort as a chance for the parents to have a "break" from the care of their child.

The changes in the number of white (not Hispanic) infants and toddlers served corresponded with the changes of the total number of infants and toddlers served in each service. These numbers were compatible because 92 percent of the infants and toddlers served under Part C in Vermont were white (not Hispanic).

**Virgin Islands**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Virginia**—Virginia had an increase in the number of infants and toddlers reported as receiving *social work services*. There were decreases in the number of infants and toddlers reported as receiving *occupational therapy, transportation and related costs, vision services* and *other early intervention services*. There were also some changes along racial/ethnic lines. Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational and physical therapy, speech-language pathology services* and *other early intervention services*. Among Hispanic infants and toddlers, there was a decrease in the number of infants and toddlers reported as receiving *occupational therapy* and an increase in the number of infants and toddlers reported as receiving *physical therapy*. Among white (not Hispanic) infants and toddlers, there were decreases in the number reported as receiving *occupational therapy* and *other early intervention services*. There were increases in the number of white (not Hispanic) infants and toddlers reported as receiving *assistive technology* and *social work services*. Virginia attributed all of these changes to the state's continued emphasis on individualizing Part C services in natural environments based on the specific priorities and needs of the child and family.

The changes implemented by Virginia included technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia created the *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places* technical assistance document. Because of the increased adoption of the practices outlined in the document, Part C services were more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

**Washington**—Washington did not report race/ethnicity for 16 infants and toddlers receiving *assistive technology services*; 18 infants and toddlers receiving *audiology services*; 92 infants and toddlers receiving *family training, counseling, home visits, and other support*; 22 infants and toddlers receiving *health services*; 15 infants and toddlers receiving *medical services*; 29 infants and toddlers receiving *nursing services*; 40 infants and toddlers receiving *nutrition services*; 152 infants and toddlers receiving *occupational therapy*; 139 infants and toddlers receiving *physical therapy*; 19 infants and toddlers receiving *social work services*; 240 infants and toddlers receiving *special instruction*; 207 infants and toddlers receiving *speech language pathology*; 21 infants and toddlers receiving *transportation and related costs*; and 14 infants and toddlers receiving *vision services*.

There were flagged changes in 14 of the 17 services categories. The state suggested that the services were individualized and should not be consistent from year to year. The state also expected to see differences. The data may show general trends and patterns from year to year. The state also attributed these flags to

changes in the overall child count. A total of 232 more infants and toddlers received early intervention services based on the December 1 count.

**West Virginia**—West Virginia's *other early intervention services* category included interpretation.

There were increases in the number of infants and toddlers reported as receiving *assistive technology services/devices; audiology; family training, counseling, home visits and other support; nursing services* (306 percent); *nutrition services; physical therapy; psychological services; social work* (316 percent); and *speech-language pathology* services. There was a decrease in the number of infants and toddlers reported as receiving *medical services*. There were also some changes along racial/ethnic lines:

- Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational therapy* and *special instruction*.
- Among white (not Hispanic) infants and toddlers, there were increases in the number reported as receiving *assistive technology services/devices; audiology services; family training, counseling, home visits and other support; nursing services* (306 percent); *nutrition services; physical therapy; psychological services; social work services* (295 percent); and *speech-language pathology* services. There was a decrease in the number of infants and toddlers reported as receiving *medical services*.

These changes were a result of the individualized needs of eligible infants and toddlers. The West Virginia Birth to Three system redesign was fully implemented in 2003, allowing for the enrollment and availability of increased numbers of service providers to meet the individual needs of eligible infants and toddlers and families. The decrease in the number of black (not Hispanic) infants and toddlers reflected the overall child count of infants and toddlers declining by 12 infants and toddlers. The changes with white (not Hispanic) infants and toddlers reflected the overall year-to-year changes.

**Wyoming**—There were increases in the number of infants and toddlers who received *occupational therapy, physical therapy, social work services* (300 percent), *special instruction* and *speech-language pathology* services. There was a decrease in the number of infants and toddlers who received *other early intervention services* (100 percent). These increases were explained largely by the increasing child count over the 2003–04 period. The *social work services* increase began with a small base, and, hence, the 300 percent increase represented a small count increase. This increase in *social work services* was largely based on the 240 percent increase in Native American infants and toddlers served. The increase was the result of a focus on improving social services to local residents and a short-term staffing problem. The decrease in *other early intervention services* was a result of improved data cleansing and improved training with center staff.



## **Appendix B**

### **Data Notes for *IDEA*, Part B**





## DATA NOTES FOR *IDEA*, PART B

These data notes contain information provided by the states<sup>1</sup> on the ways in which they collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions, (b) other information provided by states that they believe is necessary for understanding the data they have reported and (c) states' explanations in the event of *substantial changes* in data reported from the previous year. For the latter, OSEP flags *substantial changes* in the state-reported data for further inquiry. Specifically, OSEP asks states to explain whether a flagged change is indicative of a change in policy, a change in reporting practices, a change in practices in the field or a data validity problem.

The Part B data covered in these data notes are:

- 2005 Child Count,
- 2005 Educational Environments,
- 2004 Personnel,
- 2004–05 Exiting, and
- 2004–05 Discipline.

### Year-to-Year Substantial Change Criteria

In 2005, OSEP changed the criteria to define what constitutes a *substantial change*—that is, a change in numbers reported by a state in a given data category from one year to the next (e.g., Part B Child Count from 2004 to 2005; Part B Personnel from 2003 to 2004). That change is reflected for the first time in this *29th Annual Report to Congress*. Known as the “more than 10 percent and more than 10 people rule,” the new criteria require that a reported number be flagged if:

- There is an increase or decrease of 10 percent or more from the number reported for the previous year. A change of more than 10 percent occurs when the result of the difference reported for two consecutive years, divided by the number reported for the prior year, multiplied by 100, is larger than 10.0 or smaller than -10.0.
- An additional threshold of “more than 10 people” is applied, whereby any change of 10 percent or more must represent a numeric change greater than 10.

The “more than 10 percent and more than 10 people” rule differs noticeably in the following three ways from the criteria explained in the *28th Annual Report to Congress* (see <http://www.ed.gov/about/reports/annual/osep/index.html>, last accessed Oct. 24, 2008):

- The “more than 10 percent and more than 10 people” criteria are more stringent than the year-to-year substantial change criteria described in the *28th Annual Report to Congress*, which ranged from 20 to 30 percent and 25 to 10,000 children/students, depending on the data category.

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<sup>1</sup> In these Data Notes, references to “states” may encompass the 50 states, the District of Columbia, BIA schools, Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands).

- The “more than 10 percent and more than 10 people” criteria apply consistently across the data collection categories in the *29th Annual Report to Congress* instead of varying across the categories, as the criteria did for the *28th Annual Report to Congress*.
- The new criteria led to lengthier data notes in the *29th Annual Report to Congress* than have appeared in previous annual reports. The more stringent criteria increased the number of year-to-year changes flagged by OSEP as substantial, causing OSEP to make more requests for explanations, resulting in many more data notes being provided by the states.<sup>2</sup>

OSEP instituted the more restrictive “more than 10 percent and more than 10 people” criteria for flagging substantial year-to-year changes in fall 2005 to enhance data quality, standardize the criteria across the data categories and encourage states to investigate changes at the state and district levels.

### **Compilation of Part B Data Notes**

The data notes that follow accurately reflect data notes as submitted by the states to OSEP. Some data notes were added to point out data changes that were not explained by the states. In some cases, light edits were made to the data notes for clarity and consistency in format for publication in this annual report to Congress.

### **Part B Data Categories and Subcategories**

Table B-1 lists the categories and subcategories of data that states were required to collect during 2004/2005 and report to OSEP regarding children and students ages 3 through 21 served under *IDEA*, Part B.<sup>3</sup>

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<sup>2</sup> Where a change occurred that met the “more than 10 percent and more than 10 people” criteria described above, and there was no accompanying data note, it was because the state did not explain the change in the data.

<sup>3</sup> In regard to the subcategories of data for Part B, please note that Public Law 111-256, enacted on Oct. 5, 2010, amended *IDEA* and other federal laws to replace the term “mental retardation” with the term “intellectual disabilities.” Therefore, the U.S. Department of Education will refer to the disability subcategory “intellectual disabilities” rather than “mental retardation” in the *30th Annual Report to Congress* and all subsequent annual reports.

**Table B-1. Categories and subcategories of data required for children and students ages 3 through 21 served under IDEA, Part B: 2004–05**

Data category	Data subcategories	Age group
Child count	<i>Disability conditions</i>	
	All disability conditions (total)	3-5 and 6-21
	Specific learning disabilities	3-5 and 6-21
	Speech or language impairments	3-5 and 6-21
	Mental retardation	3-5 and 6-21
	Emotional disturbance	3-5 and 6-21
	Multiple disabilities	3-5 and 6-21
	Hearing impairments	3-5 and 6-21
	Orthopedic impairments	3-5 and 6-21
	Other health impairments	3-5 and 6-21
	Visual impairments	3-5 and 6-21
	Autism	3-5 and 6-21
	Deaf-blindness	3-5 and 6-21
	Traumatic brain injury	3-5 and 6-21
	Developmental delay <sup>a</sup>	3-5 and 6-9
	<i>Race/ethnicity (by disability and all disability conditions)</i>	
	Race/ethnicity groups (total)	3-5 and 6-21
	American Indian or Alaska Native	3-5 and 6-21
	Asian or Pacific Islander	3-5 and 6-21
	Black (not Hispanic)	3-5 and 6-21
Hispanic	3-5 and 6-21	
White (not Hispanic)	3-5 and 6-21	
Educational environments	<i>Educational environments</i>	
	All educational environments (total)	3-5 and 6-21
	Early childhood setting	3-5
	Early childhood special education setting	3-5
	Home	3-5
	Part-time early childhood/part-time early childhood special education setting	3-5
	Residential facility	3-5
	Separate school	3-5
	Itinerant service outside the home (optional)	3-5
	Reverse mainstream setting (optional)	3-5
	Special education outside regular class less than 21% of day	6-21
	Special education outside regular class at least 21% of day and no more than 60% of day	6-21
	Special education outside regular class more than 60% of day	6-21
	Public separate school	6-21
	Private separate school	6-21

<sup>a</sup>States' use of the developmental delay category is optional for children ages 3 through 9 and is not applicable to children over 9 years of age. For more information on the category, see table B-3 in appendix B.

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**Table B-1. Categories and subcategories of data required for children and students ages 3 through 21 served under IDEA, Part B: 2004–05 (continued)**

Data category	Data subcategories	Age group	
Educational environments (continued)	Public residential facility	6-21	
	Private residential facility	6-21	
	Homebound/hospital	6-21	
	Correctional facilities <sup>a</sup>	3-21	
	Enrolled in private schools not placed or referred by public agencies <sup>a</sup>	3-21	
	<i>Disability conditions (by educational environment and all educational environments)</i>		
	All disability conditions (total)	3-5 and 6-21	
	Specific learning disabilities	3-5 and 6-21	
	Speech or language impairments	3-5 and 6-21	
	Mental retardation	3-5 and 6-21	
	Emotional disturbance	3-5 and 6-21	
	Multiple disabilities	3-5 and 6-21	
	Hearing impairments	3-5 and 6-21	
	Orthopedic impairments	3-5 and 6-21	
	Other health impairments	3-5 and 6-21	
	Visual impairments	3-5 and 6-21	
	Autism	3-5 and 6-21	
	Deaf-blindness	3-5 and 6-21	
	Traumatic brain injury	3-5 and 6-21	
	Developmental delay <sup>b</sup>	3-5 and 6-9	
	<i>Race/ethnicity (by educational environment and all educational environments)</i>		
	Race/ethnicity groups (total)	3-5 and 6-21	
	American Indian or Alaska Native	3-5 and 6-21	
	Asian or Pacific Islander	3-5 and 6-21	
	Black (not Hispanic)	3-5 and 6-21	
	Hispanic	3-5 and 6-21	
	White (not Hispanic)	3-5 and 6-21	
Personnel	<i>Special education teachers</i>		
	Total employed	3-5 and 6-21	
	Employed, fully certified	3-5 and 6-21	
	Employed, not fully certified	3-5 and 6-21	

<sup>a</sup>Data on children/students in *correctional facilities* and children/students in *private schools not placed or referred by public agencies* are not included in tables on educational environments for children/students ages 3 through 21 in vols. 1 and 2 of the 29<sup>th</sup> ARC, but are treated in the separate table 2-3 in vol. 2. This is consistent with treatment in previous annual reports.

<sup>b</sup>States' use of the developmental delay category is optional for children ages 3 through 9 and is not applicable to children over 9 years of age. For more information on the category, see table B-3 in appendix B.

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**Table B-1. Categories and subcategories of data required for children and students ages 3 through 21 served under IDEA, Part B: 2004–05 (continued)**

Data category	Data subcategories	Age group
Personnel (continued)	<i>Other special education and related services personnel</i> Total employed (by personnel type and all personnel types) Employed, fully certified (by personnel type and all personnel types) Employed, not fully certified (by personnel type and all personnel types) Vocational education teachers Physical education teachers Work-study coordinators Psychologists School social workers Occupational therapists Audiologists Teacher aides Recreation and therapeutic recreation specialists Diagnostic and evaluation staff Physical therapists Counselors Speech pathologists Supervisors/administrators (LEA) Supervisors/administrators (SEA) Interpreters Rehabilitation counselors Other professional staff Non-professional staff	3-21 3-21 3-21
Exiting <sup>a</sup>	<i>Basis (reason) for exit<sup>b</sup></i> Total exiting special education Graduated with regular high school diploma Received a certificate Reached maximum age Died Dropped out <sup>c</sup> Transferred to regular education Moved, known to be continuing	14-21 14-21 14-21 18-21 14-21 14-21 14-21 14-21

<sup>a</sup>In 2004–05, states had the option to not report exiting data for students in the 22+ age range.

<sup>b</sup>OSEP collects data on five subcategories of exiters from school (i.e., *graduated with a regular high school diploma; received a certificate; reached maximum age for services; died; and dropped out*) and two subcategories of exiters from special education, but not school (i.e., *transferred to regular education; and moved, known to be continuing in education*). Data on students who transferred to regular education and moved, were known to be continuing in education are not included in tables/figures on exiting for students ages 14 through 21 in vols. 1 and 2 of the 29<sup>th</sup> ARC. Data on these two subcategories of exiters are available at <http://www.ideadata.org>.

<sup>c</sup>In 2004–05, the data subcategory *moved, not known to be continuing* was eliminated and exiters who moved and were not known to be continuing in an education program were added to the *dropped out* subcategory.

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**Table B-1. Categories and subcategories of data required for children and students ages 3 through 21 served under IDEA, Part B: 2004–05 (continued)**

Data category	Data subcategories	Age group
Exiting <sup>a</sup> (continued)	<p><i>Disability conditions (by exit reason and all exit reasons)</i></p> <p>All disability conditions (total) 14-21</p> <p>Specific learning disabilities 14-21</p> <p>Speech or language impairments 14-21</p> <p>Mental retardation 14-21</p> <p>Emotional disturbance 14-21</p> <p>Multiple disabilities 14-21</p> <p>Hearing impairments 14-21</p> <p>Orthopedic impairments 14-21</p> <p>Other health impairments 14-21</p> <p>Visual impairments 14-21</p> <p>Autism 14-21</p> <p>Deaf-blindness 14-21</p> <p>Traumatic brain injury 14-21</p> <p><i>Race/ethnicity (by exit reason and all exit reasons)</i></p> <p>Race/ethnicity groups (total) 14-21</p> <p>American Indian or Alaska Native 14-21</p> <p>Asian or Pacific Islander 14-21</p> <p>Black (not Hispanic) 14-21</p> <p>Hispanic 14-21</p> <p>White (not Hispanic) 14-21</p>	
Discipline	<p><i>Disciplinary action</i></p> <p>Unduplicated count<sup>b</sup> of children subjected to unilateral removals<sup>c</sup> to an interim alternative educational setting by school personnel 3-21</p> <p>Number of unilateral removals for drugs 3-21</p> <p>Number of unilateral removals for weapons 3-21</p> <p>Unduplicated count<sup>b</sup> of children removed to an interim alternative educational setting based on a hearing officer determination regarding likely injury 3-21</p>	

<sup>a</sup>In 2004–05, states had the option to not report exiting data for students in the 22+ age range.

<sup>b</sup>Unduplicated count means a child may be counted only once within a given subcategory.

<sup>c</sup>Unilateral removals refers to the number of acts and may be a duplicated count. The same child may be counted in both subcategories (i.e., number of unilateral removals for drugs and number of unilateral removals for weapons) and may be counted more than once in each subcategory.

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**Table B-1. Categories and subcategories of data required for children and students ages 3 through 21 served under IDEA, Part B: 2004–05 (continued)**

Data category	Data subcategories	Age group
Discipline (continued)	Unduplicated count <sup>a</sup> of children suspended or expelled for more than 10 days	3-21
	Number of single suspensions or expulsions <sup>b</sup> for more than 10 days	3-21
	Number of children with multiple short-term suspensions <sup>c</sup> summing to more than 10 days	3-21
<i>Disability conditions (by disciplinary action)</i>		
All disability conditions (total)		3-21
Specific learning disabilities		3-21
Speech or language impairments		3-21
Mental retardation		3-21
Emotional disturbance		3-21
Multiple disabilities		3-21
Hearing impairments		3-21
Orthopedic impairments		3-21
Other health impairments		3-21
Visual impairments		3-21
Autism		3-21
Deaf-blindness		3-21
Traumatic brain injury		3-21
Developmental delay <sup>d</sup>		3-9
<i>Race/ethnicity (by disciplinary action)</i>		
Race/ethnicity groups (total)		3-21
American Indian or Alaska Native		3-21
Asian or Pacific Islander		3-21
Black (not Hispanic)		3-21
Hispanic		3-21
White (not Hispanic)		3-21

<sup>a</sup>Unduplicated count means a child may be counted only once within a given subcategory.

<sup>b</sup>Single suspensions or expulsions refers to the number of acts and may be a duplicated count (i.e., the same child may be counted more than once).

<sup>c</sup>The same child may be counted only once in the number of children with multiple short-term suspensions or expulsions summing to more than 10 days. However, this same child may be counted in the number of times the child was subject to single suspensions or expulsions for more than 10 days category as well.

<sup>d</sup>States' use of the developmental delay category is optional for children ages 3 through 9 and is not applicable to children over 9 years of age. For more information on the category, see table B-3 in appendix B.

Table B-2 summarizes how nine states reported students with deaf-blindness, *other health impairments* and multiple disabilities in different disability categories for child count and educational environments data collections in 2005 and for exiting and discipline data collections in 2004–05. In particular, Michigan reported students with deaf-blindness in the hearing impairments category, while Colorado reported students with *other health impairments* in the orthopedic impairments category. Seven states reported students who had multiple disabilities in the primary disability category listed on their individualized education program (IEP).

**Table B-2. States that reported students with deaf-blindness, *other health impairments* and multiple disabilities in different disability categories for IDEA, Part B child count and educational environments data collections: 2005; and exiting and discipline data collections: 2004–05<sup>a</sup>**

State	IDEA disability categories <sup>b</sup>		
	Deaf-blindness	Other health impairments	Multiple disabilities
Colorado		O	
Delaware			P
Florida			P
Georgia			P
Michigan	H		
North Dakota			P
Oregon			P
West Virginia			P
Wisconsin			P

<p>H = Reported students with deaf-blindness in hearing impairments category.  O = Reported students with <i>other health impairments</i> in orthopedic impairments category.  P = Reported students with multiple impairments in primary disability category identified on IEP.</p>
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<sup>a</sup>Exiting data were collected over the course of a cumulative, state-determined 12-month reporting period; discipline data were collected over the course of the school year.

<sup>b</sup>States report data according to state law. States do not uniformly categorize children with disabilities according to *IDEA* disability categories as defined for purposes of these data collections.

Table B-3 summarizes differences in collecting and reporting data for the developmental delay category for 23 states. These variations affected the way these 23 states collected and reported data for the *IDEA*, Part B child count and educational environments collections, as well as exiting and discipline since data are cross-tabulated by discipline and disability category.

Additional notes on how states reported data for specific data collections follow these tables.



**Table B-3. States with different practices in reporting children with developmental delay<sup>a</sup> receiving services under IDEA, Part B, by state: 2005**

	Does not use developmental delay category	Uses developmental delay category for children under age 6 only	Uses only developmental delay category and no other for children under age 6
Arizona		X	
Arkansas		X	
California	X		
Colorado		X	
Connecticut		X	
Delaware		X	
Florida		X	
Illinois		X	
Indiana		X	
Iowa	X		
Maine		X	
Montana		X	
Nevada		X	
New Jersey		X	
New York		X	X
Ohio	X		
Oregon		X	
Rhode Island		X	
South Carolina		X	
South Dakota		X	
Texas	X		
West Virginia		X	
Wyoming		X	

<sup>a</sup>IDEA allows states flexibility in the use of the developmental delay category. Per statute, use of the category is optional. Only children ages 3 through 9 may be reported in the developmental delay disability category and then only in states with the diagnostic instruments and procedures to measure delays in physical, cognitive, communication, social, emotional or adaptive development. States must have defined and established eligibility criteria for developmental delay in order to report children in this category. Although federal law does not require that states and local education agencies (LEAs) categorize children according to developmental delay, if this category is required by state law, states are expected to report these children in the developmental delay category.

### Tables 1-1 Through 1-18: IDEA Part B Child Count, 2005

**Alabama**—The state attributed the significant changes in child count and environment during this reporting period (2005) to several factors, including:

1. Increased emphasis on prereferral interventions for behavior and instruction that are implemented in regular education classrooms through Building-Based Student Support Teams (BBSSTs), which are mandatory in each school;
2. Continued efforts to address disproportionality that is the result of inappropriate identification, especially in the disability areas of specific learning disabilities, emotional disturbance and mental retardation;
3. Continued emphasis on appropriateness of referrals, evaluations and identification through mandatory training/technical assistance on cultural sensitivity and awareness for children ages 3 through 21 who are suspected of having a disability;
4. Statewide training on writing standards-based individualized education programs (IEPs) that improve special education services delivery in the general curriculum;
5. Increased emphasis on accessing the general education curriculum as a result of the *No Child Left Behind (NCLB)* legislation;
6. Continued emphasis on and expanded use of state-adopted instructional strategies, interventions and positive behavior support intervention programs for all students; and
7. Frequent state monitoring of special education programs in local education agencies (LEAs) through the focused monitoring process geared toward continuous improvement of identified areas of concern.

**Alaska**—The state attributed an increase in the number of students ages 6 through 21 with autism to an increase in the number of people able to correctly diagnose autism and a greater awareness of autism.

Alaska began reporting data on students with developmental delay in 2000. Although the state definition applies to children ages 3 through 9, in the first year the state used the category, the vast majority of students identified with this disability were ages 3 through 5. The state reported that as these children aged, there was a concomitant increase in the number of children ages 6 through 9 reported with developmental delay.

**American Samoa**—The number of children ages 3 through 5 with emotional disturbance decreased. In 2004, 19 children were reported as having emotional disturbance. In 2005, none were reported with the disability. The 2004 number was based on the information collected from schools based on students' behavior. At that time, American Samoa did not have a school psychologist to legally diagnose this disability, and the territory put these students under the emotional disturbance disability category. However, this year, American Samoa followed up on these cases with teachers with the assistance of the school psychologist. These cases were determined to be behavior problems related to other disabilities such as speech and language impairments or multiple disabilities.

The total number of children with disabilities for ages 3 through 5 was 98 for 2004 compared to 80 in 2005. This drop occurred as students exited the program. Some students exit to return to regular education, and some exit by moving off island.

**Arizona**—The state data system allows LEAs to submit all disabilities for each eligible student receiving special education services. To determine the primary disability, a hierarchy was used. Beginning in FY 2007, the state will require LEAs to indicate a primary disability for each student with multiple disabilities.

During the 2005–06 school year, the Arizona Department of Education no longer allowed LEAs to submit data on preschoolers attending Head Start programs and students attending approved private special education schools or those incarcerated in certain *correctional facilities* using an old data entry program called DELREP. For the first time, the state Information Technology (IT) department implemented a new Web-based application for LEAs to report these students. However, this application had numerous problems up to the end of the fiscal year, which caused the 3 through 5 child count and *correctional facilities* count to change significantly from last year. The state IT department hopes to have all remaining issues resolved for FY 2007 data reporting, resulting in more accurate counts.

The state explained individual changes below.

- The increase in the number of children ages 3 through 5 with mental retardation may have been a result of the increase in the general population.
- The increase in the number of children and students ages 3 through 21 with *other health impairments* was most likely due to the increase in the general population, increased medical diagnosis and the housing boom that resulted in higher pollution levels.
- The increase in the number of children ages 3 through 5 with specific learning disabilities was probably the result of early intervening services to identify these students earlier.
- The increase in the number of children and students ages 3 through 21 with autism was consistent with the rise in autism cases nationwide.
- The decrease in the number of American Indian or Alaska Native children ages 3 through 5 with disabilities was attributed to the improvement of general living conditions and health care as well as early intervening services to identify students with disabilities.
- The state had no explanation for the increase in the number of Asian or Pacific Islander children ages 3 through 5.

**Arkansas**—The early childhood enrollment declined by 1,352 children ages 3 through 5. This change involved the educational setting of *separate school*. Part of Arkansas' early childhood programs are operated through the Department of Health and Human Services Division of Developmental Disabilities Services (DDS). When the interagency agreement was entered into, the DDS programs were strictly *separate schools*; however, over the years, the programs have grown to include *reverse mainstream*<sup>4</sup> preschools, and a few have Arkansas Better Chance for Success preschools. According to the data submitted to the Arkansas Department of Education from DDS, enrollment in the DDS programs has fluctuated greatly in recent years, with a 20 percent increase one year and a 50 percent decrease the next. Therefore, while the interagency agreement is in the revision process, the Arkansas Department of Education will closely examine the child count and educational settings of these programs.

The state attributed an increase in the number of Hispanic students ages 6 through 21 to the increased Hispanic population in Arkansas.

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<sup>4</sup> Data subcategories may be mentioned in shortened or slightly altered forms in the Data Notes and still be italicized.

**Bureau of Indian Affairs**—The Bureau of Indian Affairs (BIA) schools are schools of choice, and Native American students in any given area may attend a public school or BIA-funded school if one is located in their area. Attending an off-reservation boarding school also may be a choice. The BIA has schools for which the highest grade may be kindergarten, second grade, third grade, fourth grade, fifth grade, eighth grade or 12th grade. Many students, after reaching the highest grade in a local BIA-funded school, move to a public school. Because the number of students in BIA schools is small compared to the number in a state, the changes listed below can appear to be significant.

The increase in 3- through 5-year-olds with speech or language impairments was proportionate to the overall increases in children served. It was not clear why the proportional increase in the developmental delay category was higher.

There was a decrease in the number of students ages 6 through 21 with emotional disturbance. Emotional disturbance overidentification has been a concern in one agency within BIA. Technical assistance in appropriate identification procedures was provided to the agency. This training may have contributed to the decrease.

BIA could not provide a reason for the increase in the number of students ages 6 through 21 reported with *other health impairments*.

There were students who attended BIA-funded schools who met the *Part B Data Dictionary* definition of American Indian or Alaska Native but who did not have sufficient blood quantum verification to be counted under the BIA funding system. Better training was provided so that these students, who were recognized as American Indian in their communities but who previously may have been reported as Hispanic based on blood quantum, were reported as American Indian.

**California**—California noted a review of local data indicated that the differences were based on accurate reporting and were normal data variations. The change in data was due to improvements in the data system of one of the largest school districts in the state.

The state noted the decrease in the number of children ages 3 through 5 with emotional disturbance was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state was unable to explain why the change occurred.

The state noted that the decrease in the number of children ages 3 through 5 with specific learning disabilities was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted the increase in the number of children and students ages 3 through 21 with autism was due to a statewide trend in identifying children and students with autism. The data were reported accurately and reflected what was reported at the student level.

The state noted the increase in the number of students ages 6 through 21 with *other health impairments* was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted the decrease in the number of students ages 6 through 21 with deaf blindness was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state was unable to explain why the change occurred.

The state noted the increase in the number of Asian children ages 3 through 5 was due to a statewide increase in migration. The data were reported accurately and reflected what was reported at the student level.

**Colorado**—The state could not provide a reason for the increase in the number of children ages 3 through 5 with specific learning disabilities. A review of individual LEA-level data did not indicate a significant increase in any specific LEA's data. The change in specific learning disabilities was a function of normal fluctuations in the data.

There was a steady increase in the number of children ages 3 through 5 with hearing impairments. The state attributed the increase to a concerted effort to increase services to this population. Increased outreach services were offered throughout the state.

The number of children and students ages 3 through 21 with autism increased from 2004 to 2005 and continued to increase throughout the state. This was the result of improved identification processes and training.

The state could not provide a reason for the decrease in the number of American Indian or Alaska Native children or the increase in the number of Asian or Pacific Islander children ages 3 through 5 served under *IDEA*, Part B. A review of individual LEA-level data did not result in identifying a significant increase in any LEA's data.

Colorado does not collect data on children with developmental delay. Children reported to OSEP in the developmental delay category were those who were reported by districts in Colorado's category of preschooler with a disability.

Colorado reported that one of its state disability categories is physical disability. The state reported these students to OSEP in the orthopedic impairments category. The state does not collect data on *other health impairments*.

**Connecticut**—The state attributed the increased number of children and students ages 3 through 21 with autism to improved diagnostic techniques, increased professional and parental awareness and the growth of professional organizations advocating services for children with autism. Children were identified earlier and remaining in special education. The state expected the upward trend to continue.

**Delaware**—Delaware does not report students in the disability category of multiple disabilities. Children and students with multiple disabilities were reported according to their primary disability. Starting with the 2005 child count, Delaware began using the *other health impairments* category. Prior to the 2005 child count, the state reported students with *other health impairments* in the orthopedic impairments category.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**District of Columbia**—The District had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The District did not provide a data note explaining why the changes occurred.

The numbers the District reported for children ages 3 through 5 with autism and developmental delay in all environments were discrepant with the numbers reported for ages 3 through 5 child counts. The numbers the District reported for students ages 6 through 21 with specific learning disabilities, emotional

disturbance, multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, traumatic brain injury and developmental delay were discrepant with numbers reported for ages 6 through 21 child counts.

**Florida**—Consistent with national trends, Florida saw an increase in the number of children and students ages 3 through 21 identified as having autism. Increases in the number of students ages 6 through 21 identified as having *other health impairments* were likely a combination of students with attention deficit disorder and students on the mild end of the autism spectrum disorder who were not eligible under the current State Board Rule for Autism (rule is being revised to include the full spectrum).

Florida does not collect data on multiple disabilities. Students and children with multiple disabilities were reported according to their primary disability. Florida does not collect data on developmental delay for students ages 6 through 21.

**Georgia**—Georgia collects aggregate data using a single multiracial category. The racial/ethnic category of some students is unknown. The state estimated race/ethnicity for multiracial students using the district-level racial/ethnic distribution, as prescribed by OSEP in *Handling Missing Data When Reporting Race/Ethnicity*.

In the age group 3 through 5, a total of 598 children (2.94 percent of the 20,370 children ages 3 through 5 with disabilities) were reported as multiracial. In the age group 6 through 21, a total of 4,054 students (2.29 percent of the 177,359 students ages 6 through 21 with disabilities) were reported as multiracial.

The state explained specific year-to-year changes below.

- The decrease in the number of children ages 3 through 5 with hearing impairments (39 students) was attributed to the large number of students age 5 who were reported in the 2004 *IDEA* child count who were included in the child count for students ages 6 through 21 (an increase of 59 students ages 6 through 21). The number of students ages 3 and 4 with hearing impairments remained stable between 2004 and 2005.
- The state attributed an increase in the number of Hispanic students receiving special education to a 13 percent increase in the number of Hispanic students in Georgia schools since the same reporting cycle for the 2004 school year (FY 2005). The first full-time equivalent (FTE) reporting cycle for the 2005 school year (FY 2006) was completed in October 2005.
- The state attributed an increase in the number of Asian/Pacific Islander children and students receiving special education to a statewide increase of 2 percent in the number of Asian/Pacific Islander students for the reporting cycle for the 2004 school year (FY 2005). The first FTE reporting cycle for the 2005 school year (FY 2006) was completed in October 2005.

The state does not collect data on multiple disabilities. Children with multiple disabilities were reported according to their primary disability.

**Guam**—Guam noted the increase in the number of students ages 6 through 21 with emotional disturbance could have been due to the territory's hiring more social workers and increased community awareness presentations that resulted in a greater number of children identified as having emotional disturbance.

Guam attributed the increase in the number of students ages 6 through 21 with *other health impairments* to increased community awareness presentations (child find activities) that resulted in a greater number of students identified in this area.

The decrease in the number of students with developmental delay was attributed to a change in disability status for students when an eligibility/tri-annual evaluation was conducted.

**Hawaii**—The state attributed the increase in the number of children ages 3 through 5 with all disabilities to efforts to comply with transition requirements between Part C and Part B. This included the increase in the number of children with speech or language impairments.

The state attributed the decrease in the number of children ages 3 through 5 with *other health impairments* to heightened awareness of alternatives and prereferral intervention strategies available to schools for students with attention deficit disorders.

Overall, the numbers for students ages 6 through 21 in special education decreased over the past few years. The Comprehensive Student Support Services (CSSS) program expanded and improved. Hawaii's CSSS is an effort to fulfill the government's obligation to help all students meet the state's rigorous content and performance standards. Established by the legislature in 1999, CSSS draws together classroom, school, neighborhood and community resources to provide the social, emotional, intellectual and physical supports that individual students may need to succeed in school. CSSS requires all schools in the state to create systematic and integrated responses to student needs, and it expects these responses to focus on prevention and early intervention rather than on ad hoc crisis management, as was often the case in schools prior to the implementation of CSSS. The implementation of this program seems to have had a positive effect on the number of children requiring special education services.

The state attributed the decrease in the number of students ages 6 through 21 with speech or language impairments to improvement in prereferral strategies and school-level awareness of these strategies. There has been a decreasing trend over the past few years in this disability category.

The state noted there also has been a decreasing trend in the number of students ages 6 through 21 with emotional disturbance. The state attributed the decrease to increased services being available. Implementation of Felix mandates had a significant positive effect and resulted in a decrease in numbers in this category. The Felix Consent Decree grew out of a lawsuit filed in 1993 on behalf of then-student Jennifer Felix. The case subsequently grew into a class-action lawsuit on behalf of all children with learning disabilities in Hawaii. In 1994, an out-of-court settlement was reached, and the consent decree was implemented.

The state noted there was an increase in the number of students with autism over the past few years. The state attributed the increase to heightened public awareness about autism.

**Idaho**—The state could not provide a reason for the decrease in the number of children ages 3 through 5 with multiple disabilities. The state does not track individual disabilities within the multiple disabilities category, so it was unable to determine whether one disability was driving the decrease. The decrease appeared to be the function of normal fluctuations in the data.

There was an increase in the number of children and students ages 3 through 21 with autism. The state attributed the change to increased public awareness, which led to more children and students being identified with this disability.

There was an increase in the number of students ages 6 through 21 with *other health impairments*. The increase could have been affected by an increase in medical diagnoses of students with attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD) and/or by intolerance of some regular education teachers for students with higher activity levels in an age of increased accountability for all students meeting state standards. The result was an increase in students referred to special education under this category.

**Illinois**—Illinois attributed data changes to the reasons below:

- Districts increased use of the developmental delay and multiple disabilities categories for children ages 3 through 5. The increase may have contributed to the decrease in the use of mental retardation, emotional disturbance, orthopedic impairments and specific learning disabilities categories.
- The state attributed the increase in the number of students ages 6 through 21 with *other health impairments* to the fact that more students are being diagnosed with ADD/ADHD, which resulted in a determination of *other health impairments*.
- Public awareness and increased staff knowledge about autism may have resulted in more referrals and determinations under the autism category for students ages 6 through 21.
- The increase in the number of students ages 6 through 21 reported with multiple disabilities may be attributed to an increase in students with concomitant impairments and the sometimes difficult decision of which disability is primary.
- The increase in the identification of Hispanic children ages 3 through 5 with disabilities was attributed to bilingual programs, particularly the Prevention Initiative 0-3, that reached out to Hispanic families to provide information regarding disabilities and assistance that was available.

**Indiana**—The increase in the number of children and students ages 3 through 21 with autism was a result of improvements to Indiana’s data collection system that allowed for a more accurate count of students with autism. Previously, many of these students were counted under other disability areas, such as having mental retardation. Nationally, there was a growing awareness and a better recognition and identification of autism as a separate disability. In addition, advances were recently made in identifying higher functioning children with autism (e.g., those with Asperger’s Disorder) for placement in special education.

The increase in the number of students ages 6 through 21 with *other health impairments* was a result of pressure placed on school districts to identify and serve students who had ADD/ADHD. Also, students with certain medical conditions were living longer and thus were being served by school districts in special education programs.

The increase in the number of Hispanic and Asian students was a direct result of overall population increases of these two racial/ethnic groups residing in Indiana.

There were no unusual circumstances or contributing factors identified to explain the increase in the number of students ages 3 through 5 with visual impairments.

**Iowa**—The state had a decrease in the number of children ages 3 through 5 with autism. Verification and validation show the reported data were accurate. Iowa uses eligible individual (EI) as a noncategorical designation for children meeting all of the requirements for services under *IDEA* and the state’s special education delivery system. The number reported included records with the specific disability label and a



portion of the records with the noncategorical label (EI). The use of the noncategorical designation increased and changed the number apportioned versus those actually identified with a specific label.

The number of students ages 6 through 21 reported with *other health impairments* in the state increased. The count was verified and validated and was accurate. The change was the subject of further study.

The state had an increase in the number of black (not Hispanic) children ages 3 through 5. The data underwent a validation and verification process. Collaborative efforts increased between Iowa's special education programming staff and other early childhood programming staff (e.g., Head Start, Empowerment and Shared Visions—two state efforts in early childhood), ensuring comprehensive coverage in services provided to at-risk populations. This collaborative effort, partnered with the corresponding increase in the potential population receiving special education services, was a possible explanation for the increase. The change was the subject of further study.

**Kansas**—The Kansas State Department of Education believed a categorization change took place. There was a decrease in the number of children ages 3 through 5 with speech or language impairments and an increase in the number of children ages 3 through 5 with developmental delay. More LEAs and IEP teams statewide determined that developmental delay was a more appropriate category of identification. Looking at the state's trend across 5 years, the developmental delay student count increased significantly, whereas the speech or language impairments student count remained stagnant and, in the case of FY 2006 numbers, dropped significantly. For clarification, Kansas does not fund on a per-student/disability category basis.

Autism also had an upward trend in Kansas over the past 5 years, which was consistent with national trends. The upward trend of developmental delay in students ages 6 through 9 was a reflection of the same upward trend in the 3 through 5 population. These students were identified at an early age, and as they aged, they continued to carry the developmental delay label until the age of 10. These were not newly identified students; they were the population who represented upward trends in prior years and who were now older.

**Kentucky**—Kentucky explained individual changes in the data below.

- Kentucky experienced increases in *other health impairments* and to a lesser extent autism for several years. *Other health impairments* increased significantly every year since 1993. In 1993, there were 556 children and students with *other health impairments*, and in 2005, a total of 13,372 children and students were reported with *other health impairments*. This increase stemmed from the inclusion of ADD/ADHD as a medical reason that could be used to qualify for this category. The rise in autism numbers reflected national trends in this area.
- The increase in visual impairments was attributed to the decline in the number of children ages 3 through 5 in the multiple disabilities category. Clarification went to districts via a statewide email to directors of special education at the local level that stressed the guidelines for the identification of a child with disabilities under the multiple disabilities category. A number of children with visual impairments who had a speech or language disability also previously were being reported as having multiple disabilities. The message of clarification that went out to districts noted that the combination of speech/language with another disability did not meet the eligibility criteria for multiple disabilities. The statewide email was distributed in the spring/summer of 2005. The December 2005 count was the first time in three years that visual impairments showed any increase. The number of children with multiple disabilities declined this year for the first time in a number of years.

- The state attributed an increase in the number of Hispanic special education students ages 6 through 21 to an overall increase in the number of students in the state who are identified as Hispanic. The number of Hispanic children and students ages 3 through 21 with disabilities increased. This increase was proportionate to the overall increase in the number of Hispanic students in public schools.

**Louisiana**—Louisiana child counts decreased from previous years across all categories due to Hurricanes Katrina and Rita. Some students evacuated to other states and did not returned to Louisiana.

**Maine**—The state attributed the decrease in the number of students ages 3 through 5 served to the Maine Department of Education’s examination of children with developmental delay. Between 2004–05, the count of children ages 3 through 5 served went from 4,806 to 4,348, a decline of 458 children. The number of children ages 3 through 5 with developmental delay declined by 415 students. The Maine Department of Education’s effort to examine this population and determine appropriateness of disability may have resulted in the decline along with a decline in the 3 through 5 population.

The state attributed the increase in the number of children and students ages 3 through 21 identified with autism to better identification procedures, more qualified staff to identify this disability and more programs and services available for students with autism.

The state attributed the increase in the number of American Indian, Asian, black (not Hispanic) and Hispanic students ages 6 through 21 served under Part B to the identification of ethnic groups that resulted from the state focus around disproportionality in the State Improvement Plan. Data regarding these populations were used in the state monitoring and educational planning process.

Additionally, the Hispanic population in the state increased and may have contributed to the increase in the number of Hispanic children and students served under *IDEA*, Part B.

**Maryland**—Maryland attributed a 20.03 percent increase in the number of students ages 6 through 21 with developmental delay to a change in coding and reporting practices relating to the state definition. More attention to the use of this definition increased the use and extension of the age requirements (up to age 9) in this category.

Maryland attributed a decrease in the number of children ages 3 through 5 with mental retardation (30.28 percent), emotional disturbance (23.81 percent), specific learning disabilities (62.61 percent) and multiple disabilities (14.58 percent) to an increase in the use of developmental delay. That increase also was attributed to an increase in the number of students with autism being labeled as having developmental delay.

Maryland attributed a 7.70 percent increase in the Hispanic 3 through 5 age group to an increase in the Hispanic population in Maryland. Since 2000, the Hispanic population in Maryland increased overall; the special education Hispanic population increased about 1 percent less than the Hispanic population in regular education.

Maryland attributed a 14.11 percent increase in the number of students ages 6 through 21 with autism to the following:

- Changes in diagnosis and treatment;
- Autism no longer being thought of as one disability, but as a spectrum, so students who were “pervasive developmentally delayed” could be placed in the autism category;

- Parents moving to Maryland to access autism support services;
- Increased awareness; and
- Better understanding/recognition.

**Massachusetts**—The increase in the number of children and students ages 3 through 21 with autism reflected national trends, and it is accurate to say that awareness about autism increased significantly over the past several years. For the past few years, the Massachusetts Department of Education sponsored a program focused on improving supports and services for students with autism in inclusive settings.

Massachusetts continued to support the efforts of agencies and LEAs to conduct screening and outreach for children with visual impairments. The increase in the number of children ages 3 through 5 with visual impairments may have reflected a clearer understanding of the categories of deaf-blind, visually impaired and hard-of-hearing or deaf, all three of which are preceded by the words sensory impairment in the Massachusetts regulations. Historically, the state overreported deaf-blind due to misinterpretation of the category. The state focused on clearer understanding of primary disability, and there may have been more reporting for the deaf-blind group in multiple disabilities.

The state did not have a program closure, and funding did not decrease for children ages 3 through 5 with hearing impairments; however, there was a decrease in the number of children identified with the disability. Massachusetts continued to support identification and services for children with hearing impairments through a variety of programs, policies and funding streams.

The increase in the number of Hispanic children ages 3 through 5 was consistent with a state trend. For all students in Massachusetts, the rate of Hispanic students increased from 11.5 percent in 2003–04, to 11.8 percent in 2004–05 and 12.9 percent in 2005–06.

Massachusetts continued to support the efforts of agencies and LEAs to conduct screening and outreach for students with hearing impairments, deaf-blindness and visual impairments; however, the number of students ages 6 through 21 with these disabilities decreased, possibly reflecting a clearer understanding of the categories of deaf-blind, visually impaired and hard-of-hearing or deaf.

The number of students ages 6 through 21 with *other health impairments* increased. Massachusetts LEAs reported on the broad disability category, but did not provide additional levels of detail. The national increase in the number of students with ADD/ADHD could have played a role in the state’s increase.

**Michigan**—The Office of Special Education and Early Intervention Services (OSE/EIS) emphasized to intermediate school districts (ISDs), schools and LEAs the need to increase data accuracy with respect to special education data reporting. In addition, LEA and ISD data were publicly reported, further increasing the content validity of data on students with disabilities. Programs such as the Continuous Improvement Monitoring System (CIMS) broadened the state’s monitoring emphasis, moving from mainly a compliance orientation to a focus on improving educational results for students with disabilities in Michigan. In turn, CIMS focused on assessing and improving the quality of data the OSE/EIS received from school districts. These interventions resulted in more accurate data reporting, resulting in better data being submitted to OSEP.

The state attributed a decrease in the number of children ages 3 through 21 with orthopedic impairments and an increase in the number of children ages 3 through 5 with *other health impairments* and traumatic brain injury to changes in the data collection. In the past, orthopedic impairments, *other health impairments* and traumatic brain injuries were combined into one state data collection category: physical and *other health impairments*. Disaggregating these disabilities enabled the state to report them

separately, beginning Dec. 1, 2005. In addition, a developmental delay category was added, which resulted in changes in other categories.

The state reported an increase in the number of students ages 6 through 21 with *other health impairments*, autism, traumatic brain injury and developmental delay. Besides the classification changes that occurred with respect to reporting state data, research showed that rates of autism, traumatic brain injury and developmental delay were increasing. The number of people, particularly children, identified with a traumatic brain injury increased significantly in recent years due to faster and more effective emergency care, quicker and safer transportation to trauma centers and advances in acute medical management. According to a national study published by the Centers for Disease Control and Prevention, an average of 475,000 traumatic brain injuries occurred across the United States each year among children ages 0 through 14 years.

The number of Asian children and students ages 3 through 21 increased in Michigan. When comparing the 2004 and 2005 data on increased numbers of Asian or Pacific Islander children and students identified as having a disability, the state noted that both years displayed small population numbers; therefore, any change created a notable percentage change. In addition, the population of children identified as Asian and/or Pacific Islander increased over the last several years in Michigan, which could have led to greater numbers of these children and students found to have a disability.

The state does not collect data on deaf-blindness. Children with deaf-blindness were reported in the hearing impairments category.

**Minnesota**—The state attributed an increase in the number of children ages 3 through 5 with mental retardation, orthopedic impairments, *other health impairments* and autism to training efforts by the state. The Minnesota Department of Education teams, who are charged with initial evaluation and eligibility determination for children ages 3 through 5, were trained to think comprehensively in planning an evaluation. Minnesota stepped up its training efforts to facilitate child find, particularly in the birth to 5 age group, and the data reflected this. The training resulted in more children being categorically identified earlier, rather than being initially identified as developmentally delayed.

The state attributed an increase in the number of students ages 6 through 21 with multiple disabilities to a change in reporting procedures in the category in Minnesota in 2001. Prior to 2001, students with multiple disabilities were reported according to their primary disability. The increase was attributed to the category's being relatively new.

The state noted that the increase in the number of students ages 6 through 21 with autism (19 percent) was similar to national trends.

The state attributed an increase in the number of Asian and Hispanic children and students to the overall growth in the Asian and Hispanic populations in Minnesota.

**Mississippi**—The state child count decreased from previous years as a result of Hurricane Katrina.

As a result of the devastation, many of the state's coastal schools most affected were not open during September and part of October. Many students previously attending those schools moved throughout the state and to other states during this period.

The state attributed the increase in the number of children and students ages 3 through 21 with *other health impairments* to the emphasis placed on this disability from the Mattie T Consent Decree. *Other health impairments* was not a disability category three years ago in the state. The state made it a category

and saw a steady increase of students in this particular disability category. The state's Mattie T Consent Decree mandates that the state identify 0.30 percent of students with *other health impairments* by 2009–10. The state has yearly goals that it must meet. For school year 2005–06, the state goal was 0.15 percent. The state met that goal for the 2005–06 school year.

Mississippi experienced significant growth in the number of children ages 3 through 5 with autism, as did many other states. The increase was due, in part, to heightened awareness among parents and medical professionals and improved identification of preschool children with autism.

The state attributed the increase in the number of students ages 6 through 21 with emotional disturbance to emphasis placed on this disability from the Mattie T Consent Decree, which mandates that the state must identify 0.55 percent of students with emotional disturbance by 2009–10. The state has yearly goals that it must meet. For school year 2005–06, the state goal was 0.15 percent. The state met that goal for the 2005–06 school year.

The state attributed the increase in the number of students ages 6 through 8 with developmental delay to Mississippi's emphasis on early intervention and improved transition from Part C. An increase in the number of children transitioning from Part C resulted in an increase in the preschool/619 population in past years. Those children entered the 6 through 21 count. Mississippi allows an eligibility ruling of developmental delay to be maintained through the age of 8.

A portion of the increase in the number of American Indian students ages 6 through 21 served occurred in three school districts that received a large number of displaced students from Hurricane Katrina. Additionally, one school district accounting for much of the growth was the county district where the Mississippi Band of Choctaw Indians is located, and there was an increase in students who elected to attend state public schools rather than schools on the reservation.

**Missouri**—The state reported that the decrease in the number of children ages 3 through 5 with development delay was offset by increases in a number of disability categories (mental retardation, visual impairments, emotional disturbance, *other health impairments* and autism). This indicated that more children were receiving a categorical diagnosis rather than the broad developmental delay diagnosis. The decrease in the number of children ages 3 through 5 with specific learning disabilities mirrored a decrease in the 6 through 21 age group.

The state reported that increases in the number of students ages 6 through 21 with *other health impairments* and autism were continuations of upward trends over the past several years.

The increase in the number of students reported with developmental delay was due to a change put in place in the 2001–02 year. Beginning in 2001–02, children could keep the developmental delay diagnosis through the kindergarten year. Prior to 2001–02, children needed to have a categorical diagnosis prior to entering kindergarten.

The increases in the number of Asian/Pacific Islander and Hispanic/Latino children and students ages 3 through 21 with disabilities were due to increases in these population groups in larger urban areas of the state.

**Montana**—Montana experienced a significant change in the way its data for children ages 3 through 5 were reported on the Dec. 1, 2005, child count.

Prior to 2005, Montana statute allowed children ages 3 through 5 to be reported under a general (noncategorical) disability category called Child with Disabilities Ages 3-5 (CW). This statute had two parts: The first part allowed for a noncategorical identification if the child met the criteria for any other disability category listed in administrative rule, and the second part allowed for identification based on a severe delay in development in any one of several areas. When OSEP changed its reporting requirements for children ages 3 through 5, requiring that they be reported under specific disability categories, Montana strongly encouraged LEAs to use a specific disability category for children ages 3 through 5, if they met the criteria. Instructions to school districts stated that if a child was identified with a specific disability, the child had to be reported under that disability category for child count. As a result, the number of students reported under CW decreased by about 40 percent. For federal reporting purposes, those children who continued to be reported under CW were then reported to OSEP under specific disability categories based on the proportionate breakout of all other children ages 3 through 5 who were reported under specific disability categories.

In October 2005, the statute was changed to conform to *IDEA 2004*, and Montana adopted an administrative rule that allowed identification and reporting of a child ages 3 through 5 as having developmental delay.

For the Dec. 1, 2005, federal child count report and succeeding years' reports until 2008, Montana will combine all students who have been reported under the two categories of CW and developmental delay and report them as developmental delay. Rationale for doing this is as follows:

- For the past several years, Montana provided specific instruction to school districts that, for reporting child count, districts should use the CW category only if a student was not identified under any other disability category. Because of these instructions, the majority of students reported under CW were reported that way because they fit the criteria for severe delay in development.
- Almost every disability category under which a preschool child was identified (i.e., speech-language impairment, cognitive delay, emotional disturbance.) has a standard that requires two or more standard deviations below the mean for cognitive development, communication development, social emotional development, etc. Thus, even though the disability category of CW was chosen as the label, the child would also qualify under the developmental delay category.
- The number of students with CW represented only 16 percent of all students ages 3 through 5 in the Dec. 1, 2005, child count, and this will decrease with each succeeding year.

**Nebraska**—The decrease in the number of children ages 3 through 5 with hearing impairments was due primarily to an unanticipated spike in the 2004 data. The total number of children in 2004 (90) as well as the number of 5-year-olds reported with hearing impairment in 2004 (39) represented an unusually high number compared to the six-year trend data from 2000–05. The six-year average was 77 children reported per year in this category, and the average number of 5-year-olds was 31. The trend data were comparable to the numbers reported in 2005 and in years prior to 2004. In addition, with an increase in the number of children reported in the developmental delay category, it was likely that several children of this young age group in 2005 were initially verified as developmentally delayed, prior to a positive later identification of hearing impairment.

There was a decrease in the number of children ages 3 through 5 reported with emotional disturbance and an increase in the number of children with developmental delay and autism. Nebraska suspected that children previously identified in the category of emotional disturbance were being identified in the

categories of autism and developmental delay. This was due to the increased awareness of the characteristics of these two disability categories and the increased staff development in these areas.

The increase in the number of students ages 6 through 21 with autism and developmental delay was not unexpected. There was a national increase in the identification rate of children with autism. Additionally, districts had an increased awareness of these categories due to staff development.

**Nevada**—The increase in the number of children and students ages 3 through 21 with autism reflected a nationwide increase in identification within this category, based in part on improved techniques for identification and increased public awareness.

**New Hampshire**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**New Jersey**—The state reported 64 and 59 children ages 3 through 5 classified with hearing impairments in 2002 and 2003, respectively. The statewide numbers of 55 and 70 were on the low and high sides of the numbers reported in 2002 and 2003. The state was not sure why there was a 15-student difference between the present years and only a 5-student difference between the years two years ago. The state believed that with such small numbers, there was a likelihood of greater variation from year to year.

The number of children and students ages 3 through 21 classified with autism grew substantially every year since 1991. In 1991, New Jersey had a statewide count of 204 students classified with autism. That number grew to 7,396 in 2005. The state was not surprised that the number increased nearly 13 percent from 2004 to 2005. At the current trend, the state anticipated similar increases in both age groups 3 through 5 and 6 through 21 next year and into the near future.

The state noted that over the last four years, the number of children ages 3 through 5 classified with emotional disturbance was generally in the mid to low 90s. In 2002, there were 93 children, and in 2003 there were 94 children classified with emotional disturbance. The increase to 104 in 2004 was higher than usual. It seemed that 82 children in 2005 was low. The difference between the two years suggested a greater difference between these somewhat unusual high and low trends. The state believed the average generally fell in the 90s and that this trend was simply the difference between two reporting years that were unusually higher and lower than in prior years.

The state noted the number of students ages 6 through 21 with *other health impairments* steadily increased by approximately 3,000 students per year. The state believed that since the reauthorization of *IDEA* in 1997, the inclusion of ADD/ADHD contributed to the increased number of children classified as having *other health impairments*.

The number of students ages 6 through 21 classified with traumatic brain injury decreased by approximately 200 students per year since 2002. The numbers for 2002, 2003, 2004 and 2005 were 2,274, 1,897, 1,621 and 1,411, respectively. The reason for this decreasing trend was not clear to the state. It may have been due to technological improvements in diagnoses over the years. The state anticipated that this trend would continue.

The state has had an increase in the number of Asian students ages 3 through 5 since 2002. In 2002, 2003, 2004 and 2005, there were 749, 812, 895, and 1,028 classified Asian students, respectively. There was a similar increase in the number of Asian students ages 6 through 21. The number of Asian students was growing, and this trend reflected that.

The number of Native Americans, statewide, was quite small, so year-to-year changes fluctuated substantially. Overall, there was some year-to-year fluctuation in the number of Native American students receiving services under *IDEA* (in 2002, 361 students; in 2003, a total of 732 students; in 2004, a total of 332 students; and in 2005, a total of 390 students). The state was unclear why there was so much variation, but suspected that some of these fluctuations were due to how individual districts with larger numbers of Native American students were reporting these numbers. In 2005, there was an increase in the number of American Indian or Alaska Native students ages 6 through 21.

**New Mexico**—The state noted when comparing the 2004 and 2005 child count tables that several districts showed an increase in the number of children ages 3 through 5 with hearing impairments. The districts and the New Mexico School for the Deaf were contacted and gave the following explanations for the increase:

- The 2004 child count report was accurate, showing zero students with hearing impairments in the 3- through 5-year-old age group. However, the number reported in the 2005 child count report was in error (six students were reported). The error was corrected after the snapshot deadline.
- The state increased resources to hire personnel and expended more effort to locate and identify students with hearing impairments as part of its child find process.
- In the 2005–06 school year, one district opened an Early Learning Center specifically for preschool-age children.

The state noted when comparing the 2004 and 2005 child count tables that several districts showed an increase in the number of children and students ages 3 through 21 with autism. The districts were contacted and gave the following explanations for the increase:

- This increase followed a national trend that showed an increase in the number of students identified as having autism.
- In recent years, districts provided professional development training for staff, specifically in the area of autism.
- One district stated that it improved the ability to identify students that may have autism. The Southwest Autism Network trained three teams in the district specifically for identifying students. The teams consisted of a diagnostician, a speech or language therapist, an occupational therapist and a psychologist.
- An increase in the number of students with autism may have been due to one district's starting an elementary-level autism program.
- Another district stated that students had received services under different eligibilities and were now specifically diagnosed as students with autism. Additionally, a military base in the district recently received a new mission, and this resulted in fewer families being relocated and more families moving to the city.
- One district stated that families were moving to the area as part of the Federal Law Enforcement Training Center (FLETC) component of the border control program. Some of these families had children with disabilities who attended the public schools in the district.
- Another district stated the increase was due to the transition from Part C to Part B. All of the children were diagnosed with autism through the University of New Mexico Southwest Autism Network.



- One district stated that it was seeing many children who received a diagnosis of autism before they entered a preschool program or were identified by the district through a child find process.

**New York**—On Oct. 6, 2006, after the snapshot was taken for the *29th Annual Report to Congress*, New York submitted revised data to OSEP for the Dec. 1 child counts of 1999 through 2003. This was necessary because New York was not consistent over the years in how many students it reported as ages 3, 4 and 5 to the U.S. Department of Education. The most accurate way to report these students by discrete age is to report all kindergarten students who are 4 and 5 years of age as of Dec. 1 as 5 years old, since the majority of these students are 5 years old on Dec. 1. (In 2005, New York did not collect individual child count data by discrete age.) For the data submitted between 2000 and 2003, New York added its kindergarten students (ages 4 and 5) to its preschool students, ages 3, 4 and 5 according to the proportion of preschool students who were reported by discrete age. In hindsight, this was not a good way to report these students, and New York revised its methodology with the 2004 report.

Beginning on Dec. 1, 2004, New York reported all kindergarten students as 5 years of age. This is the most accurate way to report these students for now. Therefore, the state revised its 1999 to 2003 child count data to be consistent with the 2004 and later reporting methodology. The state anticipated that it would have an individual student-level database beginning with Dec. 1, 2007, at which time the state would be able to report the actual numbers of kindergarten students with disabilities by discrete age (age 4 and age 5).

New York noted a multiple-year trend in the decrease of the number of students ages 6 through 21 with visual impairments and an increase in the number of students with autism. This trend was evident in both numbers of students as well as in the percentage of total number of students with disabilities. This trend was also noted in the New York City Department of Education data system.

The state attributed the increase in the number of American Indian or Alaska Native children ages 3 through 5 to one district that may have reported inaccurate data for this item. The district will make the necessary corrections to its race/ethnicity data for future reporting. The state was unable to correct these data by the snapshot deadline for the *29th Annual Report to Congress*.

New York collects race/ethnicity for an aggregated count of all school-age students with disabilities (ages 4 through 21). It does not separate race/ethnicity for students ages 6 through 21 with disabilities or for all students ages 3 through 5 with disabilities. The reported race/ethnicity for 6- through 21-year-olds was estimated using race/ethnicity data from students ages 4 through 21 with disabilities. The race/ethnicity of 4- and 5-year-old children in school-age environments (e.g., kindergarten) was based on the race/ethnicity distribution for 3- through 5-year-olds in preschool education environments.

New York does not classify preschool children by particular disabilities. The state reported all children ages 3 through 5 in the developmental delay category.

The state reported 4- and 5-year-old children who attended kindergarten and received special education services as age 5 on both the child count and the educational environments data.

**North Carolina**—The state attributed the increase in the number of children ages 3 through 5 with emotional disturbance and specific learning disabilities to staff turnover. Although North Carolina does not recommend these categories for preschool, new administrators without a preschool background may have identified students in these categories instead of using developmental delay. The state definition for developmental delay covers two areas. One area is delayed atypical development, which is having delayed/atypical patterns of development in the five developmental domains. The other area is

delayed/atypical behavior, which covers children whose behaviors are so significantly inadequate or inappropriate that they interfere with the child's ability to learn. These categories should be used and not the categories of emotional disturbance and learning disabilities (which are really defined according to school-age criteria). There are no appropriate assessments to determine if a child has a learning disability at the preschool level. Many new directors without preschool background (and compliance staff with no knowledge of preschool) did not understand that some of the state definitions used with the school-age population were not recommended for use with preschool.

The increase in the number of children ages 3 through 5 with multiple disabilities may have occurred due to the increase in technology that allowed more children with severe disabilities to receive services.

The state attributed the increase in the number of children and students with autism (ages 3 through 21) to the Division for the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) program. The program is located in the Department of Psychiatry, School of Medicine, at the University of North Carolina at Chapel Hill. TEACCH was the first statewide, comprehensive community-based program dedicated to improving the understanding of and services for children with autism and communication handicaps and their families. TEACCH was established in the 1980s but is well-known nationally. Some families move to North Carolina from other states so their children can participate in this program. This influx increased dramatically over the last five years.

The state attributed the decrease in the number of children ages 3 through 5 with orthopedic impairments to those children being identified in the developmental delay category. This was a change for 2005 for directors who have worked for the state for several years. These directors became more accustomed to using the developmental delay category for preschool children.

The state attributed the increase in the number of students ages 6 through 21 with deaf-blindness to the great support network in North Carolina. The state conference on deaf-blindness attracts families from other states. In 2006, North Carolina hosted the national deaf-blind conference.

North Carolina was identified as one of the highest growing states for Hispanic families in the nation. The increase in Hispanic children and students ages 3 through 21 in special education may have occurred due to the increase of Hispanic families in the state.

**North Dakota**—North Dakota used a new Web-based student data collection system for the first time during the 2004–05 school year. The new Web-based system incorporates unique student identifiers as the link to all special education Section 618 data requirements. The Web-based electronic data collection system greatly increased the accuracy of all state and federal reports and reduced the number of duplicated students reported. The 2005 child count was the second year of data that were collected using the new on-line reporting system. The state attributed the decrease in the number of children and students reported from 2004 to 2005 (5.4 percent or 798 students and children) to the change in reporting systems.

The state addressed responses to the increases in specific categories as follows:

- The state attributed the increase in the number of children ages 3 through 5 with hearing impairments to better reporting in this category for the 2005–06 school year. Often these students received minimal supports in their home environment, and schools found little financial benefit in reporting this category. In 2005, the state worked directly with each of the 31 special education units to improve the reporting of this population.

- The state noted that the increase in the number of children and students with autism reflected a similar national data trend. The state attributed the increase to improved identification of children and students with autism.
- The state attributed the increase in the number of children ages 6 through 9 reported with developmental delay to a statewide increase in the upper age limit for this disability category from age 5 to age 9. In 1998, five of the 31 units in the state began using the increased upper age limit as a pilot project. In 2004, the new age limit was implemented throughout the state.

The state does not collect data on multiple disabilities. Children with multiple disabilities were reported according to their primary disability.

**Northern Marianas**—Northern Marianas attributed the increase in the number of students ages 6 through 21 with autism to better training and community awareness. The decrease in the number of students with mental retardation was likely due to increased identification in the autism category.

There was no change in the definition of developmental delay that contributed to the increase in the number of students ages 6 through 21 with the disability. Cultural stigma may be a factor in not immediately placing children or students in a category other than developmental delay. Categorizing a child with developmental delay and then reclassifying the child at age 9 provides a smoother transition into the realm of having a child with special needs.

**Ohio**—The state attributed the increase in the number of students ages 6 through 21 with *other health impairments* to the increased diagnosis of ADHD in the state. Ohio's increase followed national growth rates.

The state attributed increases in the number of students ages 6 through 21 with autism to national growth rates and to increased testing and greater use of diagnosis within the autism spectrum.

The state reported that it will need to further review the data to determine the cause of the increase in the number of students ages 6 through 21 with traumatic brain injury.

The state had no explanation for the increase in the number of Asian and black (not Hispanic) children ages 3 through 5. Additional research needs to be completed in order to address the variance noted.

**Oklahoma**—The observed changes from 2004 to 2005 were likely the result of several edit checks that were added to the online reporting system. Therefore, the Oklahoma State Department of Education was confident that the data submitted to OSEP were an accurate portrayal of the child count data for special education students as of Dec. 1, 2005.

**Oregon**—The state attributed the increase in the number of children ages 3 through 5 with mental retardation and with hearing impairments to one large county that had a significant increase in both categories. The state attributed the increase in the number of children ages 3 through 5 with visual impairments to small increases across multiple agencies. The changes in these categories were a function of normal fluctuations in the data.

The state attributed the increase in the number of children ages 3 through 5 with deaf-blindness to one large county that had a significant increase in this category. All of the children were new to the agency this year.

Oregon continued to see an increase in the proportion of children and students ages 3 through 21 in the state who were reported with autism as their primary disability. This level of increase was consistent with prior years and was not attributed to selected agencies.

The state noted the increase in the number of American Indian or Alaska Native children ages 3 through 5 with disabilities was due to numerous small increases. When viewed at the county level, no significant changes occurred.

The state attributed the increase in the number of Hispanic children ages 3 through 5 to general increases across many agencies; however, specific counties showed larger increases that reflected the changing ethnicity of those counties. The Hispanic counts increased in Oregon over many years. This latest year increase was proportional with the previous increases.

Oregon does not collect data on multiple disabilities. Students and children with multiple disabilities were reported according to their primary disability.

For students ages 3 through 5, the count included all children correctly by their age. However, the number of 5-year-olds does not align with the number of 5-year-olds shown in the educational environments table. Students who are age 5 as of Sept. 1 of each year are considered school age and served by the school system. Students who have their fifth birthday after Sept. 2 remain the responsibility of the state's Early Intervention/Early Childhood Special Education (EI/ECSE) system. Oregon has a single statewide program that serves children from birth through preschool. It is implemented at the state level, with regional contractors and subcontractors providing services around the state. Once children reach school age (age 5 on or before Sept. 1), they become the responsibility of the school district. Oregon does not ask school personnel—who have no knowledge of 619 program placements—to cross-walk school-age students into the 619 placement categories. School-age 5-year-olds are in school-age education environments and were included with the 6-year-olds in the counts of school-age students on the educational environment table.

The numbers the state reported for students ages 6 through 21 in all environments were discrepant with the numbers reported for ages 6 through 21 child counts.

**Palau**—Palau attributed the increase in the number of students ages 6 through 21 with specific learning disabilities (an increase of 13 students) to an increase overall in students with disabilities (an increase of 11 students).

**Pennsylvania**—The state attributed changes to increased data training and technical assistance to state LEAs. The training was provided consistently to ensure that the quality of the data improved from year to year. Some of the changes that occurred in the data due to training were an increase in the number of children ages 3 through 5 reported with autism and a decrease in the number of children ages 3 through 5 reported with emotional disturbance and traumatic brain injury. Additionally, there was an increase in the number of students ages 6 through 21 with *other health impairments* and autism and a decrease in the number of students with traumatic brain injury and developmental delay.

**Puerto Rico**—The Puerto Rico Department of Education had a decrease in the number of children and students receiving special education services in 2005. Although the decrease in enrollment between 2004 and 2005 was small and did not appear to be significant, the Puerto Rico Department of Education was in the process of identifying reasons for the decrease in the students reported from one year to the other. A validation process was being carried out to ensure accuracy of data. One of the reasons for this validation was that in analyzing data over the years, the trend was steady in terms of increases in enrollment; the above data departed from this trend.

**Rhode Island**—eRIDE is the Rhode Island Department of Education’s latest initiative to streamline data collection and information management. eRIDE provides a secured portal for each school district and school to submit or upload data through a single web-based system. Key student-level data collected through eRIDE include enrollment, graduation, dropout and program participation and services received (special education, English language learners, discipline, vocational education and the free or reduced-price lunch program). The Rhode Island Department of Education, in conjunction with the school districts, processes the data and improves the accuracy, timelines and utility of the data collected through eRIDE. The accuracy of the data improved substantially.

The state had an increase in the number of children and students ages 3 through 21 with autism. This followed the national trend of an increase in the reporting of autism. Wider definitions of this disorder accounted for some of the increase, but the reason for the rest of the increase was unknown.

As the Rhode Island Department of Education and the local schools districts aligned data among the various databases, the state focused on ensuring that race/ethnicity was accurately reflected in all databases, and the data were reliable. The state suspected that there was overreporting in the white (not Hispanic) age 3 through 5 count in 2004, as this number decreased by 9.71 percent, while the count of Hispanic children ages 3 through 5 increased by 26.55 percent.

The state attributed the decrease in the number of students with orthopedic impairments from 2004 to 2005 to students who left the system either through graduation, having all objectives met, parents’ request or dropping out of school.

**South Carolina**—The state had an increase in reporting agencies for the 2005 child count. The state gave all Head Start agencies that were not previously participating in the Dec. 1 child count the opportunity to submit data this year. Due to this change, the state numbers increased for the number of children ages 3 through 5 with mental retardation, *other health impairments* and autism.

The state attributed the increase in the number of students ages 6 through 21 with multiple disabilities and autism to the fact that the state had more specific identification and evaluation practices; outside agencies such as the Department of Disabilities and Special Needs were identifying students at a higher rate; and the state began dealing with more children with more complex needs.

South Carolina had an influx of Hispanic students and a slight increase in the Asian population attending public schools in the past year. The state also had better identification criteria for children who fell under the category of students for whom English is a second language. As a result of these two changes, the state had an increase in the number of Asian and Hispanic children and students ages 3 through 21 with disabilities.

**South Dakota**—The state reviewed and verified that the child count data submitted by each public school district were accurate.

South Dakota attributed a number of changes in the Part B child count to coding of students at the district level following an audit of child count data the summer of 2004. This may have resulted in a more thorough review of reported data at the district level.

South Dakota attributed the increase in the number of children ages 3 through 21 reported with autism to several factors. First, public awareness in the state increased through the work of the Autism and Related Disorders Program and the West River Autism Project in the state, which resulted in more referrals and referrals of younger children. National educational organizations brought speakers on autism to the Midwest more often than in the past, which also led to more awareness. Second, the Autism and Related

Disorders Program and the West River Autism Project provided training to district personnel, agency personnel and parents, which aided in identification of and services for children with autism. Last, more staff in the state were trained to identify children with autism. Three autism teams, two educational cooperatives and some individual school districts were available in the state to help diagnose autism.

South Dakota attributed the increase in Hispanic students ages 6 through 21 for all disabilities to the increase (49.7 percent from 2000 to 2004) in the overall percentage of Hispanic students attending public school.

South Dakota did not change any categories or definitions and did not make any policy changes or changes in the methods of collecting data. However, the data manager changed for the state.

**Tennessee**—The decrease in the number of students ages 6 through 21 with mental retardation was attributed to five factors. A large LEA in the state began implementation of a Response to Intervention program. There was an increased use of research-based effective practices (especially in reading) and an increase in the number of students with greater access to the general curriculum. Special education personnel showed an improved awareness of culturally responsive education practices, and the state emphasized elimination of overrepresentation of black (not Hispanic) students identified as having mental retardation.

The increase in the number of students ages 6 through 21 being identified with visual impairments was attributed to statewide awareness efforts, including those of Project PAVE (Providing Access to the Visual Environment), a cooperative effort between the Tennessee Department of Education and Vanderbilt University.

The increase in the number of children and students ages 3 through 21 with autism was attributable to several factors. The 2003 publication of Tennessee's broadened definition of autism, which includes the full spectrum of autism disorders, continued to have an impact. Both continuing improvement in LEA child find and later stage diagnoses of more mild forms of autism contributed to the steady increase in the number of students identified as having an autism spectrum disorder. Public awareness of autism and the work of parent advocacy groups also contributed to the increase.

The increases in the number of Asian or Pacific Islander and Hispanic children and students ages 3 through 21 were attributed to overall population increases in these racial/ethnic groups in the state and improved practices in identifying and properly evaluating children from non-English-speaking backgrounds.

No policy or program change was identified that may have led to the decrease in the number of children ages 3 through 5 with orthopedic impairments.

Students identified under the state definitions of intellectually gifted or functionally delayed are recognized as being in need of specialized services under state law and have IEPs developed for them. Students who receive special education services based on an IEP team decision that they met criteria to be served as intellectually gifted or functionally delayed were counted as students with IEPs in in-state counts but were not included in any data tables submitted to OSEP.

**Texas**—The number of children ages 3 through 5 found eligible under the autism category continued to increase as did as the two-year trend for rate of change (15 percent to 16.4 percent). The number of students ages 6 through 21 found eligible under the autism category also continued to increase; however, the two-year trend for rate of change decreased slightly (19.9 percent to 17.8 percent). The decrease in the number of students with multiple disabilities was attributed to improved guidance on coding these

students. Students with visual impairments continued to be identified at an early age in the state, which could have contributed to the increase.

**Utah**—One large district incorrectly reported 550 children ages 3 through 5 as having specific learning disabilities instead of developmental delay, which accounted for the large increase in the number of children with specific learning disabilities and the decrease in the number of children with developmental delay. This will be corrected in the 2006 data collection. The state was unable to change the data for the 2005 data collection.

The state has had a steady increase in the number of children and students ages 3 through 21 with autism and *other health impairments*. The state expected this trend to continue.

The reason for the decrease in the number of children and students ages 3 through 21 with deaf-blindness was unknown. The state will be watching next year for a trend in these data. Utah realigned the LEAs in the state with the Utah School for the Deaf and Blind. The state thought this would increase data quality and reporting in the years to come.

The Hispanic population increased rapidly in Utah in general, and, as a result, the number of Hispanic children and students ages 3 through 21 with disabilities also increased.

The numbers the state reported for children ages 3 through 5 with speech or language impairments and developmental delay in all environments were discrepant with numbers reported for ages 3 through 5 child counts. The numbers the state reported for students ages 6 through 21 with specific learning disabilities in all environments were discrepant with numbers reported for ages 6 through 21 child counts.

**Vermont**—The number of children ages 3 through 5 with speech or language impairments decreased from 97 in 2004 to 83 in 2005, a decrease of 14 students or a 14.43 percent decrease. This decrease was attributed to an increase in the appropriate use of the developmental delay disability category for children ages 3 through 5. The number of children with developmental delay increased over 5 percent from 2004 to 2005, the largest significant increase recorded in this time period.

The number of students ages 6 through 21 with orthopedic impairments decreased from 86 in 2004 to 75 in 2005, a decrease of 11 students or a 12.79 percent decrease. These data were verified, and no changes in state policy or data collection methodologies were thought to be attributable to this change. Future changes in this disability category will be analyzed to understand if this is a trend.

The number of students ages 6 through 21 with *other health impairments* increased from 1,793 in 2004 to 1,975 in 2005, a difference of 182 or 10.15 percent increase. These data were verified, and no changes in state policy or data collection methodologies were thought to be contributing to this change. Future changes in this disability category will be analyzed to understand if this is a trend.

The number of American Indian or Alaska Native students ages 6 through 21 decreased from 74 in 2004 to 62 in 2005, a decrease of 12 students or a 16.22 percent decrease. This decrease reflected a similar decrease of almost 9 percent in this race/ethnicity category in the total Vermont student population between the 2004–05 and 2005–06 school years.

The number of Asian or Pacific Islander students ages 6 through 21 increased from 59 in 2004 to 72 in 2005, an increase of 13 or 22.03 percent. This increase, combined with the increase of 25 black (not Hispanic) students from 153 to 178 (a 16.34 percent increase) appeared to reflect an overall trend in the Vermont student population of an increasing minority population. Overall, the 6 through 21 special

education minority population in Vermont increased 0.2 percent over the last year, while the total minority student population in Vermont increased 0.5 percent.

**Virgin Islands**—The increase in the reported number of children ages 3 through 5 with speech or language impairments was due to more children being referred and deemed eligible for services from the Infant and Toddlers Program Part C to Part B and to child find and transition activities.

The decrease in the reported number of children ages 3 through 5 with developmental delay was a direct result of specific guidelines provided by the SEA to the local LEAs. The guidelines provided LEAs with the appropriate criteria for determining this eligibility. The LEAs purchased the necessary evaluation tools to assess children with the suspected disability of developmental delay. These assessments were used to ensure that the children were properly diagnosed.

**Virginia**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Washington**—The state attributed an increase in the number of children ages 3 through 5 with hearing impairments, multiple disabilities or autism to increased identification. State data were verified and were correct. It was not clear whether the reported increase was attributable to a rise in occurrence or due to improved means for identifying children in these categories. The state will look further into this question in the coming year.

The state attributed an increase in the number of students ages 6 through 21 with autism to an increase in the number of students being identified in this disability category. State data were verified and were correct.

The state attributed an increase in the number of Asian children ages 3 through 5 to an increase in the number of Asian children in the state. State data were verified and were correct.

**West Virginia**—The Hispanic percentage of school enrollment increased from 0.62 percent in 2004 to 0.73 percent in 2004 in West Virginia. The percentage of Hispanic students ages 6 through 21 with disabilities increased from 0.46 percent in 2004 to 0.54 percent in 2005. Therefore, the increase in Hispanic students with disabilities paralleled an increase in the state's school enrollment.

The number of students ages 6 through 21 with autism served by the state continued to increase, consistent with previous years. The data were correct as reported in individual student records. The number of children and students ages 3 through 21 with mental retardation continued to decrease. The state speculated that students with characteristics previously thought to be mental retardation were reported with autism, which was relatively new. The state did not change any definitions or eligibility criteria.

The state does not collect data on multiple disabilities. Children with multiple disabilities were reported according to their primary disability.

**Wisconsin**—The state attributed the decrease in the number of children ages 3 through 5 with specific learning disabilities to difficulty identifying children with the disability at the preschool level. The state will continue to monitor these data in the future.

The number of children and students ages 3 through 21 with autism continues to increase each year, as does the national trend. Wisconsin conducted extensive training of staff in the area of autism, which led to better identification and programming for students with autism. Wisconsin also has a reputation as



providing good services as well as having good medical facilities for students with autism, which led to more students moving to Wisconsin from out of state. In reviewing the 2005–06 data, the greatest increases in the number of preschoolers and students identified with autism occurred in the larger school districts in the state. The increases, however, did not seem out of line for the districts. Many LEAs in the state had only one preschooler or student identified with autism.

The increase in the number of students ages 6 through 21 identified with *other health impairments* was an area of concern for the state. As a result, the state began conducting in-services in the documentation of *other health impairments* and developed an *other health impairments* checklist for LEA use.

The state had an increase in the number of students ages 6 through 21 with developmental delay. The state's definition of developmental delay is limited to those students who are ages 3 through 5. A student may continue to be identified as having developmental delay through the school year in which the child turns age 6, provided the student's birth date is after the start of the school year (Sept. 1). In other words, the use of developmental delay for children age 6 is dependent on the child's birth date. There were more children in school year 2005–06 who could continue to be identified as having developmental delay because their birth dates fell between Sept. 2 and the count date of Dec. 1 than those who could continue during the previous school year of 2004–05.

The increase in the number of Hispanic children ages 3 through 5 identified with a disability coincided with the state's overall enrollment increase for Hispanic children. The specific LEAs showing the greatest increases in the number of Hispanic preschoolers were also the LEAs showing the greatest increases in overall Hispanic enrollment in the state. Hispanic students also showed the greatest percentage increase in school-age (ages 6 through 21) students with disabilities.

**Wyoming**—With the exception of multiple disabilities, visual impairments, deaf blindness and developmental delay, the numbers the state reported for children ages 3 through 5 in all environments were discrepant with numbers reported for ages 3 through 5 child counts. With the exception of deaf-blindness, the numbers the state reported for students ages 6 through 21 in all environments were discrepant with the numbers reported for ages 6 through 21 child counts. The state looked critically at the accuracy of state data submitted over the last two years and discovered some mapping and definition errors in the state's internal databases. The state worked to resubmit corrected data, but because this was a complicated study and the state had a turnover in staff, this process was difficult to complete. The state was unable to submit corrected data prior to the snapshot deadline for the *29th Annual Report to Congress*. The state believed that the changes in child count data had a great deal to do with more accurate data definitions and better follow up between the SEA and LEA. The state planned to continue to resubmit data to get better historical data recorded.

### **Tables 2-1 Through 2-10: IDEA Part B Educational Environments, 2005**

Educational environments for children ages 3 through 5 are defined as follows:

<i>Early childhood setting</i>	Educational programs designed primarily for children without disabilities. No special education or related services are provided in separate special education settings. This setting may include, but is not limited to, special education provided in regular kindergarten classes, public or private preschools, Head Start Centers, child care facilities, preschool classes offered to an eligible prekindergarten population by the public school system, home/early childhood combinations, home/Head Start combinations and other combinations of <i>early childhood settings</i> .
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<i>Early childhood special education setting</i>	Educational programs designed primarily for children with disabilities housed in regular school buildings or other community-based settings. No education or related services are provided in an <i>early childhood setting</i> or other settings. This may include, but is not limited to special education and related services provided in special education classrooms in regular school buildings; special education classrooms in child care facilities, hospital facilities, on an outpatient basis or other community-based settings; and special education classrooms in trailers or portables outside regular school buildings.
<i>Home</i>	The principal residence of the child’s family or caregivers.
<i>Part-time early childhood/part-time early childhood special education setting</i>	Multiple settings: (1) the <i>home</i> , (2) educational programs designed primarily for children without disabilities, (3) programs designed primarily for children with disabilities, (4) <i>residential facilities</i> and (5) <i>separate schools</i> . Settings may include, but are not limited to: <i>home/early childhood special education</i> combinations; Head Start, child care, nursery school facilities or other community-based settings; regular kindergarten classes combined with special education provided outside of the regular class; <i>separate school/early childhood</i> combinations; and <i>residential facility/early childhood</i> combinations.
<i>Residential facility</i>	Public or private residential schools or medical facilities where services are provided on an in-patient basis.
<i>Separate school</i>	Facilities that do not house programs for students without disabilities.
<i>Itinerant service outside the home</i>	Special education and related services provided at a school, hospital facility on an outpatient basis or other location for a short period of time (i.e., no more than three hours per week). These services may be provided individually or to a small group of children. Services may include, but are not limited to, speech instruction up to three hours per week in a school, hospital or other community-based setting. This is an optional category.
<i>Reverse mainstream setting</i>	Educational programs that are designed primarily for children with disabilities but include 50 percent or more children without disabilities. This is an optional category.

**Alabama**—The state attributed the increase in the number of children ages 3 through 5 in *separate schools* to normal fluctuation in the data.

The state recognized the increase in the number of students with disabilities *outside the regular class less than 21 percent of the day*. This has been a state trend since 2002. The state determined that inclusion was a primary focus for encouraging greater student participation in the regular education environment. This emphasis was accomplished through the focused monitoring process and increased technical assistance to local systems.

**Alaska**—The state attributed a decrease in the number of children ages 3 through 5 in *separate schools* to the closure of a special education *separate school* that served a large portion of these students. The closure of the *separate school* also increased the number of children in *early childhood special education settings*. As the school moved toward closure in 2004, many of the students were transferred to other settings. Upon closure in 2005, more students were moved to *early childhood special education settings*, greatly reducing the number of students served in *separate school* settings.

**American Samoa**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Arizona**—The state data system allows LEAs to submit all disabilities for each eligible student receiving special education services. To determine the primary disability, a hierarchy was used. Beginning in FY 2007, the state will require LEAs to indicate which disability is the primary disability for each student with more than one disability.

During the 2005–06 school year, the Arizona Department of Education no longer allowed LEAs to submit data on preschoolers attending Head Start programs and students attending approved private special education schools or those incarcerated in certain *correctional facilities* using an old data entry program called DELREP. For the first time, the state Information Technology (IT) department implemented a new Web-based application for LEAs to report these students. However, this application had numerous problems up to the end of the fiscal year, which resulted in the 3 through 5 child count and *correctional facilities* count changing significantly from the previous year. The state IT department hoped to have all remaining issues resolved for FY 2007 data reporting, resulting in more accurate counts.

The explanations for individual data changes are provided below.

- The state attributed the increase in the number of children ages 3 through 5 *receiving itinerant service outside the home* to an increase in children in general and lack of space, so parents and districts opted to serve many children with speech-language impairments itinerantly.
- The increase in the number of children ages 3 through 5 in a *reverse mainstream setting* may have been due to an improvement in data reporting.
- The state believed that the decrease in the number of students ages 6 through 21 in a *private residential facility* was due to appropriate IEP placements versus court placements. Placements for non-IEP-driven reasons may also have contributed to the decrease in this category.
- Some possibilities for the decrease in *correctional facilities* counts include a combination of the following:
  - In some counties, presiding juvenile court judges placed fewer students in juvenile detention facilities, which could have led to a decrease in identified students in the correctional system.
  - Some facilities may have double counted students, and as reporting requirements became more centralized, double counting occurred less.
  - In contrast, it was also possible that some of the larger juvenile detention facilities underidentified students in the chaos they experienced over the last year, resulting in a decrease in numbers.

**Arkansas**—The increase in the number of students ages 6 through 21 receiving services in a *public separate school* and the decrease in the number of students receiving services in a *public residential facility* were correlated. The state-operated deaf and blind schools saw a decrease in the number of students living at the schools. Instead, parents opted to have their children live at home and attend the school only during the day.

The increased count of students being served in *correctional facilities* was due to reporting on all state prisons and youth facilities. Prior to 2005, these organizations reported only on primary locations.

There was a decrease in the number of children ages 3 through 5 in the *separate school* setting by more than 50 percent from 2004. Part of the early childhood programs are operated through the Department of Health and Human Services DDS. When the interagency agreement was entered into, the DDS programs were strictly *separate schools*; however, over the years, the programs have grown to include *reverse mainstream* preschools, and a few have Arkansas Better Chance for Success preschools.

**Bureau of Indian Affairs**—The Bureau reported the increase in the two educational environment categories for children ages 3 through 5, *early childhood setting* and *part-time early childhood/part-time special education setting*, was consistent with the increase in the child count. This change was normal fluctuation. The Bureau will monitor the data to watch for future trends.

The increase in the number of students ages 6 through 21 in *homebound/hospital* settings was not attributed to any reason. This change was normal fluctuation. The Bureau will monitor the data to watch for future trends.

**California**—California noted that a review of local data indicated that the differences were based on accurate reporting, and they were normal data variations. The change in data was due to improvements in the data system of one of the largest school districts in the state.

The state noted the increases in the number of children ages 3 through 5 in the *residential facility* and *separate school* settings were due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the decrease in the number of students ages 6 through 21 in the *public residential facility* setting was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state was unable to explain why the change occurred.

The state noted the increase in the number of students ages 6 through 21 in the *private residential facility* setting was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

**Colorado**—There was an increase in the number of children ages 3 through 5 served in *home* settings. Although this was a 50 percent change from 2004, there were no significant changes in any individual LEA's data. This change was normal fluctuation. The state will monitor the data to watch for future trends.

There was a decrease in the number of children ages 3 through 5 served in *part-time early childhood/part-time special education settings*. A review of data submitted by individual LEAs did not indicate a significant change in the data submitted from any individual LEA. This change was normal fluctuation. The state will monitor the data to watch for future trends.

There was an increase in the number of students ages 6 through 21 in *homebound/hospital* setting. A review of data submitted by individual LEAs did not indicate a significant change in the data submitted by any individual LEA. The change was the result of small differences in LEA-level data that, when summed, produced an overall increase of 117 students statewide. From 1996–2001, Colorado had a decrease every year for this data element, then an increase in 2005. The state was unable to attribute a reason for the switch but will watch the data for further trends.

The state attributed an increase in the number of students in *correctional facilities* to Colorado's Adult Correctional system, which hired a full-time special education director who focused on identification of inmates with disabilities. Prior to 2005, Colorado's Adult Correctional system was cited by the Colorado Department of Education for inadequate identification processes.

**Connecticut**—When OSEP announced changes to the definitions for children ages 3 through 5 in 2005 that reflected where children attend school, the Connecticut State Department of Education (CSDE) trained school districts to report information using the new definitions. However, when OSEP announced later in 2005 that states were to use the previous definitions based on where special education services were provided, the CSDE was given permission to cross-walk data because the state had information on where students attended school, their school hours and the amount of time they spent with peers without disabilities (TWNP). Students were coded depending on a combination of education location, education, school hours, grade and TWNP variables that closely matched the definitions.

- Students in certain education locations that had 100 percent TWNP and had more than three hours a week of total school hours were coded as 1 – *early childhood setting*.
- Students in certain education locations that had 79 percent or less TWNP and had more than three hours a week of total school hours were coded as 2 – *early childhood special education setting*.
- Students reported in an education location of *home* were coded as 3 – *home*.
- Students in certain education locations that had a range of 79.1 – 99.9 TWNP and had more than three hours a week of total school hours were coded as 4 – *part-time early childhood/part-time early childhood special education setting*.
- Students reported in certain education facilities were coded as 5 – residential special education.
- Students reported in certain education facilities were coded as 6 – separate special education setting.
- Prekindergarten students in certain education locations that had three hours or less a week of total school hours were coded as 7 – itinerant service.
- Prekindergarten students in certain education locations that had more than three hours a week of total and special education school hours and had a range of 50 – 99.9 TWNP were coded as 8 – *reverse mainstream setting*.

Once the cross-walk was completed, the state compared the results with the educational environments data for 2004 and found the numbers to be comparable. Data changes in environments for children ages 3 through 5 were due to the cross-walk of data.

Changes in educational environments for students ages 6 through 21 showed a decrease in the number of students who received *special education outside the regular class at least 21 percent to 60 percent and more than 60 percent of the day*, while the number of students who received *special education outside the regular class less than 21 percent of the day* increased. This was due to the ongoing efforts of the CSDE and school districts to meet free appropriate public education (FAPE) requirements.

The decrease in the number of students in *correctional facilities* and in *private schools, not placed or referred by public agencies* was a reflection of the overall decrease in the total *IDEA* child count.

No comments were provided for changes in the number of students ages 6 through 21 in *private separate* and *public residential settings* because the numbers were too small to derive any meaningful explanation.

**Delaware**—The state attributed an increase in the number of children ages 3 through 5 in an *early childhood special education setting* to improved understanding of definitions. Districts that previously counted speech-only students in other categories counted them in the *early childhood special education setting*.

The state attributed an increase in the number of children ages 3 through 5 in the *part-time early childhood/part-time early childhood special education setting* and a decrease in the number of children in the *separate schools* setting to one district moving 33 students from a *separate school* to more inclusive settings. Year 2005 was the first year the district moved the students. The students were permanently moved.

The state attributed an increase in the number of children ages 3 through 5 in a *reverse mainstream setting* to districts counting children in other settings when they were in settings designed primarily for children with disabilities but that included 50 percent or more regular education students. In 2005, districts began counting these students as *reverse mainstream*.

The state attributed a decrease in the number of students ages 6 through 21 who receive special education *outside the regular class at least 21 percent of the day and no more than 60 percent of the day* and *outside the regular class more than 60 percent of the day* to districts moving students to less restrictive environments. Districts made this shift due to: (1) focused monitoring on districts with a low percentage of students in the environment *outside regular class less than 21 percent of the day*; (2) the inclusive schools initiative, which gave districts, schools and teachers training in inclusive practices and curriculum that support all students; and (3) a pilot funding program that allowed districts to place students in less restrictive environments and receive funding based on the intensity of the needs of the student. The traditional funding system requires students to have 12.5 or more hours of special education to be counted as a full-time special education student to receive the full funding based on their disability type.

The state attributed a decrease in the number of students ages 6 through 21 in *private* and *public residential facility* environments and an increase in the number of students in *homebound/hospital* environments to improved district understanding of definitions. Prior to 2005, students receiving treatment in *hospital/homebound* environments were counted in the *private* and *public residential facility* categories. They were counted in *homebound/hospital* environments in 2005.

The state attributed an increase in the number of students in the category *private schools, not placed or referred by public agencies* to improved understanding of reporting requirements. Due to training in 2005 and requirements for districts to work with private schools within their district, districts were more aware of requirements to report students who were attending private schools and receiving special education services.

**District of Columbia**—The District of Columbia attributed an increase in the number of children ages 3 through 5 in the *early childhood setting* and in the *early childhood special education setting* to an increased involvement of its charter schools in the counting process.

The District of Columbia noted the decrease in the number of students ages 3 through 5 in the categories *part-time early childhood/part-time early childhood special education setting*, *residential facility* and *separate school* was due to normal fluctuation in the data. The District of Columbia will monitor the data to look for trends.

The District of Columbia noted the increase in the number of students ages 6 through 21 in the categories *outside the regular classroom less than 21 percent of the day* and a decrease in the number of students *outside the regular class at least 21 percent and no more than 60 percent of the day*, in *public separate schools* or in a *private residential facility* were due to normal fluctuation in the data. The District of Columbia will monitor the data to look for trends.

The numbers the District reported for children ages 3 through 5 with autism and developmental delay in all environments were discrepant with the numbers reported for ages 3 through 5 child counts. The numbers the District reported for students ages 6 through 21 with specific learning disabilities, emotional disturbance, multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, traumatic brain injury and developmental delay were discrepant with numbers reported for ages 6 through 21 child counts.

**Florida**—In 2005–06, Florida implemented a Voluntary Prekindergarten Program (VPK) for all 4-year-olds in the state. The state believed this created more inclusive settings for provision of specially designed instruction and related services, which reduced the number of children with disabilities receiving services at *home* or in *early childhood special education settings*. Florida also used the category *itinerant service outside the home* for the first time in 2005. Children reported under this category were previously reported under *early childhood special education setting*.

The state continued to see increases in the number of students ages 6 through 21 in the category *private schools, not placed or referred by public agencies* as a result of Florida’s scholarship programs, including the McKay program for students with disabilities.

**Georgia**—During the 2005–06 school year, the Georgia Department of Human Resources closed three *public residential facilities*. These closures influenced data on private placements and *separate school* placements for children ages 3 through 5 with significant service needs. As a result, in 2005, the following changes were reported:

- An increase in the number of children ages 3 through 5 in *separate schools*,
- An increase in the number of children ages 6 through 21 in *private separate schools*,
- An increase in the number of children ages 6 through 21 in *private residential facilities*,
- An increase in the number of students in *private schools not placed or referred by public agencies*,
- A decrease in the number of students in *public residential facilities*.

Georgia collects aggregate data using a single multiracial category. The racial/ethnic category of some students was unknown. The state estimated race/ethnicity for students using the district-level racial/ethnic distribution as prescribed by OSEP in *Handling Missing Data When Reporting Race/Ethnicity*.

In the age group 3 through 5, some 598 children (2.94 percent of the 20,370 children ages 3 through 5 with disabilities) were reported as multiracial. In the age group 6 through 21, a total of 4,054 students (2.29 percent of the 177,359 students ages 6 through 21 with disabilities) were reported as multiracial.

**Guam**—Guam noted the increase in children ages 3 through 5 in *early childhood settings* was offset by a decrease in the number of children in *early childhood special education settings*. More students were being placed in natural environments with their peers without disabilities.

**Hawaii**—Hawaii had a number of changes from data reported in 2004 to data reported in 2005. Individual changes in the data included:

- A decrease in the number of students ages 6 through 21 in *private separate schools*;
- A decrease in the number of students ages 6 through 21 in *public residential facilities*; and
- A decrease in the number of students ages 6 through 21 in *homebound/hospital* environments.

The changes in the state data were all attributed to random fluctuation. There was no pattern of consistent change, but the state will work to understand the changes in the data.

**Idaho**—The state had no explanation for the increase in the number of children ages 3 through 5 in the *separate school* setting. This was a random fluctuation in numbers.

The state attributed the decrease in the number of students ages 6 through 21 educated *outside the regular class at least 21 percent and no more than 60 percent of the day* to improved data validations added to the state data system that correlated total amount of time special education and related services were received and the environment where students received the education. Additionally, the state provided extensive training on educational environments coding.

The state attributed the decrease in the number of students ages 6 through 21 educated *outside the regular class more than 60 percent of the day* to improved data validations added to the state data system that correlated total amount of time special education and related services were received and the environment where students received the education. Additionally, the state provided extensive training on educational environments coding.

The state had no reason to explain the decrease in the number of students ages 6 through 21 in *public residential facilities*. This was a random fluctuation in numbers.

The state explained the increase in the number of students ages 6 through 21 in *homebound/hospital* environments as miscoding of home-schooled students. Increased training by the state on educational environments coding will reduce errors.

**Illinois**—The increase in the *early childhood special education setting* may have been due to data coding and input issues. Trainings were provided to assist districts in appropriate submission of data.

The state reported that districts had the option of reporting 3- through 5-year-olds in either the preschool or school-age educational environments, and most of these students were reported by the districts in the school-age categories. The state cross-walks these students into the preschool categories for federal reporting purposes. Students reported *outside the class less than 20 percent of the day* were cross-walked into the *early childhood* category. Students reported *outside the class 21-60 percent of the day* and *more than 60 percent of the day* were cross-walked into the *part-time early childhood/part-time early childhood special education* category.

**Indiana**—Based on guidance and direction received from the U.S. Department of Education at the 2005 Data Managers meeting in Washington, D.C., Indiana used the presented draft forms for all data collections required during the 2005–06 school year. Thus, the reported data represented a best case, good faith effort on Indiana’s part to cross-walk the data from the new draft forms to the old standard forms. As a result, the number of children in *early childhood settings* and in *separate schools* increased, and the number of children in *early childhood special education settings*, at home and in *part-time early childhood/part-time early childhood special education* decreased.



The state collected the 2005 educational environment data using the new revised format. Thus, all *separate school* and residential student data were reported under *public separate school* and *public residential facility*, respectively.

**Iowa**—The state attributed a decrease in the number of children ages 3 through 5 in the categories *home, separate school* and receiving *itinerant service outside the home* to increased state emphasis on serving children in preschool settings rather than *home*.

The state attributed an increase in the number of children ages 3 through 5 in the category *part-time early childhood/part-time early childhood special education setting* to an increased state emphasis on serving children in preschool settings rather than *home*.

The state attributed a decrease in the number of students ages 6 through 21 served in the category *outside the regular class more than 60 percent of the day* to the increased emphasis on monitoring educational environments of students. Educational environments received more attention through dissemination of area education agency (AEA) and LEA data tables and maps. Placement in least restrictive environments is a state monitoring priority, and the SEA disseminated detailed data by AEA and LEA, which raised awareness and improved placement practices.

The state attributed an increase in the number of students ages 6 through 21 in the categories *private residential facility* and *correctional facilities* to more accurate tracking of resident students served out of state.

The state attributed a decrease in the number of students in the category *private schools not placed or referred by public agencies* to more accurate tracking of resident students served out of state.

**Kansas**—The decrease in the number of children ages 3 through 5 receiving services in *reverse mainstream settings* was parallel to the increase in the number of children ages 3 through 5 receiving services in *early childhood special education settings*. This shift was attributed to:

1. A change in the Kansas State Department of Education (KSDE) administration;
2. A change in the KSDE collection methodology, resulting in re-formulating the cross-walking of KSDE placement/setting codes and *IDEA* categories on the educational environments table.

Since 1988, the KSDE has collected data on an individual student basis. Each student record collected included all special education services listed on the IEP, reported in terms of frequency, duration and location. Since 1994, one of the location options for children ages 3 through 5 was a setting called integrated. Over the years, the integrated setting was defined very vaguely as a blended program. The definition did not clearly address ratios of students with disabilities and those without disabilities. Under the reporting requirements of *IDEA 97*, Kansas' data showed a large proportion of its 3-through-5 population in the *early childhood special education* category.

In 1998, the KSDE administration began using the optional category of *reverse mainstream setting* and populating this category with the students coded as receiving services in an integrated setting.

In 2004, the KSDE had a change in administration; the Part B coordinator retired, and a new director was acting as Part B coordinator. After attending an OSEP conference, the KSDE received clarification on the collection of early childhood placement data. The decision was made by the then current KSDE administration to add a new placement category to the collection methodology called *reverse mainstream*,

define this category according to OSEP direction and only count children on the educational environments table in the *reverse mainstream setting* who were coded as such. It was also decided that the integrated setting be redefined as a program intending to have a population of at least 50 percent children with disabilities and to count those coded as such in the *early childhood special education setting* on the educational environments table. This issue was based on a KSDE decision to align its collection, coding and methodology with OSEP requirements, resulting in a one-time shift in numbers for Dec. 1, 2005.

There continued to be a statewide effort to provide more special education services in the regular education classroom. District-level educational environments data were disseminated last year as part of the state's Focused Assistance and Monitoring System. This new method of data dissemination heightened the awareness to improve outcomes for students with disabilities. KSDE believed this shift was an indication of this movement. The state had decreases in the number of students ages 6 through 21 in the categories receiving services *outside the regular class more than 60 percent of the school day*, in *public separate schools*, in *private separate schools*, in *public residential facilities* and in *private residential facilities*.

**Kentucky**—In 2005, there was an increase in the number of students ages 3 through 5 in the *part-time early childhood/part-time early childhood special education setting*. The state noted this required an ongoing explanation with school districts who continued to treat these placements the same as the percentages they used when reporting settings for the 6 through 21 age range. At trainings across the state in 2005, continuing emphasis was placed on the fact that for ages 3 through 5, the placement was where the child received his or her special education services.

For ages 3 through 5, the environments categories were: with regular education peers, with special education students and a combination of the two. No percentages were reported; the student was either educated with regular education students, not educated with regular education students or educated in a combination of the two. In addition, data were reported for this age range only for time in special education, not other educational portions of the child's day where special education was not being provided. For ages 6 through 21, there were three percentage categories as opposed to the absolutes. These categories were based on the entire educational day, not just special education services received. Districts, however, wanted to apply the same rule to the 3- through 5-year-olds when reporting in these three placement categories. The ongoing training and emphasis focused on overcoming that tendency. It appears now that the new environment categories will change such that children ages 3 through 5 will be reported similarly to the 6-through-21 age range.

**Louisiana**—Louisiana child counts decreased from previous years across all categories due to Hurricanes Katrina and Rita. Some students evacuated to other states and had not returned to Louisiana.

**Maine**—The state attributed the decrease in the number of children ages 3 through 5 in *home* environments to the decline in enrollment of children ages 3 through 5 and to a state initiative to educate children in the least restrictive environment with their peers.

Children who received special education and related services in the category *correctional facilities* should have been reported in the duplicated count of children in *correctional facilities* as well as in one of the categories for the percentage of time spent outside the regular classroom. Maine reported children in the category *correctional facilities* in the *public residential facility* category.

The state did not report any children in the duplicated count of children *in private schools, not placed or by referred public agencies*; however, there were children in the state who were placed by their parents in private schools. Maine reported all of these parentally placed children in either the *private separate school* or the *private residential facility* category.

**Maryland**—Maryland attributed the decrease in the number of children ages 3 through 5 in *early childhood settings* and *separate school setting* and the increase in the number of children in the *part-time early childhood/part-time early childhood special education setting* to a better understanding of the preschool environment definitions in the local school systems. The increase in understanding of the definitions resulted in better data reporting.

**Massachusetts**—The state believed that there was great confusion over reporting for children ages 3 through 5 in the *part-time early childhood/part-time special education setting*. The state could not explain the increase in the number of children in the setting. The state has been discussing how to increase clarity of reporting for this age group.

The state had an increase in the number of students ages 6 through 21 receiving services *less than 20 percent of the day outside the regular class* and a decrease in the number of students receiving services in *homebound/hospital settings* and *outside the regular class 20 to 60 percent of the day*. As noted in the Massachusetts State Performance Plan, Massachusetts made considerable efforts to improve the quality and accuracy of educational environments data reporting for students ages 6 through 21. Additionally, the Massachusetts Department of Education continued to implement and support initiatives that promoted the education of students in inclusive environments.

Prior to 2003, Massachusetts reported all children ages 3 through 5 in either the *early childhood* category or the *home* category. Beginning in 2003, Massachusetts began using all required educational environment reporting categories for this age group. The state collects data on children ages 3 through 5 according to the percentage of time they are in inclusive environments with peers without disabilities, rather than according to the environment in which they receive special education and related services. This is inconsistent with OSEP reporting instructions. Children ages 3 through 5 were reported by Massachusetts as follows:

- The state reported children in the *early childhood setting* if they attended an early childhood program that was fully inclusive and were removed from the early childhood program for 20 percent or less of their time to receive special education and related services. These children may have received special education or related services during the early childhood program hours and may have received services from the school in addition to the hours of the early childhood program.
- The state reported children in the *early childhood special education setting* if they did not participate in an inclusive early childhood program or if they participated in an inclusive early childhood program but were removed from this environment for more than 80 percent of their time to receive special education and related services.
- The state reported children in the *part-time early childhood/part-time early childhood special education* category if they received special education and related services in some combination of an inclusive early childhood program, a partial inclusion setting or a *separate* setting and if the children were removed from the inclusive *early childhood setting* to receive special education and related services for more than 20 percent of their time.

**Michigan**—Michigan significantly altered its methodology for collecting data on students ages 6 through 21 who were removed from the general education classroom in the three categories *less than 20 percent of the day*, *21 to 60 percent of the day* and *more than 60 percent of the day*. In previous years, Michigan used student full-time equivalency (FTE) in special education to compute these values. In 2005, Michigan asked districts to self-report on each student from the student's IEP as to the amount of time he/she is removed from the regular education classroom. This should have had a significant impact on better accuracy in data reporting.

Michigan's OSE/EIS emphasized to ISDs, schools and LEAs the need to increase data accuracy with respect to special education data/information. In addition, the LEA and the ISD data were publicly reported, further increasing the content validity of data on students with disabilities. Programs such as the Continuous Improvement and Monitoring System (CIMS) broadened the state's monitoring emphasis, moving from mainly a compliance orientation to a focus on improving education results for students with disabilities in Michigan. In turn, CIMS also focused on assessing and improving the quality of data the OSE/EIS received from school districts. These interventions resulted in more accurate data reporting, resulting in better data being submitted to OSEP.

The state noted that the increases in the number of children ages 3 through 5 served in the categories *home, part-time early childhood/part-time early childhood special education setting* or receiving *itinerant service outside the home* represent year-to-year changes that can be expected in terms of identification. However, the state noted that, in 2005, Michigan changed its rubric for the collection of environmental settings for students. Districts improved their reporting by using this new rubric and providing more accurate data.

The state attributed a decrease in the number of children ages 3 through 5 in the *separate school* category to state emphasis on the placement of children for more time in regular education settings. This became a priority for the state's CIMS. These changes reflected state priorities for children with disabilities.

The number of students ages 6 through 21 increased in the categories *outside the regular class more than 21 percent of the day, in public separate schools, in public and private residential facilities* and in *homebound/hospital* settings. Data verification procedures revealed a number of districts incorrectly reported students as residing in a *public residential facility*. Nonetheless, the number of students with disabilities in a *public residential facility* environment changes from year to year, especially depending upon the number of students placed in institutions and classified as having emotional impairment. The increase in the number of students in *homebound/hospital* settings reflected year-to-year variations. The number of students who are too ill to attend school on a regular basis changes from year to year with no predictable pattern.

The state noted that the increase in the number of students in *correctional facilities* and the decrease in the number of students in *private schools, not placed by public agencies* were due to the move to a new rubric by the OSE/EIS for the collection of school environment data. Changes in these categories may have reflected the utilization of this new rubric by local school districts.

The state does not collect data on deaf-blindness. Children with deaf-blindness were reported in the hearing impairments category.

**Minnesota**—The state attributed a decrease in the number of children ages 3 through 5 educated in *separate schools* to a greater understanding on the part of staff members in districts about how to accurately report settings for young children.

The state attributed an increase in the number of children ages 3 through 5 receiving *itinerant services outside the home* to a shift in how IEP teams chose to meet the needs of young children with delays exclusively in the area of speech/language.

The state attributed a decrease in the number of students ages 6 through 21 in *private separate school* and *public and private residential facility* environments to a clarification in data reporting procedures/methods. Prior to a policy memo that was distributed Feb. 9, 2005, districts were incorrectly reporting students in *separate schools* and *public and private residential facilities* as if those programs were special education only. This resulted in a reduced number of students reported in the environments with an

increase in the number of students correctly reported. Prior to the policy memo, LEAs were incorrectly overreporting students as being served in separate settings when the services were actually not being provided in separate settings. The state sent out the clarifying policy memo, and the accuracy of the LEA data improved and reflected fewer students served in separate settings. These students were correctly reported in the settings in which they were being served.

The state attributed an increase in the number of students in *correctional facilities* to a change in reporting procedures. In 2005, Minnesota was able to disaggregate and report data through every *correctional facility* in the state that served children and youth ages birth through 21 with disabilities. The change resulted in fluctuations in the number of students reported in *correctional facilities*.

**Mississippi**—Mississippi suffered on Aug. 29, 2005, when Hurricane Katrina left devastation on the state’s Gulf Coast. The state worked with districts to help them take in displaced students from the Mississippi Gulf Coast as well as many from Louisiana (New Orleans in particular). The state also worked with other states to take in students. After Katrina, the state spent the next three months filling thousands of requests from within and outside the state concerning student records that the state could provide to assist the displaced students’ new schools. Due to the thousands and thousands of families and students who were displaced, the state’s 2005–06 data were somewhat skewed due to students coming into the state from Louisiana and from students leaving the state.

**Missouri**—The decrease in the number of children ages 3 through 5 reported in *home* settings was offset by the increase in the *early childhood setting*. The state was unable to provide a reason for the shift; however, the state will watch the data for trends in the coming years. The increase in the *part-time early childhood/part-time early childhood special education* category was most likely offset by a decrease in the number of children in the *early childhood special education setting*. The state was unable to provide a reason for the shift; however, the state will watch the data for trends in the coming years.

A small decrease in numbers results in a large decrease in the percentage of students ages 6 through 21 in *private residential facilities*. IEP teams make these environment decisions, and the individual reasons for the decrease were not known. A large part of the increase in *homebound/hospital* environments was attributable to one large urban district. The reason for the change of placements was unknown.

**Nebraska**—The state had an increase in the number of children ages 3 through 5 in the *early childhood setting* and a decrease in the number of children in the settings *early childhood special education*, *separate school* and receiving *itinerant service outside the home*. The changes in the four settings reflected an emphasis on serving children in natural environments. Extensive training was provided to help service providers understand the concept of coaching care providers to allow children with disabilities to participate in settings with their peers without disabilities. The data changes reflected the movement of children from more restrictive to less restrictive settings.

Training was provided to school districts to improve the accuracy and precision of the data reported concerning the amount of time students ages 6 through 21 participate in general education. The Web-based IEP system used by the majority of school districts in the state was modified to include the amount of time students participate in regular education instead of the previous recording of percentage of time in special education. This elimination of an additional calculation improved accuracy. These changes were attributed to the increase in students receiving services in the category *outside the regular class less than 21 percent of the day* and a decrease in students receiving services outside the regular class for more than 21 percent of the school day.

Nebraska revised the state administrative rule regarding the approval of programs providing special education services to students (92 NAC 18). It was suspected that the increase in students in *public separate schools* and *residential facilities* was a result of better understanding and clarification of the correct reporting of students in these categories. Nebraska continued to investigate the source of the increase in the number of students reported in *private separate schools*.

The state had a decrease in the number of students reported in the *correctional facilities* category. *Correctional facilities* operate schools that are approved under 92 NAC 18. It was suspected that students attending programs operated by *correctional facilities* were reported by their resident school district in other categories. The Nebraska Department of Education continued efforts to clarify accurate reporting requirements for this category.

The Nebraska Department of Education conducted training on the category *private schools not placed or referred by public agencies*. It was suspected that the increase in this category was due to more accurate reporting because of improved understanding.

**Nevada**—The state attributed a decrease in the number of children ages 3 through 5 in the *early childhood setting* category and the increase in the number of children in the *early childhood special education setting* category and receiving *itinerant service outside home* category to difficulties associated with establishing and maintaining placements in regular community-based preschools. Placements in regular community-based preschools declined, while *itinerant service outside the home* placements increased. *Early childhood special education setting* placements increased in response to the nature and severity of students' needs.

The state attributed the decrease in the number of students ages 6 through 21 educated *outside the regular class for more than 60 percent of the day* to training and results that showed access to the regular curriculum improves academic performance for students with disabilities.

The state attributed the increase in the number of children and students in *private schools not placed or referred by public agencies* to increased options and interest in private school education as public education comes under increased accountability.

**New Hampshire**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**New Jersey**—The state noted there was an increase in the number of children ages 3 through 5 in *part-time early childhood/part-time early childhood special education settings* and receiving *itinerant service outside the home* settings. These two categories also showed increases in the 2003 and 2004 school years. Clearly, increasing numbers of students were being placed in these categories. The state was unclear whether this reflected true placement trends or perceived placement trends, given the difficulty districts had over the years with the definitions of the 3-through-5 placement categories. It will be interesting and useful to observe if these same trends exist with the newly proposed placement categories.

There was a noticeable decrease in all *public* and *private residential facilities* placements. Efforts throughout the year, including correspondence with districts, communication and visits from monitors and ongoing trainings with districts to clarify the placement categories and improve the relatively high numbers of children placed in these settings, may have contributed to these trends. The fact that the numbers for students in *private residential facilities* decreased more so than the others was not alarming given the overall trends.

Since 2002, the number of students in *homebound/hospital* settings has been about 1,100. There has been some variation from this but not a great deal. The increase in 2005 cannot be clearly explained. In 2002 and 2003, the numbers of students receiving services in these environments were 1,162 and 1,173, respectively. There was a substantial drop in 2004, which appeared to be a natural variation in numbers. This may have been due, in part, to the tenuous nature of *homebound/hospital* care.

**New Mexico**—The state had a decrease in the number of students served *outside the regular class for more than 60 percent of the day*. Districts demonstrating decreases in the number of students with disabilities served *outside the regular class for more than 60 percent of the day* were contacted. They reported the following reasons for the decrease:

- Statewide least restrictive environment initiatives affecting how IEP teams determine where students with IEPs received services;
- Increase in team teaching and inclusion programs in districts;
- Heightened awareness of regular education as the first option for students with disabilities when making service and setting decisions by IEP teams;
- Adequate yearly progress (AYP) status of districts, providing students with IEPs access to the regular curriculum in order to meet AYP goals; and
- Overall statewide decrease in the total number of students with disabilities (with IEPs).

The state had an increase in the number of children ages 3 through 5 in the *home* setting. OSEP defines the *home* setting as, “total of preschoolers who receive all of their special education services and related services in the principal residence of the child’s family or caregivers.”

The state determined through the analysis of district data that one district was notably discrepant in the number of children reported in the *home* setting between 2004 and 2005. The district was contacted and provided the following explanation:

- Some preschoolers who were not involved in center-based programs, but were receiving therapy-only services at schools, were being reported in a segregated setting. In order to more accurately reflect the fact that these therapy-only students were not involved in a center-based program, the district began reporting the students in the *home* setting.
- Additionally, between 2004 and 2005, the largest increase in the number of children receiving services in the *home* setting was for students receiving speech-language therapy.

**New York**—The state noted that a few individual districts accounted for the majority of the change in the educational environments categories. The state will monitor the data to look for further trends and patterns that may emerge.

**North Carolina**—The state attributed the increase in the number of children ages 3 through 5 served in the *early childhood setting*, *early childhood special education setting* and in the *home* setting to more children receiving services in the least restrictive environment. Due to Medicaid funding cutbacks, there was a decrease in the number of children receiving services in the categories *separate schools*, *itinerant service outside the home* and *reverse mainstream setting*.

There was a decrease in the number of students ages 6 through 21 attending *private separate schools* and *public residential facilities* due to Medicaid funding cutbacks. Students in these facilities returned to their local school system. This may have contributed to the increase in the number of students placed in *private residential facilities*.

**North Dakota**—The state attributed an increase in the number of American Indian/Alaska Native children ages 3 through 5 to an effort to better report this category electronically during the 2005–06 school year. Often, these students received minimal supports in their *home* environment, and schools found little financial benefit in reporting this category. In 2005, the state worked with each of its 31 special education units to improve the reporting of this population.

The state attributed an increase in the number of black (not Hispanic) students ages 6 through 21 to three special education units in North Dakota. The Fargo Special Education Unit is the state’s largest and most urban growth center. Fargo had an increase of 14 black (not Hispanic) students identified. The state attributed the increase at two other units to United States Air Force Bases, one in Grand Forks and the other in Minot. In the first instance, the state had a growing population, and in the second, the state had transient populations. Both conditions may have accounted for the increased numbers of black (not Hispanic) students identified.

**Northern Marianas**—Northern Marianas reported that with the creation of two centers for children with autism and for children who are deaf or hard of hearing and staff getting intense specialized training, combined with an increase of child care facilities, there was an environment placement shift from *early childhood settings* to *part-time early childhood/part-time early childhood special education settings*.

Northern Marianas attributed the decrease in the number of students ages 6 through 21 in *private separate schools* to an error in reporting in 2004. In the 2004 report, the number reported in *private separate schools* was the number of children placed in private schools by their parents (Federal Statute Section 612(a)(10)(A)).

Northern Marianas attributed the increase in the number of students ages 6 through 21 reported in the *outside the regular class for more than 60 percent of the day* category to better identification of students with autism and an increase in discipline and emotional problems that necessitated one-to-one assistance.

**Ohio**—The state attributed the increases in the number of children ages 3 through 5 in the *early childhood setting* and *early childhood special education setting* categories to additional clarification of data definitions and technical assistance from the Ohio Department of Education on reporting data.

The state attributed the decreases in the number of children ages 3 through 5 in the *part-time early childhood/part-time early childhood special education setting* and *separate school* categories to additional clarification of data definitions and technical assistance from the Ohio Department of Education on reporting data.

The state attributed decreases in the number of students ages 6 through 21 in *public separate school* and *private separate school* categories to a decrease in nonpublic school enrollment within the state for the last three years. A decrease in the number of students in *public* and *private separate school* categories was a reflection of statewide trend.

The state attributed a decrease in the number of students in *correctional facilities* to data reporting/timing issues. Since the child count was taken on Dec. 1, it was a snapshot of the number of children in *correctional facilities* at one point in time and may not have represented what was happening within the state.



**Oklahoma**—The observed changes from 2004 to 2005 were likely the result of several edit checks that were added to the online reporting system. Therefore, the Oklahoma State Department of Education was confident that the data submitted to the U.S. Department of Education were an accurate portrayal of the educational environments data for special education students as of Dec. 1, 2005.

**Oregon**—The state attributed an increase in the number of children ages 3 through 5 in the *early childhood special education setting* category to a total increase in the number of children in the 619 program and to changes in service delivery models or errors in coding in previous years. Two large programs reported high numbers of children in the *reverse mainstream setting* category in 2004 and none in 2005.

The state noted that an increase in the number of children ages 3 through 5 in *home* settings was scattered across programs. The highest increase, 12 children, occurred in one large urban program.

The state attributed the increases in the number of children ages 3 through 5 in the *part-time early childhood/part-time early childhood special education setting* category to one program. This program increased from 23 children to 77 children receiving services in this type of setting.

The state noted that two large programs that reported high numbers of children ages 3 through 5 in the *reverse mainstream setting* category in 2004 reported none in 2005. This was due to a change in the service delivery model and errors in coding in previous years. The new coding system should help reduce errors in coding in the future.

Oregon noted the Children's Mental Health Systems Change Initiative led to a change in the way that students are placed in *separate schools* and *residential facilities*. This change led to an increase in the numbers of students ages 6 through 21 served *outside the regular class for more than 60 percent of the day* and in *private residential facilities* and a decrease in the numbers of students being served in *private separate schools* and *public residential facilities*.

The state attributed the decrease in the number of students ages 6 through 21 in *homebound/hospital* settings to a hospital program serving 17 students that was shut-down. The students were placed in other environments.

The state attributed the decrease in the number of students in *correctional facilities* to a decline in the count reported from three youth *correctional facilities*, which together accounted for 85 percent of the decline.

The state attributed the increase in the number of students in *private schools not placed or referred by public agencies* to one large district that incorrectly reported far fewer parentally placed students in 2004. This district accounted for much of the reported increase.

Oregon does not collect data on multiple disabilities. Students and children with multiple disabilities were reported according to their primary disability.

The state's data contain information on 3-year-old, 4-year-old and 5-year-old children whose fifth birthday fell on or after Sept. 2, 2005. These children were not yet eligible for school-age services and continued to be served and were reported by the 619 program. All 5-year-olds who were age 5 by Sept. 1, 2005, were school age and were reported by the school system as being in one of the school-age education environments categories with students ages 6 through 11. Therefore, the number of children shown in the educational environments table does not match the number of children on the child count table.

The numbers the state reported for students ages 6 through 21 in all environments were discrepant with numbers reported for ages 6 through 21 child counts.

**Palau**—The territory has seen a decrease in the number of 6- through 21-year-old students receiving special education services *outside the regular class less than 21 percent of the day* and an increase in the number of students receiving special education services *outside the regular class 21 percent to 60 percent of the day*. The territory indicates that the shift in categories reflects its policy that teachers have to more strongly address the students' specific needs before the students are mainstreamed into a regular classroom.

**Pennsylvania**—The Bureau of Special Education determined that inconsistencies and incorrect use of the federal definitions of the education environments were occurring among preschool agencies. The state developed a stakeholder group to analyze the data and clarify the PennData Resource Guide to align it with the federal education environments definitions. Changes in categories reflected this effort.

**Puerto Rico**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Rhode Island**—The number of children ages 3 through 5 decreased in the *early childhood special education setting* category as school districts focused on a more inclusive setting for students with disabilities and started to report them in the *early childhood setting* category.

The state had a decrease in the number of students ages 6 through 21 reported in *homebound/hospital* settings. In 2004, the local school districts were still reporting students who had previously not had an IEP, but who had incurred an accident or illness. These students were given a temporary IEP. Starting in 2005, the new regulations took effect, and local school districts could no longer continue this practice. They had to change their policy on these students. They still had to provide services, but these students were no longer provided an IEP, and they were no longer reported on the census. This caused the numbers to decrease.

**South Carolina**—For children ages 3 through 5, the *early childhood setting* and *home* categories increased due to an increased emphasis on improving the child find process. The state also emphasized serving children in least restrictive environments, and there was a significant decrease in the number of students ages 3 through 5 being served in the *separate schools* and receiving *itinerant service outside the home* categories.

South Carolina counted students who were receiving services at *home* due to medical reasons and due to discipline issues. The state began the implementation of positive behavioral supports in the schoolwide model. The state anticipated an increase of students reported in the *home* category until the new system was completely implemented.

**South Dakota**—The state reviewed the educational environments data and verified they were accurate. The state preschool educational environment categories did not clearly align with OSEP's current data collection preschool environment categories, which may have accounted for the new data manager's interpreting the definitions differently from the previous data manager. In order to make things more accurate in the coming year, South Dakota adopted the new preschool educational environments categories into the state data system.

The state was unable to determine an exact cause for the changes in the data. It was not aware of any policies or procedural changes that would cause a change in the coding of the disabilities. State special education staff provided clear direction and training to school districts and, in recent years, did a post-audit of the child count data, which may have resulted in a more thorough review of reported data. All districts were provided a detailed 2005 child count that included the primary disability, age levels, placement category and services provided. All districts verified these counts. The South Dakota School for the Deaf closed its residential facilities. This was the only residential program closure that South Dakota had. There was no decrease in funding.

**Tennessee**—The decrease in the number of children ages 3 through 5 in the *early childhood setting* and receiving *itinerant service outside the home* categories and increase in the number of children ages 3 through 5 in the categories *early childhood special education setting*, *separate school* and *reverse mainstream setting* were attributed to the technical assistance provided by preschool consultants to LEAs regarding the appropriate categorization of service types and locations.

The increase in the number of students *outside the regular class less than 21 percent of the day* and decrease in the number of students in the categories *outside the regular class at least 21 percent of the day but no more than 60 percent of the day* and *outside the regular class for more than 60 percent of the day* along with the significant decreases in students receiving services in *public* and *private separate schools* were primarily attributed to LEA efforts to provide students with disabilities greater access to the general curriculum. The implementation of the new statewide special education student data system by 135 of the 143 reporting LEAs allowed the districts greater capacity to clearly report the provision of special services in regular education settings.

**Texas**—The state did not report race/ethnicity data for students in *private schools not placed or referred by public agencies* because it does not collect these data.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Utah**—The state launched a new data collection system to collect the educational environments data by the federal percentages. This was the sole reason for the changes in the state report. The state then collected the data as required and reported them more accurately.

The numbers the state reported for children ages 3 through 5 with speech or language impairments and developmental delay in all environments were discrepant with numbers reported for ages 3 through 5 child counts. The numbers the state reported for students ages 6 through 21 with specific learning disabilities in all environments were discrepant with numbers reported for ages 6 through 21 child counts.

**Vermont**—The number of children ages 3 through 5 reported in *separate schools* decreased 51.72 percent, from 29 to 14. This was the result of an additional data cleaning check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in *separate school* placements should have been reported in *early education setting*, *early childhood special education setting* or *part-time early childhood/part-time early childhood special education setting* categories.

The number of students ages 6 through 21 reported in *public separate schools* decreased 71.37 percent from 241 to 69. This was the result of an additional data cleaning check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in the *public separate school* category often should have been reported as being in *private separate school* placements or other environments.

The number of students ages 6 through 21 in *private separate schools* increased 24.51 percent from 408 to 508. This was the result of an additional data edit check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in the *public separate school* category often should have been reported as being in *private separate school* placements or other environments.

The number of students ages 6 through 21 in *public residential facilities* decreased. This was the result of an additional data edit check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in the *public residential facility* category often should have been reported as being in *private residential facility* placements or other environments.

The number of students ages 6 through 21 reported in *private residential facilities* decreased 10.74 percent from 149 to 133. This may have been the result of an additional data edit check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in the *private residential facility* category often should have been reported as being in *private separate school* placements or other environments.

The number of students ages 6 through 21 in *homebound/hospital* placements decreased 34.21 percent from 38 to 25. This may have been the result of an additional data edit check that was implemented to ensure that this category was properly reported. As a result of this edit check, it was discovered that some students reported in *homebound/hospital* placement often should have been reported in other environments.

The number of special education students reported in *correctional facilities* increased from 46 to 60, a 30.43 percent increase. These data were verified, and no changes in state policy or data collection methodologies were thought to be responsible for this change. Future changes in this placement category will be analyzed to understand if this is a trend.

The number of special education students receiving services in *private schools not placed by public agencies* decreased from 67 to 46, a 31.34 percent decrease. These data were verified, and no changes in state policy or data collection methodologies were thought to be responsible for this change. Future changes in this placement category will be analyzed to understand if this is a trend.

**Virgin Islands**—Virgin Islands attributed the increase in the number of students ages 6 through 21 reported in the category *outside the regular class less than 21 percent of the day* and concomitant decreases in the number of students in the categories *outside the regular class at least 21 percent of the day but no more than 60 percent of the day* and *outside regular class for more than 60 percent of the day* to district efforts to increase the total hours of education in the general education environment.

**Virginia**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Washington**—The state attributed an increase in the number of children ages 3 through 5 in *early childhood setting* and *reverse mainstream setting* categories as a result of a related target of the state's Annual Performance Report (APR) and State Performance Plan (SPP). The state saw movement to more inclusive settings as a result of state activities, including developing a rating scale to assist districts in analyzing their performance data and identifying districts in need of technical assistance, training and targeted review and/or assistance in the revision of district policies/procedures for determining appropriate placements for special education students.

The state attributed an increase in the number of students ages 6 through 21 in *public separate schools* and a decrease in the number of students in residential facilities to the fact that more students were served in the regular classroom in their resident districts or in day schools than were being placed in residential facilities.

**West Virginia**—In 2005, West Virginia discontinued the *reverse mainstream setting* optional category for children ages 3 through 5. The change was a result of changes in service delivery, including the requirement for collaborative community general education/special education programs under Policy 2525: Universal Pre-K. Reverse mainstream was no longer an accurate description of recommended service delivery. Students reported in this category prior to 2005 were reported in other categories.

The state attributed a decrease in the numbers of students ages 6 through 21 reported in the categories *outside the regular class at least 21 percent of the day but no more than 60 percent of the day* and *outside the regular class for more than 60 percent of the day* to West Virginia's focused monitoring and district self-assessment targets for increasing placement in the *outside the regular class less than 21 percent of the day* category.

**Wisconsin**—The state attributed the decrease in the number of children ages 3 through 5 reported in the *home* category to one of the largest districts in the state. In comparing the preschoolers who had been reported in this district in 2004 in the educational environments category of *home*, it was noted that only 10 children continued to be reported in that educational environments category for the 2005 school year. The majority of the children were moved to the educational environments category of *early childhood setting*.

The state attributed the decrease in the number of children ages 3 through 5 in *separate schools* to one district that closed its *separate school* for preschoolers beginning with the 2005–06 school year. There were also several districts in the state that placed preschoolers in a separate county-run school. A discretionary grant was awarded to these districts to look at alternative placements for their preschoolers. It was noted that several of these districts placed more of their preschoolers in district-run programs.

The state attributed an increase in the number of students ages 6 through 21 in *private separate schools* to districts that may have reported students incorrectly in that environments category. The state will continue to monitor these data and will continue to provide training emphasizing that students should be reported in the *private separate school* educational environments category only when the school is for students with disabilities and only when the placement is for educational purposes.

The state hypothesizes the increase in the number of students in *private schools not placed or referred by public agencies* who received special education services was due to the increased consultation between the LEA and the private school representatives as required by *IDEA* 2004. The state will continue to monitor these data in the future. The biggest increase was in the number of students receiving speech and language services.

**Wyoming**—With the exception of multiple disabilities, visual impairments, deaf-blindness and developmental delay, the numbers the state reported for children ages 3 through 5 in all environments were discrepant with numbers reported for ages 3 through 5 child counts. With the exception of deaf-blindness, the numbers the state reported for students ages 6 through 21 in all environments were discrepant with numbers reported for ages 6 through 21 child counts. The state looked critically at the accuracy of state data submitted over the last two years and discovered some mapping and definition errors in the state's internal databases. The state worked to resubmit corrected data, but because this was a complicated study and the state had a turnover in staff, this process was difficult to complete. The state was unable to submit corrected data prior to the snapshot deadline for the *29th Annual Report to*

*Congress*. The state believed that the changes in educational environments data had a great deal to do with more accurate data definitions and better follow up between the SEA and LEA. The state planned to continue to resubmit data to get better historical data recorded.

### **Tables 3-1 Through 3-3: IDEA Part B Personnel, 2004**

**Alabama**—Alabama attributed the increases in personnel to efforts to hire additional personnel to provide special education and related services for students with disabilities in response to federal mandates. The state had increases in the following categories of personnel employed:

- *Vocational education teachers,*
- *Physical education teachers,*
- *Psychologists,*
- *School social workers,*
- *Occupational workers,*
- *Counselors,*
- *Supervisors/administrators,*
- *Other professional staff and*
- *Nonprofessional staff.*

**Alaska**—The increase in the number of *fully certified special education teachers* for children ages 3 through 5 was attributed to specific statewide activities designed to increase the number of early childhood professionals. In the past two years, the state Department of Education and Early Development worked with the University of Alaska to create and promote the university's master's degree in early childhood special education program. The state also helped to fund this education program. Recently, the first cohort of students completed their degrees. As more of these graduates are placed in Alaska's schools, the state expected to report more *fully certified special education teachers* for children ages 3 through 5. In addition, the teacher certification unit within the Alaska Department of Education and Early Development instituted the *special education teacher* waiver program to encourage more teachers to complete special education training necessary to achieve full certification. These waivers give regular education teachers temporary waivers to teach special education while they complete the special education certification requirements. The waivers were instituted in the 2003–04 school year. Many of the teachers who were on a waiver for 2003–04 completed their special education training in 2004 and added the endorsement to their regular certificate. For the 2005–06 school year, those teachers will be fully certified for teaching special education.

Due to changes in Alaska's data collection system in 2004, Alaska was able to report the number of FTE *vocational education teachers, work-study coordinators, teacher aides* and *counselors*. In 2002 and 2003, this information was not reported because it was not included in the state's data collection system. Prior to 2002, this information was reported by Alaska Teacher Placement (ATP) at the University of Alaska-Fairbanks. However, the contract with ATP was not renewed for the 2002–03 school year. At that time, the Alaska Department of Education and Early Development began modifying its staffing data collection system to include these personnel categories. Alaska does not certify *teacher aides*; therefore, *teacher aides* were all reported as fully certified.

Alaska explained specific changes in its data as follows:

- The overall increase in the number of *special education teachers* for students ages 3 through 5 was attributed to the nearly 30 percent increase in the number of preschool students enrolled in special education. As a result of this increased enrollment, more *special education teachers* were required.
- The decrease in the number of *noncertified special education teachers* for students ages 6 through 21 was also attributed to the University of Alaska graduating an increased number of students with a master's in early childhood special education. As these graduates were placed in Alaska schools, fewer emergency waivers were required to meet the special education teacher needs in the state. To receive a waiver, the teachers must:
  - Hold full certification for teaching;
  - Have completed nine semester hours of special education coursework;
  - Be enrolled in a special education program that they can complete within three years; and
  - Submit a letter from the district indicating that the district has advertised for a *certified special education teacher* to fill a vacancy and was unable to find a candidate and, therefore, will hire this regular education teacher to fill the special education position if a waiver is granted.
- An overall increase in the number of special education related services staff and the number of fully certified staff was attributed to the modifications to the data collection, mentioned above, that allow Alaska to report *teacher aides*. *Teacher aides* added a significant number of FTEs that were not included in Alaska's personnel data for 2002–04.
- An overall increase in *teacher aides*, and the increase in the number of *fully certified teacher aides* was also the result of the modifications to the data collection system. 2004 was the first year Alaska was able to report special education *teacher aide* FTEs.

**American Samoa**—American Samoa hired and recruited teachers who graduated from its local community college with an associate of arts or associate of science degree. American Samoa hired some personnel as *teacher aides* with a minimum of a high school diploma or some kind of teaching certificate. Therefore, the number of *not fully certified special education teachers* for students ages 6 through 21 increased.

The decrease in the total number of not fully certified staff was a reflection of personnel upgrades in qualifications. Some *diagnostic and evaluation staff* who were not fully certified in 2003 were certified. Additional *other professional staff* accomplished certifications based on their role and were considered fully certified in their field.

**Arizona**—The state student population increased as did the number of LEAs. This overall increase resulted in an increased need for and subsequent number of *special education teachers*.

*Teacher aides, physical therapists and occupational therapists* did not have state certification requirements. Thus, they were all reported as fully certified.

Because LEA training efforts continued, the state believed its data continued to improve in accuracy. Every year, the state offers workshops on the Web-based application that is used to collect much of the data required by OSEP under *IDEA*. This workshop covers the federal definitions from the data dictionary used in the various data collections, all of the instructions/business rules associated with the various data

collections and a complete walk-through of the online Web-based application used to collect the required data. Workshop participants include LEA staff—special education secretaries and/or administrative assistants, special education directors, Student Accountability Information System (SAIS) coordinators, *special education teachers, psychologists, etc.*

**Arkansas**—Arkansas saw an increase in the number of *school social workers, counselors, other professional staff* and *nonprofessional staff* in the 2004 school year. The growth in *social workers, counselors* and *other professional staff* was due in part to the growing school-based mental health initiative across the state. In addition, *nonprofessional staff* increased due to the growing need for support staff in special education at school districts and educational cooperatives.

Arkansas had a shortage of *special education teachers*. The increase in the number of teachers not fully licensed in special education reflected the number of regular education teachers who were pursuing an additional licensure endorsement in special education. The increase in not fully licensed *supervisors/administrators* appeared to be due largely to increased retirements of such professionals, which was anticipated to continue over the next several years, and more individuals being on additional licensure paths to get administrative credentials added to existing teacher licenses. The increase in *other professional staff* may have been linked in part to the growing school-based mental health initiative, as well as other district-level programs designed to increase student learning.

The overall growth of special education personnel reflected the growing changes within the state. With mental health services becoming more important, the need for *social workers, counselors* and *other professional staff* increased. The shortage of fully licensed *special education teachers* left many districts and programs relying on teachers who were on additional licensure plans pursuing their special education credentials to fill the gaps. In addition, schools were providing more support services that used additional support staff.

Because speech is not considered a related service in Arkansas, the state reported all personnel providing speech services as *special education teachers* for students ages 3- to 5-years-old. It did not report these personnel as related services personnel.

To be considered a certified *teacher aide* for special education, *teacher aides* must complete the special education three-module core training. Most of the *noncertified teacher aides* were in the Department of Human Services (DHS), Division of Developmental Disability program centers. Recently, the Arkansas Department of Education began working with DHS to provide the three-module core training to all special education *teacher aides*. As a result of these training sessions, the state reported an increase in the number of *fully certified teacher aides*.

**Bureau of Indian Affairs**—The BIA had a significant increase in the number of *fully certified special education teachers* for students ages 6 through 21 and *teacher aides* coupled with a decrease in not *fully certified other professional staff*.

The BIA also had an increase in the total number of employed *special education teachers* for students ages 6 through 21. This was a change BIA schools had been trying to make to meet the needs of students with disabilities. The BIA contracted with institutions of higher education across the country to help with professional development to address needs in the area of special education. Some universities focused on paraprofessional training or providing supplemental training for teachers; others focused on degree-related programs. School personnel also applied for financial support to achieve appropriate degrees in special education.



The BIA had difficulty with sufficient certified staff for special education for many years. One solution was to provide paraprofessionals to work under the supervision of certified staff. There also was a tendency for staff to not clearly understand when students might need one-on-one paraprofessional support. A significant recruiting effort was made to replace paraprofessionals with certified staff. Technical assistance also was provided to schools to help staff better understand when a student needed one-on-one assistance and when this was not a real student need.

The BIA also had a decrease in the number of *other professional staff*. In the past years, there was an effort to better define, across states, each listed professional category. It was believed that more professional positions were specifically identified rather than being placed in the generic *other* category. This is an ongoing task.

**California**—California noted a review of local data indicated that the differences were based on accurate reporting, and they were normal data variations. The change in data was due to improvements in the data system of one of the largest school districts in the state.

The state noted the increase in the number of *fully certified work-study coordinators, school social workers, interpreters* and *nonprofessional staff* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the decrease in the number of *fully certified diagnostic and evaluation staff* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the decrease in the number of *not fully certified nonprofessional staff, other professional staff, supervisors/administrators, speech pathologists, teacher aides, psychologists* and *special education teachers* for students ages 6 through 21 was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the increase in the number of *not fully certified audiologists* and *interpreters* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

**Colorado**—Teacher FTE was reported according to caseload.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Connecticut**—2004 was the 13th year that the Connecticut State Department of Education collected personnel data electronically. The numbers reported were the sum of the FTEs for all special education teaching assignments.

Connecticut's personnel data are collected by grade level rather than by the age of children served. The state's count of *special education teachers* for ages 3 through 5 included teachers who worked in prekindergarten and kindergarten. *Special education teachers* for ages 6 through 21 included teachers who worked in grades 1 through 12.

In school year 2004–05, Connecticut collapsed several specialization areas into more general groupings: Special Education Pre-Kindergarten, Special Education Kindergarten and Special Education Grades 1-12 classification. The former areas included: learning disabilities, socially and emotionally maladjusted,

mentally intellectually disabled, physically and orthopedically, other disabled, autism and general education resource room.

The state reported that, because it was unable to distinguish *physical education* and *vocational education teachers* who served special education students from those who served regular education students, the state did not include these staff in its personnel data.

The state-reported data for the *psychologists* and *school social workers* categories included staff who served both regular education and special education students.

**Delaware**—The state attributed the decrease in the number of *special education teachers* and the increases in the number of *audiologists* and speech and language pathologists to the state's decision to change how it reported speech/language staff. Beginning in 2004–05, the state reported speech/language staff according to service provided instead of as *special education teachers*. Districts began recoding the *speech pathologists* in 2003–04, but all were not recoded until 2004–05. At that point, the state began reporting them to OSEP separately from teachers.

The state reported it improved the personnel categories used by the Delaware personnel data system. The revised categories allow more accurate reporting of paraprofessional staff. Previously, the state could not report *audiologists*. The state reported the new categories in 2004–05.

**District of Columbia**—The District of Columbia did not include contracted personnel on its 2004 personnel report. No *physical therapists* were reported because the District did not directly employ any *physical therapists*; it contracted with personnel to provide these services.

The District of Columbia provides bus transportation to special education students and students receiving services under Section 504. It does not provide bus transportation to other students. Bus drivers and bus attendants were included in the count of *nonprofessional staff*.

Directors and supervisors in the central office of the District of Columbia public schools were reported as *SEA supervisors/administrators*. Principals and supervisors at the school level were reported as *LEA supervisors/administrators*.

**Florida**—The significant increase in *nonprofessional staff* and *interpreters* may have resulted from an increase in the number of students with disabilities being supported in regular education settings.

The decrease in the number of *not fully certified special education teachers* may have resulted from increased efforts in Florida to recruit and retain qualified teachers, including *special education teachers*. There was a similar increase in the number of *fully certified special education teachers*.

**Georgia**—The state attributed an increase in the number of personnel reported to inclusion of staff from three state schools and the Department of Juvenile Justice (DJJ). Teachers and related-service providers from the three state schools and the DJJ were not reported as part of Georgia's Comprehensive Personnel Inventory (CPI) and, as a result of this practice, previously were not included in the personnel data. However, students from these entities were reported in the child count. State school and DJJ personnel data were collected and reported for the first time in 2004–05. The state believed this more accurately represented the actual number of personnel serving students with disabilities in Georgia.

**Hawaii**—There may be a different person completing the personnel data every year, and as a result, it is difficult to get consistency in reporting. For example, a position title may vary from district to district and may not match the exact position title in the personnel table. Therefore, the decision of whether to count a

person with a similar title on the personnel table is made by the person completing the report. OSEP data training sessions with district personnel improved data gathering for the personnel data collection. The state had the following changes in the data:

- An increase in the number of *psychologists, teacher aides, diagnostic and evaluation staff* and *other professional staff*;
- A decrease in the number of *school social workers*; and
- An increase in the total number of staff employed.

**Idaho**—The state attributed a decrease in the number of *fully certified school social workers* to budget constraints in larger school districts. Larger school districts were the most likely to hire *social workers* in the state.

The state was unable to determine the reason for the increase in the number of *speech pathologists* and *not fully certified special education teachers* for students ages 6 through 21. The state believed the changes were possibly due to changes in data collection and reporting systems.

The state attributed the increase in the number of *special education teachers* for students ages 3 through 5 to the move from early childhood certificate to early childhood blended certificate for the developmental age group. Financial scholarships were available for those interested in seeking early childhood blended certificates for the developmental age group.

**Illinois**—Illinois did not collect personnel data by ages served. As a result, the state was only able to provide a separate count of teachers serving 3- through 5-year-olds when services were provided in an early childhood or preschool setting. All other personnel who may have served students ages 3 through 5 were reported as serving 6- through 21-year-old students. As a result, the number of teachers for children ages 3 through 5 was an undercount, and the number of teachers for students ages 6 through 21 was an overcount.

Illinois' personnel data did not include personnel employed by private agencies or staff serving in nonpublic schools. In addition, Illinois' personnel data did not include the 3,225 personnel providing special education services in a *home* or *hospital* environment. As a result of these omissions, Illinois's related services personnel data were also an undercount.

**Indiana**—The increase in the number of *teacher aides, physical therapists* and *interpreters* was a result of the need for additional personnel providing these services. The decrease in *social workers* and *counselors* reflected budget cutbacks at the local school level.

The increases in the number of not fully certified teachers reflected the ongoing difficulty of having a sufficient supply of fully licensed *special education teachers*. This increase represented personnel working under an "emergency permit."

**Iowa**—The state attributed an increase in the number of not fully certified staff to a change in the definition of not fully certified. In 2002, Iowa estimated the number of personnel not fully certified based on data about temporary endorsements. In 2003, a decision was made that all personnel were fully certified. The decision was reversed in 2004 because of interpretations of the meaning of highly qualified teachers in *No Child Left Behind (NCLB)*. The reversal resulted in the same procedures that were used in 2002 being used in 2004. The change resulted in an increase in the number of *special education teachers, psychologists* and *other professional staff* from 2003 to 2004.

The state attributed a decrease in the number of *audiologists* and *interpreters* to a decrease from 2003 to 2004 in the number of students ages 3 through 21 with hearing impairments. *Audiologists* decreased by 19 percent, and *interpreters* decreased by 17 percent. The number of children ages 3 through 5 with hearing impairments decreased by 7 percent, and the number of students ages 6 through 21 with hearing impairments decreased by 5 percent.

The state attributed an increase in the number of *special education teachers* for children ages 3 through 5 to an increase in the number of children ages 3 through 5 with IEPs.

**Kentucky**—The state noted that it was difficult to explain some of the changes in data as districts changed directors, and criteria and reporting of data varied. For instance, the number of *fully certified vocational education teachers* increased by nearly 15 FTE in 2004, and the number of *not fully certified vocational education teachers* decreased by just over 12 FTE. However, the overall total of *vocational education teachers* changed only by 2.23 teachers.

The number of *fully certified counselors* decreased because of an emphasis placed on reporting only the percentage of counselors' time spent providing special education and related services to students.

The number of *special education teachers* for children ages 3 through 5 decreased. The state noted there were problems with this category in determining when to count or not to count a teacher as a preschool *special education teacher*. The definition or instructions provided in the federal data tables made it hard to determine in many cases whether these teachers were to be reported, and if they were to be reported, the appropriate percentage of time to report. The state had difficulty trying to determine if a *special education teacher* for children ages 3 through 5 was hired specifically for special education because of the blended nature of the preschool programs offered by local districts. One year a teacher may be reported and the next year not, then the following year reported again. Until such time that the definition can be clarified, there is too much potential for varying interpretations to have a consistent standard applied in all districts from year to year. The specific direction that is problematic says not to include regular preschool teachers who work with students with disabilities. Kentucky operates a blended program that often will have at-risk students and special education students. Sometimes the preschool teachers work exclusively with students with disabilities; sometimes they do not. This makes it difficult to get an accurate and consistent feel for these data from one year to the next.

The decrease in *not fully certified special education teachers* for children ages 3 through 5 was a result of initiatives that have been ongoing in Kentucky to increase the number of certified teachers in all areas. For special education, Kentucky funds a traineeship program that offers tuition incentives. The program allows teachers to become special education certified. Not only did the 2003–2004 numbers decrease for *not fully certified special education teachers*, but there was a similar drop for 2004–05.

There was an increase in the number of *fully certified teacher aides* in the state. *Teacher aides* do not require certification, and often a district will report *teacher aides* as not fully certified. This was not caught in the reporting of these data to OSEP. The state was not able to correct the data for the deadline of the *29th Annual Report to Congress*.

The state noted the number of *interpreters* employed was more a result of availability and need versus any specific reason for changes in the total from one year to the next. There is a program in Kentucky for certification for *interpreters*, but it was hard to explain why there was an increase of 10 *interpreters* across the state. One reason could be that the *interpreter* licensure law went into effect in 2003. The numbers easily could have jumped around as people became accustomed to the new requirements. Many people dropped out of the field as a result of increased standards. However, many people became

*interpreters* to meet the even greater demand in the LEAs. Job descriptions in the LEAs also have changed in response to the law, with a subsequent transfer of personnel from one category to another.

Kentucky attributed the decrease in the number of *not fully certified special education teachers* for students ages 6 through 21 to a statewide emphasis on improved teacher performance and highly qualified teachers. Districts were placing more emphasis on employing teachers with appropriate certification.

The state attributed the decrease in the number of *counselors* reported to the fact that districts used *psychologists* and other trained evaluators instead of *counselors* to meet the growing demand for evaluations. This explanation was based on discussions with district personnel, not quantifiable data. However, the increase in the reported number of *psychologists* and the number of *diagnostic and evaluation staff* FTEs was similar to the decrease in the number of *counselor* FTEs reported.

**Louisiana**—The state attributed a decrease in the reported number of *employed, not fully certified, special education teachers* and *other professional staff* to a statewide effort to hire more fully certified personnel. Additionally, the state reported an increase in the number of teacher certification programs available. The certification programs were offered in conjunction with local universities. Louisiana was attempting to improve the overall education environment. The teachers who worked in the state had to meet the state certification criteria. Some teachers were meeting the national certification standards as personnel goals, which attributed to the statewide increase.

**Maine**—Maine attributed changes in personnel to *IDEA 2004* revisions and additional requirements under *NCLB* that caused LEA changes. The movement to get students with reading-only problems out of special education and Response to Intervention (RTI) activities resulted in the first decline in special education enrollment since 1991. The decline included a decrease of 669 students identified as having specific learning disabilities. Maine also saw declines in other categories of exceptionality: mental retardation, emotional disabilities and developmental delay. The decline in *special education teachers* for students 3 through 5 years old was attributed to the decline in students 3 through 5 years old, since most of these students were identified as having developmental delay. The decline in teachers for students 6 to 21 years old was due to a decline in the four categories of students with disabilities.

The decline in students and teachers also affected the number of educational technicians, and this number was declining. It resulted in declines in *not fully certified occupational therapists, physical therapists* and *diagnostic staff*. The real effect was on teachers and educational technicians. The number of *not fully certified teachers* and *teacher aides* will continue so long as Maine issues provisional certificates. The number of *occupational therapists, physical therapists* and *diagnostic and evaluation staff* may have been due to some confusion about what categories were affected by *NCLB*'s highly qualified staff provision; a number of these personnel were contracted personnel.

Additionally, the Department of Education in Maine had a new funding formula, established in 2005, that limited the amount of special education funding to 15 percent of special education students in the student body overall, with reduced levels of funding to those LEAs that exceeded the 15 percent. The funding formula may have forced units to re-examine the special education populations and their delivery system. It was too early to determine what impact this formula had on special education enrollment and special education staff. Maine will continue to monitor special education for any impact of the funding formula. The state reported *speech pathologists* and other personnel who provided services to students ages 5 through 20 with speech or language impairments as *special education teachers* for ages 6 through 21. *Speech pathologists* who served children ages 3 and 4 were reported as *speech pathologists* in the related-services personnel count.

**Maryland**—Maryland attributed changes in personnel data to several factors:

- Maryland attributed changes from year to year in personnel data to fluctuations in student enrollment that affected the personnel required to provide services.
- All LEAs submitted personnel data in 2003; however, one large LEA did not submit complete personnel data in 2004. The omission caused several personnel categories to appear significantly lower, so the data were not a comprehensive representation of the state. Maryland continued to work with the LEA to obtain accurate 2004 personnel data and revised the 2004 personnel submission to OSEP to reflect the additional data after the snapshot deadline for the *29th Annual Report to Congress*.
- To further facilitate consistency in reporting, in the future, Maryland will provide LEAs with the OSEP Data Dictionary and the OSEP General Instructions for completing personnel data forms.

**Massachusetts**—In 2004, the staff/personnel data collection was modified. Mild and moderate categories were combined into one moderate category. The exclusionary categories for each were re-named to refer to *special education teachers* who were the sole content instructors in the core academic areas. This instruction could have been provided in a variety of settings but likely was in resource rooms or self-contained classrooms. These educators had to meet the highly qualified standard in the core academic area in which they were the sole instructor and had to be fully licensed by the Massachusetts Department of Education. The inclusionary categories were re-named as supportive content instructors. These teachers provided supportive content instruction to students in various settings. These services were provided in a regular education classroom, resource room or self-contained setting. The students receiving services from these educators also received direct content instruction in core academic areas from a teacher who met the highly qualified teacher requirements; therefore, these educators were not required to meet the highly qualified standard. However, they had to be fully licensed by the Massachusetts Department of Education.

As a result of the change to the data categories, there were some adjustments to the data. Although there were clear instructions on how to cross-walk the 2003 data into the 2004 categories, the state believed some of the moderate data were misreported. The increase from 2003 to 2004 in the moderate disabilities supportive content instructors data was similar to the decrease from 2003 to 2004 in the moderate disabilities sole content instructor in core academic areas category. For this reason, the state believed it was possible that districts used the opposite moderate category for approximately 3,500 teachers. The state did not plan to resubmit the data. The severe disabilities supportive content instructors category increased by 369 teachers from 2003 to 2004.

The state attributed the increase in the vision category to an additional vision category on the data collection tool in 2004. The increase in data for this category may have been a result of double counting by districts, although they were instructed to count teachers only once.

Explanations of year-to-year changes in the data are found below. The majority of the changes in the data were most likely corrections by districts from one year to the next. In some categories, districts either reported staff in categories for 2005 that they did not report in 2004 or corrected overreporting of staff from 2004.

- The state attributed the increase in *fully certified vocational education teachers* to one district within the state that did not report any educators in this category in 2004 and had a significant increase in 2005. The state attributed the increase in *fully certified physical education teachers, psychologists, school social workers and counselors* to select districts either

increasing their numbers between 2004 and 2005 or reporting educators in these categories in 2005 when they did not report any in 2004. The state did not plan to resubmit the data.

- The state was unable to explain the decrease in the number of *fully certified other professional staff*.
- The state attributed an increase in the number of *speech pathologists* and *not fully certified special education teachers* for students ages 6 through 21 to an overall trend in the categories.
- The state attributed the increase in the number of *not fully certified nonprofessional staff* to an increase in one large district within the state and increases in special education administrative aides and administrative clerks/secretaries.
- The state attributed the decrease in the number of *not fully certified supervisors/administrators* and *other professional staff* to a significant drop in staff in one of the state's largest districts from 2004 to 2005. The 2004 data seemed to be more accurate and reliable, given what was reported in previous years. The state did not plan to resubmit the data.

**Michigan**—The state had a decrease in the number of *fully certified special education teachers* for children ages 3 through 5, *work-study coordinators*, *interpreters* and *other professional staff*. Requiring public reporting of data pertaining to special education resulted in improved data quality. In addition, improvements in the definitions of special education personnel produced more valid data. The state noted that, beginning in 2006, Michigan will be capturing these data in the Registry of Educational Personnel (REP), maintained by the Center for Educational Performance and Information (CEPI). The REP not only has improved definitions of *special education teachers*, coordinators, etc., but also includes data on the primary age group served by special education personnel, thus further improving the quality of the data being gathered and reported. Therefore, the state anticipated more significant changes with respect to data quality in the upcoming years.

The state attributed an increase in the number of *fully certified supervisors/administrators* to more accurate data recording and reporting practices used by schools throughout Michigan.

An increase in *not fully certified special education teachers* for students ages 6 through 21, *psychologists*, *school social workers*, *occupational therapists*, *physical therapists*, *speech pathologists*, *interpreters* and total not fully certified staff was attributed to job turnover of these professionals. Over the last several years, Michigan experienced a significant decline in the number of *fully certified supervisors and administrators*, necessitating the hiring of professionals without full certification. *Supervisors and administrators* with only partial certification were filling this void, while at the same time working toward full certification through a department approval process.

The state noted there was an overall decrease in *special education teachers* for students ages 3 through 5, *work-study coordinators* and *other professional staff* and an overall increase in the number of *physical therapists*, *supervisors/administrators* and *nonprofessional staff*. Improvements in the definitions of special education personnel enabled the state to improve the quality of data on special education staff, thus improving the validity of the data.

**Minnesota**—Minnesota attributed the increase in the number of *work-study coordinators* and the decrease in the number of *vocational education teachers* between 2003 and 2004 to confusion by the state about which staff met the definition of work study teacher and which staff were career and technical education teachers. The state made concerted efforts to clarify the issue with special education, career and technical education and licensure staff in the Minnesota Department of Education. It believed that the problem was corrected, and the data will be reported correctly in the 2005 data collection.

Minnesota does not collect data for *recreation and therapeutic recreation specialists* or *rehabilitation counselors*.

**Mississippi**—In 2004–05, Mississippi state legislators did not fund the state add-on programs (special education programs, vocational programs, gifted programs, transportation and alternative education programs) as part of the state’s previous funding practices. As a result, the districts were not required to submit personnel data for funding. The state believed the personnel data were underreported. The state reported that when districts do not receive any funding for the add-on programs, they tend to not review their data. The districts will enter the data, but they generally will not update them as well as they do in a funding year. In 2005–06, legislators did fund teacher units so districts paid more attention to their personnel data entries. However, in 2005–06 many of the districts in the southern part of the state and on the coast lost teachers after Hurricane Katrina; as a result, the state expected the numbers to be lower.

The state’s Office of Special Education will continue to work with districts to try to ensure that they enter their data, but it has no control over the legislators or state law. The state’s Office of Special Education planned over the summer to do some intensive regional training concerning personnel and teacher units.

**Missouri**—The increase in the number of FTE *work study coordinators* was the result of a change in reporting practices. The increase was due to the fact that the data were reported according to the time teachers spent coordinating work study programs, rather than the case management time of the coordinators.

The state attributed the increase in *psychologists* and decrease in *diagnostic and evaluation staff* to a change in reporting by one very large school district. Staff prior to 2004–05 reported by that district as school psychological examiners were reported as *psychologists* in 2004–05.

**Montana**—Montana reported that *special education teachers* frequently teach across all age levels. The state reported the breakout by age group for 3- through 5-year-olds and 6- through 21-year-olds was a proportionate breakout based on the number of special education students from the child count in each age group.

**Nebraska**—Historical data show that the number of *fully certified* and total *special education teachers* for children ages 3 through 5 was consistently between 250 to 280 each year. In 2003, there was an aberrant decrease. The 2004 data were consistent with Nebraska’s historical data.

In 2003, the number of *fully certified occupational therapists* and *physical therapists* holding a license from Health and Human Services was erroneously omitted from the count of fully certified personnel. As a result, the number reported in 2004 showed a substantial increase. The state was unable to correct the error before the *29th Annual Report to Congress* data submission deadline.

The decrease in *fully certified* and total *teacher aides* was unexpected, and Nebraska reviewed the data to determine the relevant factors causing the decrease.

There was a decrease in the number of *not fully certified occupational therapists, physical therapists* and *speech-language pathologists* who were licensed by the Health and Human Services System. In 2003, these staff positions were erroneously counted as not fully certified. However, they did meet full state licensure.

**New Hampshire**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.



**New Jersey**—The state attributed the increase in the number of *fully certified vocational education teachers, work-study coordinators* and *nonprofessional staff* to *NCLB* and statewide policy changes. Current teachers were becoming certified across an array of fields and areas. The increase in these areas may have been a demonstration of this trend.

The state attributed a decrease in the number of *recreation specialists* to an increased district reliance on subcontractors.

The state attributed an increase in the percentage of *not fully certified other professional staff* to using the category as a catch-all area. The category fluctuates considerably from year to year.

**New Mexico**—The state attributed the increase in the number of *fully certified social workers* to:

- Increased need for social work services being determined at the IEP level and
- The use of social work services rather than more expensive psychological services.

The state attributed the decrease in the number of *fully certified physical therapists* to a district salary structure that was not able to compete with private-sector salaries.

The state attributed the decrease in the number of *fully certified other professional staff* (defined as a staff member who performs assignments requiring a high degree of knowledge and skills usually acquired through at least a baccalaureate degree, but not necessarily requiring skills in the field of education) to decreased funding due to declining student enrollment, resulting in elimination of positions.

The state attributed the decrease in the number of *not fully certified special education teachers* for students ages 6 through 21 to:

- Teachers not meeting state certification or licensure requirements, such as highly qualified at the secondary level;
- Teachers opting to retire earlier than anticipated rather than meet highly qualified requirements;
- Paperwork load required of *special education teachers*;
- Stress related to the occupation; and
- Transfer to regular education.

The state had an increase in the number of *not fully certified speech pathologists*. Speech therapists with a master's degree participating in their Clinical Fellowship Year (CFY) under the supervision of a master's degree *speech pathologist* with a Certificate of Clinical Competence are provisionally licensed by the American Speech-Hearing Association. These therapists are funded by a caseload of students at the district level. However, the New Mexico Public Education Department Licensure Bureau does not recognize these individuals as fully certified; therefore, they were reported as not fully certified.

**New York**—The increase in the number of *fully certified special education teachers* for children ages 3 through 5 occurred because the state's certification structure was revised effective February 2004. There were significant changes in reporting categories.

The increase in the number of *fully certified vocational education teachers* was due to one district reporting inaccurate data. Its data were subsequently been revised; however, the data were not submitted in time for the *29th Annual Report to Congress*.

The decrease in the number of *fully certified recreation specialists* and *diagnostic and evaluation staff* occurred because the state stopped collecting data for these titles and instructed all programs to report such staff under *other professional staff*. The change also caused an increase in the number of *fully certified other professional staff* reported.

The increase in the number of *fully certified counselors* was attributed to state instructions that changed regarding how to count guidance counselors. Fifty-one districts accounted for most of the difference.

The increase in the number of *fully certified speech pathologists* was due to one district underreporting in 2003. It subsequently revised its data; however, the data were not submitted in time for the *29th Annual Report to Congress*.

The state revised its form and directions for collecting not fully certified staff data. This led to the significant decrease in the number of *not fully certified other professional staff* and all staff. The forms and directions were revised again for 2005, which may have resulted in an increase in staff reported in this category.

The increase in the total number of *vocational education teachers* was due to one district reporting inaccurate data. Its data were subsequently revised; however, the data were not submitted in time for the *29th Annual Report to Congress*.

The decrease in the total number of *recreation specialists* and *diagnostic and evaluation staff* occurred because the state stopped collecting data for these titles and instructed all programs to report such staff under *other professional staff*. The change also caused an increase in the total number of *other professional staff* reported.

The increase in the total number of *counselors* was attributed to state instructions that changed regarding how to count guidance *counselors*. Fifty-one districts accounted for most of the difference.

The increase in the total number of *speech pathologists* was due to one district underreporting in 2003. It subsequently revised its data; however, the data were not submitted in time for the *29th Annual Report to Congress*.

The state explained that it reported the following state teacher categories as *special education teachers* for children ages 3 through 5:

- Preschool teacher of special education;
- Teacher of students with disabilities (birth-grade 2);
- Preschool teacher of special education-bilingual;
- Teacher of students with disabilities (birth-grade 2)-bilingual;
- Teacher of English as a second language;
- Teacher of English to speakers of other languages (all grades);
- Teacher of the speech and hearing handicapped-certified only;

- Teacher of speech and language disabilities (all grades)-certified only;
- Teacher of the speech and hearing handicapped-bilingual-certified only;
- Teacher of speech and language disabilities (all grades)-bilingual-certified only;
- Teacher of the deaf and hearing impaired;
- Teacher of the deaf and hard of hearing (all grades);
- Teacher of the deaf and hearing impaired-bilingual;
- Teacher of the deaf and hard of hearing (all grades)-bilingual;
- Teacher of the blind and partially sighted;
- Teacher of the blind and visually impaired (all grades);
- Teacher of the blind and partially sighted-bilingual;
- Teacher of the blind and visually impaired (all grades)-bilingual.

The state also explained that it reports the following state teacher categories as *special education teachers* for children ages 6 through 21:

- Teacher of students with disabilities (birth-grade 2);
- Teacher of students with disabilities (birth-grade 2)-bilingual;
- Teacher of special education;
- Teacher of special education-bilingual;
- Teacher of students with disabilities (grades 1-6);
- Teacher of students with disabilities (grades 1-6)-bilingual;
- Teacher of students with disabilities (grades 5-9);
- Teacher of students with disabilities (grades 5-9)-bilingual;
- Teacher of students with disabilities (grades 7-12);
- Teacher of students with disabilities (grades 7-12)-bilingual;
- Teacher of English as a second language;
- Teacher of English to speakers of other languages (all grades);
- Teacher of the speech and hearing handicapped-certified only;
- Teacher of speech and language disabilities (all grades)-certified only;
- Teacher of the speech and hearing handicapped-bilingual-certified only;
- Teacher of speech and language disabilities (all grades)-bilingual-certified only;
- Teacher of the deaf and hearing impaired;
- Teacher of the deaf and hard of hearing (all grades);
- Teacher of the deaf and hearing impaired-bilingual;
- Teacher of the deaf and hard of hearing (all grades)-bilingual;

- Teacher of the blind and partially sighted;
- Teacher of the blind and visually impaired (all grades);
- Teacher of the blind and partially sighted-bilingual;
- Teacher of the blind and visually impaired (all grades)-bilingual.

When reporting *special education teachers* by staff classification, the state combined the following titles and reported them to OSEP as personnel for 6- through 21-year-olds:

- Teacher of students with disabilities (birth-grade 2);
- Teacher of students with disabilities (grades 1-6);
- Teacher of students with disabilities (grades 5-9);
- Teacher of students with disabilities (grades 7-12).

The count of personnel for 6- through 21-year-olds also includes the same titles as above that have the “bilingual” extension.

The reported number of counselors included the following state titles:

- Guidance counselor; and
- Guidance counselor-bilingual.

The count of *other professional staff* included the following state titles:

- Teacher assistant;
- Teacher assistant-bilingual;
- Physical therapist assistant;
- Occupational therapist assistant;
- Orientation and mobility instructor;
- Orientation and mobility instructor-bilingual;
- Registered nurse;
- Registered nurse-bilingual;
- Licensed practical nurse;
- Licensed practical nurse-bilingual; and
- *Other professional staff.*

The state reported that it no longer included the following state titles in the data it reported to OSEP:

- Recreation and therapeutic recreation specialists;
- Diagnostic and evaluation staff;
- Physical therapist assistant-bilingual; and

- Occupational therapist assistant-bilingual.

The number of *nonprofessional staff* reported to OSEP included the state title *nonprofessional staff*.

**North Carolina**—There was a significant decrease in the number of *special education teachers* for students ages 6 through 21. North Carolina changed the special education licensure process to align with *NCLB* requirements. The new special education license was changed to include indicators of ability to teach reading and elementary math. The increase in the number of *teacher aides* could also be attributed to the *NCLB* requirements. The number of related-services personnel may have increased due to vacant positions being filled across North Carolina.

**North Dakota**—*Teachers' aides* reported as *not fully certified* included new hires. New hires have up to one calendar year to complete the 20 hours of training required by North Dakota's Administrative Rule 67-11-14 to meet the certification requirements for special education paraprofessionals. Many of the training courses for paraprofessionals are not available to new hires until after the certification data are reported to OSEP.

**Northern Marianas**—The increase in the number of *teacher aides* was due primarily to increased need.

The total number of fully certified personnel increased due to need and better identification of children and students with special needs.

**Oklahoma**—The state reported a substantial decline in the number of *special education teachers* employed to serve children ages 3 through 5 with disabilities. However, the state believed the decline was the result of past reporting errors and did not reflect an actual change in personnel employed. In 2003, the state reported 885 teachers. In 2004, the state reported only 398 teachers in this age group. The state believed that the count for 2004 was accurate and reflected the proportion of teachers' time spent serving preschool children with disabilities. In the past, the state believed that districts incorrectly reported the number of teachers serving the students rather than the number of FTEs. That is, it believed the reported numbers were inflated. In addition, Oklahoma implemented a new Web-based data system for 2004–05. This new system included edits that flag unusually high or low numbers. The state contacted districts with unusual numbers and asked them to verify the count and hand checked each district's data for accuracy.

**Oregon**—Only those *special education teachers* who taught children ages 3 and 4 and some 5-year-olds with disabilities were included in Oregon's count of *special education teachers* for students ages 3 through 5. In Oregon, children who have reached age 5 as of Sept. 1 are considered school age. *Special education teachers* of children who reached their fifth birthday and were in school were reported as *special education teachers* of students ages 6 through 21. Oregon has a seamless system of early intervention and early childhood special education. School districts are not involved with preschool students until students attend (or begin transition into) school. Many 5-year-olds are school age (and in kindergarten) as of the Dec. 1 census. Therefore, teachers who teach school-age 5-year-olds were included in the school-age portion of the Part B personnel census, and special education staff for 5-year-olds not in school as of Dec. 1 (plus all 3- and 4-year-olds) were included in the preschool (619) personnel counts.

An endorsement area is a state licensure qualifying a teacher to teach in a specific area. The state-reported special education endorsement area was the newest endorsement area and was increasing relative to the older endorsement areas of handicapped learner and severely handicapped learner. This trend should continue. Newly licensed teachers were granted the special education endorsement area. Other endorsement areas were no longer being issued (though many current teachers still had these endorsements on their licenses). Therefore, if there are no changes, over time, there will be attrition of the

older categories and an increasing number of newer teachers with the more general special education endorsement area.

Oregon was redesigning its personnel collection and planned to have the new collection in place for the 2006–07 school year. This new system will be a staff-level system (i.e., not aggregate) for the collection of personnel data from all teachers, service provider personnel, administrators, etc. This redesign came about, in part, from an effort to address inconsistencies in the *IDEA* aggregate personnel collection that existed through 2005–06. The inconsistencies resulted in:

- An increase in the number of *fully certified vocational education teachers, other professional staff and nonprofessional staff*;
- A decrease in the number of *fully certified interpreters*;
- An increase in the number of *not fully certified special education teachers* for students ages 6 through 21 and *interpreters*; and
- An increase in the total number of *vocational education teachers, interpreters, other professional staff and nonprofessional staff*.

**Pennsylvania**—The state attributed the increase in the number of *fully certified vocational education teachers* to greater emphasis on career and vocational training and to additional grant opportunities becoming available.

The state had no explanation for the increase in the number of *fully certified work-study coordinators and diagnostic and evaluation staff*. The state noted this was an accurate reflection of a routine increase in number of staff hired across LEAs.

The state attributed the decrease in the number of *fully certified speech pathologists* to difficulty in recruiting and maintaining staff in this area. Pennsylvania routinely identified this as a regional difficulty, and the state anticipated seeing fluctuation across the state.

The state attributed the increase in the number of *fully certified supervisors/administrators (SEA)* to state hiring. The state had a number of resignations and vacancies and made significant gains in filling vacated staff positions.

The state had no reason for the decrease in the number of *fully certified rehabilitation counselors*. The state noted this was an accurate reflection of routine decrease in number of staff across LEAs.

The state attributed the increase in the number of *fully certified other professional staff* to intensive efforts on behalf of the Bureau of State Employment to support more inclusion throughout Pennsylvania. Districts saw a rise in the number of support personnel across the state.

The state had no reason for the increase in the number of *not fully certified special education teachers* for children ages 3 through 5. The state noted this was an accurate reflection of routine increase in number of staff hired across LEAs.

The state attributed the decrease in the number of *not fully certified special education teachers* for students ages 6 through 21, nonprofessional staff and supervisors/administrators to state efforts under *NCLB* to ensure that all mandated personnel meet certification requirements. The state anticipated this decrease would continue. Pennsylvania promoted the hiring of staff that met the requirements.

The state had no reason for the decrease in the number of *not fully certified other professional staff*. The state noted this was an accurate reflection of routine increase in number of staff hired across LEAs.

The state attributed the increase in the number of *vocational education teachers, work-study coordinators, occupational therapists, diagnostic and evaluation staff* and *supervisors/administrators* to the increase in special education across the state. The state anticipated that the hiring trend for increased numbers of personnel required would continue until the number of students in special education either leveled off or began to decrease.

The state attributed the decrease in the total number of *speech pathologists* to difficulty in recruiting and maintaining staff in this area. Pennsylvania routinely identified this as a regional difficulty, and the state anticipated seeing fluctuation across the state.

The state attributed the decrease in the number of *rehabilitation counselors* to annual fluctuations relative to the needs identified for individual students' IEPs. This category is typically related services personnel. The variability from year to year will continue to fluctuate relative to the identified needs of students' IEPs.

**Puerto Rico**—Puerto Rico attributed the increase in the number of personnel to the increase in the number of special education students. In 2004, there was a 15 percent increase in the number of students ages 6 through 21 served under *IDEA*, Part B. In 2004, there was a corresponding increase (14 percent) in the total number of personnel employed in special education. Puerto Rico increased school districts' personnel with *supervisor/administrator* personnel, *diagnostic/evaluation staff* and *other professional staff* for evaluation and therapy services for special education students.

**Rhode Island**—The number of *fully certified special education teachers* for children and students ages 3 through 21, *occupational therapists, speech pathologists* and related services providers continued to increase and included and reflected the demand in low-incidence disabilities.

The number of *physical education teachers* increased. The number more accurately reflected the count in the state and was attributed to the change in the state's data management system.

Personnel completed certification programs resulting in an increase in the number of *fully certified supervisors/administrators* and decrease in the numbers of *not fully certified supervisors/administrators* on emergency certificates.

**South Carolina**—The state attributed the significant changes in the number of staff reported to the inability of the Statewide Student Information Systems to capture these data. Districts collect and manage these data differently, and reporting from year to year varies. The state implemented special education software for the 2006–07 school year and will be able to more accurately capture these data and, thus, anticipated an improvement.

**South Dakota**—South Dakota attributed an increase in the number of *fully certified teacher aides* to more paraprofessionals working toward becoming highly qualified/fully certified under *NCLB*.

The state attributed the increase in the number of *fully certified counselors* to an error on the 2003 report. South Dakota suspects the LEAs may have miscoded counselors in 2003. The 2002 data for *fully certified counselors* were nearly the same as the 2004 count.

The state attributed a decrease in the number of *not fully certified special education teachers* for students ages 6 through 21 to an increase in the number of teachers becoming fully certified.

The state attributed a decrease in the number of *psychologists* to an increase in the *diagnostic and evaluation staff*. Districts may have used psychometrists to do more evaluations and coded them under *diagnostic and evaluation staff* instead of hiring a school *psychologist*. Some districts reorganized school *psychologist* positions to include shared administrative duties and counseling duties or to serve as behavior interventionists. This decreased the FTE of school *psychologists* by splitting the FTE into other areas.

The state attributed the increase in the number of *other professional staff* to districts needing more services from specialists such as special education nurses, orientation and mobility specialists, psychiatrists and occupational technicians.

South Dakota reported an increase in the number of *nonprofessional staff*. This included personnel who were employed on an emergency, provisional or other basis and did not hold a standard state certification or licensure for the position to which they were assigned. It also included those who did not meet other state requirements for the position held. Nonprofessional support staff also were included in this total. This increase may have been due to districts' having to hire *nonprofessional staff* because there were no fully certified professionals available to hire in their area of the state.

**Tennessee**—The decrease in the number of *not fully certified special education teachers* for students ages 6 through 21 in Tennessee was attributed to efforts to move toward 100 percent highly qualified personnel under *NCLB*, including the public awareness campaign and financial assistance guidance offered through the Become a Special Educator in Tennessee Program (<http://www.state.tn.us/education/base-tn/>).

The increase in the number of *fully certified* and total number of school *psychologists* was inversely related to the decrease in the number of *fully certified* and total number of *diagnostic and evaluation staff*. Tennessee does not have a certification specifically for *diagnostic and evaluation staff* only for school *psychologists*. In the past, some LEAs employed certified *special education teachers* to provide support to school *psychologists* by completing individualized achievement testing, observations and other aspects of the individualized evaluation process. Efforts to move toward 100 percent highly qualified personnel under *NCLB* increased the efforts to hire *fully certified psychologists*.

The state-reported data for *psychologists* and *school social workers* included some personnel who served both regular and special education students.

The state provided technical assistance to several LEAs regarding the need to report personnel employed through contractual agreement, which led to an increase in the number of *fully certified* and total number of *occupational therapists* reported by LEAs.

The personnel data reported by Tennessee were provided to the state by each LEA at the end of each school year. In the past, these data were not cross-checked against the state's teacher licensure/employment databases to ensure accuracy of the licensing/employment categories that can be reviewed in those databases.

**Texas**—Because the state has no certification requirements for substitute teachers, when reporting the number of *special education teachers* of children ages 3 through 5 and 6 through 21, the FTEs of substitute teachers were all reported as fully certified.

Texas indicated that not all staff serving children ages 3 through 5 were included in the State Board for Educator Certification (SBEC) database. That is, SBEC did not maintain certification/licensing information for all types of professionals reported to OSEP. When the state was unable to determine



certification from the SBEC system, it reported the staff as fully certified. The state also indicated that the number of certified personnel reported could be affected by the time lag of reporting.

In Texas, educational aides and *interpreters* are considered to be *nonprofessional staff*. However, these staff were reported to OSEP in the counts of *teacher aides* and *interpreters* and not as *nonprofessional staff*.

**Utah**—The state had an increase in the use of *counselors* in secondary schools in special education services. The state is watching to see if the trend continues.

The state had double reporting of *other professional staff* and *supervisors and administrators* for 2004. The state was unable to correct the problem for the 2004 data collection, but the problem will be corrected for the 2005 data collection.

The state wrongly reported all *teacher aides* in Utah as fully certified in 2003. The state certifies aides only in Title I schools. This also had a large effect on the total certified staff count.

Many of the state's *interpreters* left education for the regular work force where they made more money.

The state continued to suffer from shortages in *special education teachers*. Utah is using an alternative route to licensure, but the state still saw an increase in the number of *not fully certified special education teachers* for students ages 6 through 21 in 2004.

The decrease in the number of *evaluation and diagnostic staff* was due to the fact that the state had a slight increase in the number and availability of *psychologists* to do testing and evaluations.

The state's preschool population increased by 7.25 percent in 2003–04, resulting in an increased need for *special education teachers* for children ages 3 through 5. There was an increase of 10.16 percent of *special education teachers* for children ages 3 through 5.

**Vermont**—The category *other professional staff* included professionals categorized in Vermont as behavior specialists.

Vermont explained changes in its personnel data:

- The state attributed the increase in the number of *other professional staff* to efforts to recruit, train and place related services personnel in rural locations. These efforts were spearheaded by the Higher Education Collaborative, whose mission is to provide special personnel development training opportunities in local settings to directly affect outcomes for students with disabilities. The increase was 27.69 FTE or 33.23 percent of the previous year's count. *Fully certified other professional staff* included behavior specialists, nurses, psychiatrists and other specialized staff trained to provide services to children ages 3 through 21 with disabilities.
- The state attributed the decrease in the number of *not fully certified special education teachers* for students ages 6 through 21 to ongoing efforts to increase the number of *fully certified special education teachers* in the state. Vermont had a decrease from 93.20 FTE in 2003 to 78.12 FTE in 2004. This is a difference of 15.08 FTE or 16.18 percent of the 2003 count. During the same period, Vermont had an increase in the number of *fully certified special education teachers* of 29.74 FTE. This suggested a developing trend in Vermont

toward decreasing the number of *not fully certified special education teachers* while increasing the number of *fully certified special education teachers*.

**Virgin Islands**—The decrease in the reported number of *fully certified special education teachers* and *teacher aides* was due to retirement, relocation stateside, heavy recruitment from stateside educational systems, *special education teacher/teacher aide* burnout and collective bargaining problems.

The increase in the reported number of *not fully certified teachers aides* resulted from the noncompetitive wages offered.

The increase in the reported total number of *supervisors/administrators* resulted from an increase in the number of students eligible for special education and related services.

**Virginia**—The state reported *speech pathologists* and other personnel who provide services to students with speech/language impairments as *special education teachers*. No *speech pathologists* were reported in the related services personnel count.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Washington**—The state attributed changes in the personnel data to a change in the type of students being served. In both 2004 and 2005, there was a 20 percent increase in the number of students with autism served. The state needs project (the Autism Outreach Project) provides peer support to parents and families of students with autism. It also conducts staff training all over the state to assist staff in properly interacting with students with autism. As the number of students increased, so did the number of staff serving them.

The state also contracts with a company called teachers-teachers.com. This is a free service for people looking for a job in Washington to post their resume and for districts looking for specific staff. The state had an increase in the number of personnel for special education students because it was able to match applicants to jobs by using this service. The state began advertising the program in September 2003.

**West Virginia**—West Virginia attributed the increase in *nonprofessional staff* of 217.91 FTE and the decrease in *other professional staff* of 289.87 FTE to a change in how the state reported bus drivers. For 2004, West Virginia clarified the definition of *nonprofessional staff*, indicating that bus drivers are *nonprofessional staff*, in accordance with the example give in the OSEP Data Dictionary. Prior to 2004, the state interpreted the description of *other professional staff* to include bus drivers and bus aides and reported these personnel accordingly.

**Wisconsin**—Wisconsin continued to conduct license checks of special education staff during the school year and to provide LEAs with summary reports of staff who were not appropriately licensed. This practice led to LEAs being more responsive in ensuring that staff were appropriately licensed. The state believed this contributed to the:

- Increase in the number of *not fully certified special education teachers* reported for children and students ages 3 through 21 and
- Increase in the number of *not fully certified teacher aides* reported for students.

**Wyoming**—The state reported it cannot extract the amount of time *counselors* and *social workers* spend with special education students. The state staff report verifies certification but does not track how much time is spent on special education. Many staff have not had their certification status verified. When certification status cannot be determined, staff are reported as not fully certified.

The state reported that it included special education clerks, job coaches and related services aides in the *nonprofessional staff* category. It included psychological therapists, case managers and school nurses in the *other professional staff* category.

#### **Tables 4-1 Through 4-4: IDEA Part B Exiting, 2004–05**

**Alabama**—The decreases for exiting students with mental retardation and emotional disturbance were 22 percent and 37 percent, respectively. The state believed the smaller population of students in these disability areas affected the percentage of those exiting.

The state attributed the increase in the total number of students with speech or language impairments and *other health impairments* who *transferred to regular education* to efforts to increase the number of students with disabilities educated with their peers without disabilities in the regular education curriculum. The Alabama State Board of Education adopted rules that added alternative routes for students with disabilities to receive the Alabama High School Diploma (AHSD). The impact was that more students with disabilities graduated with the AHSD in the regular education curriculum. The rules were adopted May 13, 2004. There was an upward trend for students with speech or language impairments from 2000–01 until 2003–04, followed by a decrease. There was a downward trend for students with emotional disturbance from 2000–01 through 2003–04. In 2004–05, there was an upward turn in both disability areas.

The state attributed the decrease in the number of students with specific learning disabilities *transferring to regular education* to the rise in students with specific learning disabilities who were pursuing the Alabama Occupational Diploma (AOD) (an exit option available to students with disabilities). The first school year that the AOD was in effect was 1997–98. State data showed a decreasing trend in the number of students with disabilities who returned to regular education from 2000–01. The only increase occurred in 2003–04. During that same time, there was an upward trend in the number of students with disabilities who pursued the AOD, followed by a decrease in 2003–04. In 2004–05, the upward trend continued.

The state attributed the decrease in the total number of students with emotional disturbance who *received a certificate* to efforts to increase the number of students with disabilities who were educated with peers without disabilities in the general education curriculum.

The state attributed the decrease in the number of students with mental retardation who *received a certificate* to the increase in students with mental retardation who were pursuing the AOD.

The state attributed the increase in the number of students with mental retardation, emotional disturbance and specific learning disabilities in the *reached maximum age* category to increased opportunities to earn the AHSD. Students in Alabama must pass a rigorous graduation exam to be awarded the AHSD. The rules provide for the exemption from one portion of the exam based a number of factors, including the following: The student must complete all required course credits; the student must meet attendance requirements of the local school system; the student must pass all but one part of the exam; there must be documentation that the student's disability poses substantial limits in the area of the exam that is not passed; the student must have maintained a cumulative C average in grades 9 through 12; the student must have attempted the failed part numerous times; the student must have participated in school-sponsored exam remediation activities.

The state attributed the increase in the number of students with speech or language impairments, *other health impairments* or specific learning disabilities in the *moved, known to be continuing* category to improved student tracking through an electronic statewide, student-level student information management system. The elimination of the moved, not known to be continuing category for the 2004–05 data collection required the state to report students as dropouts and contributed to efforts to determine the status of students.

The state attributed the decrease in the number of students with mental retardation and emotional disturbance who *dropped out* to opportunities to earn the AHSD. There was approximately a 15 percent reduction of students in each of these disability areas and a rise in the number of students with disabilities who were pursuing the AOD.

The state attributed the increase in the number of students with speech or language impairments, *other health impairments*, multiple disabilities or traumatic brain injury to increases in the population in these disability areas, the requirement to count students as dropouts when they moved and could be tracked to determine if they were continuing in special education and possibly, in some instances, to the severity and extent of the disabilities of some of the students in these disability areas.

The state attributed the decrease in Hispanic students who exited to a reduction in the number of dropouts in this race/ethnicity category. Factors contributing to this decrease included: (1) increased emphasis on educating students with disabilities in inclusive environments to the extent appropriate; (2) increased effort to ensure that students with disabilities pursue the highest possible exit option; (3) the approval by the Alabama Board of Education of the exemption from one part of the graduation exam for students with disabilities who pursued the AHSD based on very stringent criteria; and (4) pursuit of the AOD, which prepared students with disabilities for post-school employment.

**Alaska**—The race/ethnicity of 13 exiting students was estimated for this report.

This (2004–05) was the second year of exit data Alaska collected using its new, end-of-year, student-level data collection that includes both special education and regular education students enrolled at any time during the school year. In the past, Alaska collected aggregate exit counts from districts and believed that districts did not accurately unduplicate counts of exiting students. The state continued to train districts in this new data collection system. In 2003–04, there was confusion about how the state collected data on students who *transferred to regular education*, so it modified the data collection system to better capture these data. As a result of these revisions and the recent changes in the data collection system, Alaska expected variations in the data for a few more years.

Alaska explained specific changes in its data as follows:

- The state believed that the apparent decrease in the number of students reported as *transferred to regular education* was actually the result of an overreport in 2003–04. The overreporting of students *transferred to regular education* was due to district confusion about the new data collection system. The state modified the system for 2004–05 to reduce overreporting of this exit type.
- The state attributed the decrease in the number of students reported as *graduated with a regular high school diploma* to the new high school graduation exam requirement. Beginning in 2003–04, Alaska required students to pass a high school competency test, the High School Graduate Qualifying Exam (HSGQE), to receive a high school diploma. However, if they met all of the other requirements for graduation, this requirement was not applied to students with disabilities until 2004–05.

- The state attributed the increase in the number of students who *received a certificate* to the new high school graduation exam requirement. In 2004–05, not all students with disabilities were able to meet the new graduation requirement and instead *received a certificate of completion*.
- The state also attributed the decrease in the number of students reported in the *reached maximum age* category to the new graduation exam requirement. Some students with disabilities took advantage of the one-year waiver and left school with a diploma rather than staying in school until they *reached the maximum age* for services and risking the possibility of not passing the required exit exam.
- The state believed the increase in the number of students reported as *moved, known to be continuing* was the result of closer tracking of students who moved. The elimination of the moved, not known to be continuing category and OSEP’s decision to treat students who moved and were not known to be continuing as dropouts made it particularly important for districts to make an effort to determine whether students who moved from their district were enrolled in a different district. The new data system also allowed districts to more accurately track these students. Because the system was only in its second year, the state was uncertain whether the numbers would stabilize over the next few years.
- The overall increase of exiting students with mental retardation, *other health impairments* or multiple disabilities may have reflected the correction of the unexplained decreases in the number of exits reported for these categories for 2003–04. The number of exits reported for these disability categories for 2004–05 was similar to that reported for 2002–03.
- The state could not explain the overall decrease in the number of exiting students with speech or language impairments.

**American Samoa**—American Samoa explained the changes in its data as follows:

- The territory attributed the increase in the number of students with specific learning disabilities who *graduated with a regular high school diploma* to an increase in the number of students with IEPs in the 12th grade. In 2003–04, there were 35 senior students with IEPs; in 2004–05, there were 47 senior students with IEPs. In 2003–04, a total of 23 students *graduated with a regular diploma* compared to 42 students in 2004–05. A large percentage of senior students had specific learning disabilities.
- The territory attributed the increase in the number of students with specific learning disabilities who *dropped out* to students who had problems with immigration status.
- The territory attributed the increase in the number of students with specific learning disabilities exiting for any reason to an increase in the number of students with IEPs. The increase in total number of students with specific learning disabilities exiting for any reason reflected the increase in the number of students who *graduated with a regular diploma*, those who returned to regular education and those who *dropped out*.

American Samoa’s requirements for *graduated with a regular high school diploma* were the same for students with and without disabilities. Students with disabilities who did not meet standard graduation requirements were issued certificates of completion.

**Arizona**—Arizona does not collect data on which students with disabilities *graduated with a regular high school diploma* and met the same the requirements as students without disabilities and those who did not. Arizona offers a regular high school diploma only, provided that students meet the graduation

requirements as outlined in statute. Graduation requirements for special education students are specified in the students' IEPs. OSEP's instructions state to report students who did not meet the same standards as students without disabilities as *received a certificate* instead of *graduated with a regular high school diploma*.

Arizona does not issue certificates of completion. Students who received a regular diploma but did not meet the same standards for graduation as students without disabilities were reported in the *graduated with a regular high school diploma* category. This was inconsistent with the OSEP definition of *graduated with a regular high school diploma*. Certificates are not sanctioned by the state, but they are issued by LEAs. In 2006–07, the state plans to implement *received a certificate* as an exit category in the state data collection in order to allow more appropriate reporting of students who receive certificates of completion.

The state believed that ongoing LEA trainings continued to improve data accuracy. Every year, the state offers workshops to LEAs on the use of the Web-based data collection application used to collect much of the data reported to OSEP. The workshops cover the federal definitions of terms used in the various data collections, all of the instructions/business rules associated with the various data collections and a complete walkthrough of the online Web-based application used to collect the required data. Workshop participants include LEA staff—special education secretaries and/or administrative assistants, special education directors, Student Accountability Information System (SAIS) coordinators, special education teachers, psychologists, etc.

**Arkansas**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Bureau of Indian Affairs**—The BIA had no explanation for the decrease in the number of students with specific learning disabilities *transferred to regular education*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The BIA attributed the decrease in the number of students who *graduated with a regular high school diploma* to states that tightened the requirements for a regular diploma, which meant fewer students with disabilities were able to meet expectations.

The BIA attributed the increase in the number of students with specific learning disabilities who *received a certificate* to the decrease in the number of students with the same disability who were able to meet state requirements for graduation. Some of these students were provided with a certificate of completion.

The BIA had no explanation for the decrease in the number of students with specific learning disabilities reported as *moved, known to be continuing*. This change was normal fluctuation. The Bureau will monitor the data to watch for future trends.

**California**—California noted a review of local data indicated that the differences were based on accurate reporting, and they were normal data variation. The change in data was due to improvements in the data system of one of the largest school districts in the state.

The state noted that the increase in the number of students with mental retardation, hearing impairments, speech or language impairments or orthopedic impairments *transferred to regular education* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state did not attribute the change to any reason.

The state noted that the increase in the number of students with *other health impairments transferred to regular education* was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted that the increase in the number of students with autism *transferred to regular education* was due to a statewide trend in the increase in identifying students with autism. The data were reported accurately and reflected what was reported at the student level.

The state noted that the decrease in the number of students with mental retardation or speech or language impairments in the category *graduated with a regular high school diploma* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state had no reason for the change.

The state noted that the increase in the number of students with hearing impairments or emotional disturbance in the category *graduated with a regular high school diploma* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state had no reason for the change.

The state noted that the increase in the number of students with *other health impairments* in the category *graduated with a regular high school diploma* was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted that the decrease in the number of students with mental retardation or orthopedic impairments in the category *reached maximum age* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state had no reason for the change.

The state noted that the decrease in the number of students with mental retardation who *died* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of students with hearing impairments, visual impairments or multiple disabilities reported as *moved, known to be continuing* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level. The state had no reason for the change.

The state noted that the increase in the number of students with *other health impairments* reported as *moved, known to be continuing* was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted that the decrease in the number of students with deaf-blindness reported as *moved, known to be continuing* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of students with autism reported as *moved, known to be continuing* was due to a statewide trend in the increase in identifying students with autism. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of students with mental retardation, visual impairments, emotional disturbance, orthopedic impairments or traumatic brain injury who *dropped out* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of students with multiple disabilities, specific learning disabilities, hearing impairments or *other health impairments* who *dropped out* was due to improvements in reporting practices in one of the largest districts in the state. The district implemented a new management system that enhanced capacity to capture student-level information.

The state noted that the increase in the number of students with autism who *dropped out* was due to a statewide increase in identifying students with autism. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of black (not Hispanic) students exiting for any reason was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted that the increase in the number of Hispanic students exiting for any reason was due to a statewide increase in migration. The data were reported accurately and reflected what was reported at the student level.

**Colorado**—The state had an increase in the number of students with speech or language impairments or orthopedic impairments who *transferred to regular education*. There was no significant change in any individual LEA's data to which this change could be attributed.

There was a statewide increase in the number of students with mental retardation or orthopedic impairments who *graduated with a regular high school diploma*. One of the reasons for this change was an increased emphasis on graduation requirements throughout the state. However, no individual LEA's data indicated a significant change from the previous year.

There was a decrease in the number of students with multiple disabilities in the category *graduated with a regular high school diploma*. This change could not be attributed to data from any individual LEAs.

The state had an increase in the number of students with orthopedic impairments and a decrease in the number of students with multiple disabilities in the category *received a certificate*. These changes could not be attributed to data submitted by any individual LEAs.

There were increases in the number of students with mental retardation, orthopedic impairments, multiple disabilities and all disabilities who *reached maximum age*. Although there were no significant increases in data reported from any individual LEAs, these changes were the result of more transition programs and services throughout the state.

The state had an increase in the number of students with speech or language impairments, orthopedic impairments or multiple disabilities who were reported as *moved, known to be continuing*. Colorado LEAs are instructed not to report any students in this exit category unless they have verified that the family no longer lives in the district. They do this by sending a certified letter to the last known address. Therefore, there is documentation in the file of all students reported as *moved, known to be continuing* that indicates that the student, in fact, no longer lives in the district. If the student is in school somewhere else, the district will get a request to transfer records.



The state had decreases in all disability categories of students who *dropped out*. The state continued to provide training about the definition of dropouts, but there was still inconsistency in the data. Colorado was revising all of the state data systems. As part of the new systems, the state built in error checks similar to those used by OSEP/Westat to assist the state in identifying anomalies in the data.

There was an increase in the number of Asian/Pacific Islander students with disabilities exiting for any reason. Although this was a change of 11.05 percent, the number was too small to trace to any individual LEAs.

There was a decrease of 774, or 11.45 percent, in the number of white (not Hispanic) students exiting for any reason. A review of individual LEA data did not identify significant changes in any specific LEA's data.

The reporting period for the data was December 2003 to December 2004.

**Connecticut**—The increase in the number of students with multiple disabilities who *transferred to regular education* was due to normal fluctuations in the data.

The number of students with speech or language impairments who *transferred to regular education* increased an average of 32 percent every year since 1995. The state was unable to explain this change.

The number of students with hearing impairments who *graduated with a regular high school diploma* increased an average of 42 percent every year since 1998. This year, there was a decrease. The state was unable to explain the change.

Overall, the number of students who *moved and were known to be continuing* increased since 1995. The number of students with speech or language impairments reported as *moved, known to be continuing* increased due to a better reporting mechanism that dovetailed with Personal Computer Information, the state's special education data collection tool. The state now has the Public Student Information System, so the state can collect information on individual students instead of reporting aggregate data. Students are registered when they enter a district and unregistered when they leave.

There was a significant decrease in the total number of students who *dropped out*, including some disability subgroups. This reflected the overall decrease in all Connecticut students who *dropped out* over the past few years. This decline also affected the special education population. Hopefully, this downward trend will persist as the state continues efforts to increase the number of students who graduate and decrease the number who drop out.

**Delaware**—The state attributed increases in students who *transferred to regular education* to data system changes at two of the largest districts in the state. The districts are now on the statewide data system, which more accurately reflects students who move to regular education.

The state attributed decreases in the number of students with mental retardation who *received a certificate* to changes in Department of Education policy regarding certificates and diplomas. Prior to 2004–05, a student had to complete high school in four years to get a regular diploma with his graduating cohort. Students who did not complete high school in four years were given a certificate of completion. In 2004–05, students whose IEP allowed them to take more than four years to graduate could continue to try to get a regular diploma and be included in the cohort year in which they actually graduated instead of getting the certificate after four years. Many of these students had mental retardation.

The state also attributed the decrease in the number of students with mental retardation who *received a certificate* to reporting timelines. The final status of many students is not known when the special education exit report is prepared during the summer. Districts allow students to attend summer school and retake the state assessment before their final status is determined. Students have until September 30 to return to school if they want to continue (until they are 21) or if they want to work toward a diploma. The final status for many students may not be determined until December or January. This is when the September 30 enrollment is complete and verification of dropout and diploma/certificate data is finalized.

The state attributed the decrease in the number of students who *moved and were known to be continuing* to changes in policy that required the districts to be able to provide documentation that the student was continuing at another school. If the districts were not able to provide documentation, the student was reported as *dropped out*.

Another reason for decreases in the number of students who *moved and were known to be continuing* was the change in the OSEP data collection instructions, which said to only include students “who were in special education at the start of the reporting period, but were not in special education at the end of the reporting period.” Students who entered after the beginning of the school year and left before the end of the school year were no longer included in the exit report.

The state attributed decreases in the number of students who *dropped out* to increased efforts and programs to reduce the number of special education students dropping out. The dropout rate for special education students in grades 9 through 12 decreased from 8.6 percent in 2003–04 to 5 percent in 2004–05.

**District of Columbia**—District of Columbia Public Schools implemented two new data systems within the past two years, and exiting data were problematic. The fluctuations in the 2004–05 exiting data were due to the new system. The changes in the data included:

- An increase in the number of students with specific learning disabilities and all disabilities who *transferred to regular education*.
- A decrease in the number of students with mental retardation, specific learning disabilities and all disabilities who *received a certificate*.
- An increase in the number of students with emotional disturbance and all disabilities who *moved and were known to be continuing*.
- A decrease in the number of students with mental retardation, speech or language impairments, emotional disturbance, *other health impairments*, specific learning disabilities, multiple disabilities and all disabilities who exited for any reason.
- A decrease in the number of black (not Hispanic), Hispanic, white (not Hispanic) and total students who exited for any reason.

The District of Columbia did not provide any additional information that clarified what it considered problematic about its 2004–05 exiting data.

**Florida**—The increase in the number of students with mental retardation, orthopedic impairments, *other health impairments* or specific learning disabilities who *transferred to regular education* may have been a function of improved instruction, especially a focus on reading, which may have reduced the need for special education services. The reasons for a decrease in the number of students with speech and language impairments who *transferred to regular education* were unclear.

The decrease in the number of students with mental retardation and hearing impairments in the category *graduated with a regular high school diploma* was attributed to increased rigor in the high school curriculum coupled with requirements for high school students who were struggling readers to be enrolled in intensive reading courses as electives. The reasons for an increase in the number of students with speech and language impairments who *graduated with a regular high school diploma* were unclear.

The increase in the number of students with emotional disturbance, *other health impairments*, orthopedic impairments or autism who *received a certificate* was attributed to increased rigor in the high school curriculum coupled with requirements for high school students who were struggling readers to be enrolled in intensive reading courses as electives. These new requirements decreased the number of students *graduating with a regular diploma* and increased those *receiving a certificate*.

The state had no explanation for changes in the number of students in the categories *died; moved, known to be continuing; or dropped out*.

Prior to the 2002–03 school year, the state did not report students with disabilities in the *graduated with a regular high school diploma* category unless they passed the state graduation test. As a result of a law passed in 2003, students with disabilities who met all graduation requirements except for passing the state graduation exam received a regular high school diploma if the IEP team determined that the test did not reflect their academic abilities, and they had taken the test in both 10th and 11th grades and had been provided with remediation opportunities.

**Georgia**—Prior to the 2004–05 submission of special education exiting data, Georgia’s exit report contained student-level data collected in aggregate. After close review by the state, it was determined that the data would be reported more accurately using individual student-level data aggregated at the state level. 2004–05 was the first year that districts submitted individual special education disaggregated data to the Georgia Department of Education.

The state reported that several LEAs allowed students who did not meet graduation requirements to participate in graduation activities with their age appropriate class but return to school. These students were not reported as exiting until they actually graduated or *reached maximum age*.

**Guam**—Guam reported that its graduation and dropout numbers were lower than previous years because the territory corrected its exit reporting period from a 13-month (July through August) to a 12-month (July through June) period. A large amount of the paperwork about exiting students (graduates, moved, cannot locate, dropouts, etc.) was reported during July and August, and previously August was counted twice.

Guam does not issue certificates of completion. Students with disabilities must meet the same graduation criteria as students without disabilities.

**Hawaii**—Hawaii had decreases in all disability categories of students exiting for any reason. Decreases were likely due to the requirement that the exiting table include only students who were in special education at the start of the reporting period and were not in special education at the end of the reporting period. This requirement reduced the population for this table, which used to include all exits for all special education students, whether they were in the system at the start of the year or not.

Additionally, a new data collection system was developed that allowed schools to monitor and verify their exit data via a report that was updated daily based on exit information entered by the schools. This system gave schools access to their exit data and the opportunity to monitor the accuracy of the report. As schools gained training and experience with this report, the state expected data accuracy to increase. The

state did not provide a specific explanation for the change in the dropout percentage from 2003–04 (18 percent) to 2004–05 (6 percent).

**Idaho**—The state attributed an increase in the number of students with speech or language impairments who *transferred to regular education* to the following reasons:

- Growing awareness of disproportionality issues; and
- State training regarding appropriate identification practices for second-language learners and districts using more appropriate practices when re-evaluations occurred.

The state attributed an increase in the number of students with *other health impairments transferred to regular education* to child count verification and monitoring that found that students identified with ADD/ADHD were found eligible based on a doctor’s diagnosis, but they failed to meet all three prongs of eligibility with regard to adverse effect and need for specially designed instruction. The state expected that some of these students would be subsequently returned to regular education.

The state had no reason for the increase in the number of students with mental retardation who *graduated with a regular high school diploma*. This category increased steadily from 1995–99, then decreased from 1999–2003; the category increased again. The state was unable to explain the trend in the data.

The state attributed the increase in the number of students with hearing impairments and *other health impairments who graduated with a regular high school diploma* to an unusually large cohort of students with hearing impairments reaching graduation age.

The state attributed an increase in the number of students with emotional disturbance who *graduated with a regular high school diploma* and a decrease in the number of students with emotional disturbance who *dropped out* to significant efforts across the state to improve the collaboration between Children’s Mental Health and school districts to provide better wrap-around services for students with emotional disturbance.

The state attributed the increase in the number of students reported as *moved, known to be continuing* to the increasing number of charter school LEAs that were opening in the state. Students who transferred to these charter schools were coded in this category. Any other reason for the increase was unknown.

The state had no reason for the increase in the number of students with speech or language impairments who *dropped out*. This was a normal fluctuation in the data. The state will watch the data further for trends.

The state attributed the decrease in the number of students with emotional disturbance who *dropped out* to the following reasons:

- There were significant efforts across the state to improve the collaboration between Children’s Mental Health and school districts to provide better wrap-around services for students with emotional disturbance.
- The state continued to offer the positive behavior supports grant that enables districts to access assistance in dealing with students with challenging behaviors and to build the capacity of teachers, schools and districts to proactively address problem behaviors, keeping students in school.

The population of black (not Hispanic) students enrolled in Idaho schools grew significantly as a result of adoptions, out-of-state placement of students in Idaho group homes, diversity recruitment efforts by large employers and large clusters of immigrants from Africa. As the black (not Hispanic) population in the state increased as much as 10 percent a year, the number of black (not Hispanic) students identified with disabilities also increased. Therefore, an increased number of black (not Hispanic) students also moved, graduated, met IEP goals and returned to regular education, etc.

Statewide training on appropriately identifying and serving students who were acquiring English as a second language resulted in the exit of some Hispanic students who were inappropriately identified as having a disability.

Prior to 2004–05, students who received a regular diploma but did not meet the same standards for graduation as students without disabilities were reported in the *graduated with a regular high school diploma* category. In 2004–05, Idaho began reporting graduation data that were consistent with the data definitions from OSEP. Annual training continued to emphasize those definitions.

**Illinois**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

The state did not know whether students reported in the *graduated with a regular high school diploma* category met the same standards for graduation as students without disabilities because it does not collect information about students' courses of study. Decisions on the issuance of diplomas are made at the local school district level. Districts issue diplomas when they determine that students have met the requirements for graduation. A certificate of completion is also offered in Illinois. Students who *received a certificate* of completion rather than a diploma were the only students reported in the *received a certificate* category.

**Indiana**—The increase in the total number of students who *transferred to regular education* represented systematic efforts to return students to general education who no longer required special education services. These efforts were targeted to higher functioning students, such as students with speech impairments, emotional disturbance, *other health impairments* or specific learning disabilities.

The increase in the number of students with hearing impairments, emotional disturbance or *other health impairments* in the category *graduated with a regular high school diploma* represented efforts to ensure that more students with disabilities were served in programs that allowed them to qualify for a regular diploma. The specific reasons for the decrease in the area of speech or language impairments were unknown. However, there was an increase in the number of students with speech or language impairments who *dropped out* during the 2004–05 school year.

The decrease in the number of students with emotional disturbance who *received a certificate* was due to more of these students *receiving a regular diploma*. The increase in the number of students who *reached maximum age* was a result of students staying in school through age 21. The state Department of Education believed that more students with emotional disturbance *received a regular diploma* and more students exited by *reaching maximum age* (22) because of a commitment on the part of the SEAs and LEAs to keep students in school longer and provide them with educational programming that resulted in the issuance of more regular diplomas. This primarily involved districts making changes that had the greatest impact on students with disabilities.

The increase in the number of *moved, known to be continuing* students was a result of diligent efforts by local school districts to determine if students who moved were receiving services in order to avoid reporting students as dropping out who moved but were not receiving services. The reason for the

decrease in the number of students with hearing impairments reported as *moved, known to be continuing* was unknown.

The total number of students who *dropped out* decreased by 53 students or 1.01 percent. There were no unusual circumstances or contributing factors identified to explain the specific decrease in the number of students with speech impairments who *dropped out* or the increase in the number of students with *other health impairments* who *dropped out*.

In Indiana, students must pass the Indiana Graduation Qualifying Exam to receive a diploma. Students who did not pass the test, but completed other requirements, received a certificate instead of a diploma and were reported in the *received a certificate* category.

**Iowa**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Kansas**—Kansas had a decrease in the number of students who *dropped out* and a corresponding increase in special education students who *transferred to regular education*. This shift represented a statewide trend of decreasing dropout rates for all students over the past five years. Across the state, an increase in the number of alternative high school programs occurred during the past five years. These programs supported students to stay in school rather than drop out. The increase in the number of students *transferring to regular education* was a result of standards-based reform and use of a tiered model to support students in the regular education setting. These practices dramatically increased in Kansas over the past five years.

Kansas does not issue certificates of completion. All students in the state must meet the same standards for graduation in order to receive a diploma. Students with disabilities who do not receive a diploma are reported in the *reached maximum age* for services category if they continue to receive services until age 21. If these students exit prior to reaching maximum age, they are reported as dropouts.

**Kentucky**—Kentucky explained specific changes in its data as follows:

- *Transferred to regular education:*
  - The state could not attribute an increase (71 to 85) in students with mental retardation who *transferred to regular education* to any particular reason.
  - The state attributed a decrease (307 to 264) in the number of students with specific learning disabilities who *transferred to regular education* to an overall decrease in Kentucky's child count of this disability over several years. From the December 2003 to the December 2004 child count, Kentucky's population of students with a specific learning disability dropped by 1,093 students or just over 6 percent. As the population of students in this category decreased, it was anticipated that the number of students exiting this category for any reason would also decline.
- *Graduated with a regular high school diploma:*
  - The state attributed the increase (2,708 to 2,990) in the total number of students who *graduated with a regular diploma* to an increase in the total number of students in the program. This number reflected the increasing expectations of students with disabilities as the state tried to close the performance gap between students with and without disabilities. Strategies in place to reach proficiency by 2014 resulted in improved student performance, and, thus, a higher percentage of students with disabilities *graduated with regular diplomas*. Closing the achievement gap is a major priority in Kentucky, and the

state strives to have students with disabilities closer to proficiency. Kentucky has a cadre of highly skilled educators (HSE) who work with districts to help them improve student performance in a variety of ways. These methods vary from district to district, but also from HSE to HSE.

- The state could not attribute an increase (789 to 873) in students with mental retardation who *graduated with a regular high school diploma* to a clear cause. The state found no similar increase in child count. The state looked at individual districts and found that there was no clear trend, with many up a few students and many down. An 84-student change was less than a single child for every two districts on average. The state was unable to explain the change in the data.
- The state could not attribute the increase (174 to 214) in students with emotional disturbance who *graduated with a regular diploma* to a clear cause. This population as a whole only had a slight increase that would not explain the change. Reviewing district by district did not reveal widely different data. The state attributed the overall change to improved student performance. The state was unable to explain the change in the data.
- The state could not attribute the increase (20 to 34) in students with orthopedic impairments who *graduated with a regular diploma* to a clear cause. However, most of this change occurred in the largest district, as it alone accounted for eight additional graduates from this disability category. This was a normal fluctuation in state data. The state will investigate this further to see if patterns occur.
- The state attributed the increase (329 to 459) in the number of students with *other health impairments* who *graduated with a regular diploma* to a count that increased by nearly 14 percent. *Other health impairments* was one of the fastest growing categories of disability in Kentucky. Two districts accounted for the increase of 57 of these students.
- The state could not attribute the decrease in students with deaf/blindness who *graduated with a regular high school diploma* to a clear cause. This change was a pattern of normal fluctuation. The state will monitor the data to watch for future trends.
- The state attributed the increase (77 to 94) in students with multiple disabilities who *graduated with a regular high school diploma* to an increase of 472 students or a 14.45 percent increase in the count for this disability category.
- The state attributed the increase (302 to 372) in the number of students who *received a certificate* of completion to two disability categories (*other health impairments* and multiple disabilities) that experienced increases in the child count of over 14 percent. With these increases in child count, the relative increase in these two categories did not reach the threshold of being significant.
- The state could not attribute the increase (16 to 26) in the number of students who *reached maximum age* to a clear cause. This change was a pattern of normal fluctuation. The state will monitor the data to watch for future trends.
- The state could not attribute the increase (19 to 35) in the number of students who *died* to any one factor.
- The state attributed the increase (2,866 to 3,611) in the number of students who were reported as *moved, known to be continuing* to the state's student information system. The system was starting to go online statewide, and districts were better able to contact or notify other districts about the status of children who exited their districts. As Kentucky moved to a statewide student-level tracking system and a statewide catchment area for this data table, it

was suspected that this number would drop, as students would be discovered not to have exited special education within the state.

- The state attributed the increase in exiters by race/ethnicity to increases in the total number of exiters. Specifically, white (not Hispanic), which is the predominant race category, increased at a rate of 10.54 percent, while the overall total increased by a similar percentage of 10.40 percent. The exiting of the Hispanic population increased by 43.86 percent; however, this was a total of only 25 students. Statewide, the population of Hispanic students in the child count increased by nearly a third from the previous year to 2004–05. As a result, an increased percentage of Hispanic exiters was expected.

**Louisiana**—The state attributed an increase in the number of students who were reported as *transferred to regular education* to a data system and a procedural change. In the past, the state’s data system included a code for exiting students whose parents withdrew them from special education when they enrolled in private schools or home school or just refused special education services (withdrawal of approval). That code was eliminated from the system. These students were reported as *transferred to regular education*. In the past, these students were not reported.

The state attributed an increase in the exiting category *moved, known to be continuing* to a change in data collection categories. Prior to 2004, Louisiana’s data system included an exit code moved/transferred out of state. In 2004, this exit reason was removed and replaced with the exit reason *moved, known to be continuing*.

The state reported a decrease in the number of dropouts. It attributed this change to using the exiting question-and-answer document provided by OSEP to educate LEAs. As a result of the training, LEAs reported exiting students more accurately. Students who did not meet any of the other exit categories were reported as dropouts.

**Maine**—The state attributed the decrease in the number of students with emotional disturbance and *other health impairments* who *transferred to regular education*, students with mental retardation and all disabilities who *received a certificate* and students with specific learning impairments exiting for any reason to declining enrollment in regular education as well as in special education. In 2004–05, the state had a decline in 10 disability groupings.

The state had an increase in the number of students with *other health impairments* or multiple disabilities who *graduated with a regular high school diploma*. The state also had an increase in the number of students with emotional disturbance, *other health impairments*, specific learning disabilities or multiple disabilities who *dropped out*. The priorities of the Maine Department of Education included improving the graduation rate and decreasing the dropout rate. The state was having success with the improved graduation rate and with the dropout rate. However, the three large categories of disabilities, emotional disturbance, specific learning disabilities and multiple disabilities, showed less improvement in the dropout area, even though overall, the dropout rate was improving. The state continued to work to keep students in school by offering alternative education and other options.

In Maine, some changes were due to the decline in general enrollment and special education enrollment. However, the state saw some old trends continue, like the increases in autism for 3- through 21-year-olds and higher than average dropout rates for students with emotional disturbance or specific learning disabilities.

The reporting period for the state’s exiting data was November 2003 to December 2004.



**Maryland**—Maryland reviewed students who exited in June 2004 and also appeared in the October 2004 child count. This review caused local school systems to more closely analyze and clean their data. Local school systems and the state reported better, more accurate data in both child count and exiting. The review of students who exited and also appeared in the child count will be conducted annually.

**Massachusetts**—The state had a decrease in the number of dropouts in all disability categories. Massachusetts continued to implement initiatives that increased the number of students with disabilities staying and succeeding in school. For detailed information on state policies for which a decreased number of dropouts was a potential result, see Indicators #1, #2, #3, #4, #5, and #13 of the Massachusetts SPP at <http://www.doe.mass.edu/sped/spp/>.

The state attributed the increase in the number of students *moved, known to be continuing* to districts that may have reported this information more correctly. With the advent of the state individual student reporting, the state found districts were more able to determine prior school placements for Massachusetts students.

When the data were reported for the 2003–04 school year, there was a variable specifically designated for special education—“Reason for Leaving School District.” For the 2004–05 school year, this variable no longer existed. Therefore, the state code for “transferred” was used instead. The state thought originally that OSEP was asking for a count of students who were continuing in special education, but then later realized OSEP was asking for a count of students who were continuing in school (i.e., transferred, not *dropped out*). The state dropped the variable since it could get that data from the enrollment status at time of data collection. This was confusing for districts, and the state thought this change might have affected the data reported.

The state reported that the 2002–03 school year was the first year that students had to pass a statewide assessment to receive a high school diploma. Students who did not pass the assessment and met local requirements were issued certificates of attainment. Prior to 2002–03, diplomas were granted based solely on local criteria, and certificates of attainment were not issued in the state. In 2002–03, Massachusetts reported students who met local graduation criteria but did not pass the statewide assessment in the *graduated with a regular high school diploma* category. It did this because the state could not differentiate between students who passed the state assessment and received diplomas and those who did not pass the assessment and *received a certificate* of completion. In 2003–04, the state reported students who received certificates of attainment in the *received a certificate* category. Prior to 2003–04, the state did not report any students in the *received a certificate* category. This year, students with disabilities reported as *graduated with a regular high school diploma* were only those who met the same standards for graduation as students without disabilities.

**Michigan**—The OSE/EIS emphasized to ISDs, schools and LEAs the need to increase data accuracy with respect to special education data/information. In addition, the LEA and the ISD data were publicly reported, further increasing the content validity of data on students with disabilities. Programs such as the CIMS broadened the state’s monitoring emphasis, moving from mainly a compliance orientation to a focus on improving educational results for students with disabilities in Michigan. In turn, CIMS also focused on assessing and improving the quality of data the OSE/EIS receives from school districts. These interventions resulted in more accurate data reporting, resulting in better data being submitted to OSEP.

The state had a decrease in the number of students with mental retardation, speech or language impairments, emotional disturbance, orthopedic impairments, specific learning disabilities and all disabilities who *transferred to regular education*. There were no significant policy changes related to these special education disability categories, and the state believed such a decrease was due to more accurate data and public reporting.

The state had an increase in the number of students with *other health impairments* who *transferred to regular education* and a decrease in the number of students with orthopedic impairments who *graduated with a regular high school diploma*. In the past, orthopedic impairments, *other health impairments* and traumatic brain injury were combined into one state category: physical and *other health impairments*. Changes to the state data collection methods and systems enabled the state to report these disabilities separately, beginning Dec. 1, 2005. That change accounted for some of the changes in state data.

Michigan had an increase in the number of students with mental retardation, hearing impairments, visual impairments, emotional disturbance, *other health impairments*, specific learning disabilities, autism, traumatic brain injury and all disabilities who *graduated with a regular high school diploma* and a decrease in the number of students with mental retardation, speech or language impairments, emotional disturbance, orthopedic impairments, specific learning disabilities and all disabilities who *received a certificate*. Michigan emphasized improving graduation rates for all students. In addition, the OSE/EIS implemented policies and practices to evaluate and improve schools' graduation rates for students with disabilities. For example, CIMS included monitoring practices carried out on a sample of school districts throughout Michigan. Based on results obtained, schools implemented new policies/practices, resulting in increased graduation rates and decreases in the number of students with disabilities who *received a certificate* of completion.

The state had a decrease in the number of students with orthopedic impairments who were reported as *moved, known to be continuing*. In the past, orthopedic impairments, *other health impairments* and traumatic brain injury were combined into one category: physical and *other health impairments*. Changes to the state data collection methods and systems enabled Michigan to report these disabilities separately, beginning Dec. 1, 2005.

Michigan had an increase in the number of students with mental retardation, *other health impairments* and traumatic brain injury who were reported as *moved, known to be continuing*. The OSE/EIS stressed to schools the need to follow more closely students who moved, so that their records could go with them. More emphasis was placed on data accuracy, which also improved the data collected and reported. Finally, classification of these special education disabilities changed.

The state had a decrease in the number of students with mental retardation, hearing impairments, speech or language impairments, emotional disturbance, orthopedic impairments, specific learning disabilities, autism and all disabilities who *dropped out*. Again, the OSE/EIS implemented policies and practices to evaluate and reduce schools' dropout rates for students with disabilities (e.g., CIMS). Because of this work, schools implemented new policies/practices, resulting in lower dropout rates.

**Minnesota**—Minnesota state statute requires that a regular diploma for high school graduation be granted at the local district level. There is no state diploma, and there are no alternatives to the regular diploma. The decision to grant a diploma is made at the local level. School districts in Minnesota do not issue certificates of completion.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Mississippi**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Missouri**—The category *graduated with a regular high school diploma* included all graduates who received a high school diploma. This included graduates who obtained the necessary number of credits as well as graduates who met the goals and objectives of their IEPs. Data collection was not set up to differentiate between the two groups. Missouri had a certificate of attendance available for students who *reached maximum age*, but did not meet graduation requirements. These students were reported in the *received a certificate* category. The increase in the number of students who *graduated with a regular high school diploma* and decrease in students who *dropped out* was attributed to efforts related to increasing postsecondary outcomes for students with disabilities, which was identified as a priority area for the state by its Special Education Advisory Panel.

The increase in the number of students with specific learning disabilities and all disabilities who *received a certificate* was due to reporting by the Department of Corrections, where students can earn a GED (reported as a certificate) rather than a regular high school diploma. This explained the overall increase in the *received a certificate* category.

The decrease in the number of students with mental retardation who *received a certificate* indicated a shift toward awarding diplomas rather than certificates. This was also related to the state's efforts toward increasing postsecondary outcomes.

The increase in the number of students with specific learning disabilities *reaching maximum age* was due to reporting by the Department of Corrections.

Decreases in the multiple disabilities category for *graduated with a regular high school diploma*; *moved, known to be continuing*; and *dropped out* were due to a shift in reporting by State Schools for the Severely Handicapped. In 2003–04, for the child count and exit data, all students were reported under the multiple disabilities category, but for 2004–05, all students were reported in the mental retardation category.

Increases in the number of students with *other health impairments* reported as *moved, known to be continuing* and *dropped out* were attributed to an overall increase in the number of students with *other health impairments*.

The increase in the number of students with speech or language impairments who *dropped out* was attributed to an overall increase in the number of students with speech or language impairments.

The decreases in the number of students with emotional disturbance and specific learning disabilities who *transferred to regular education* were seen in many districts across the state where decisions on the need for continuing services were made on a student-by-student basis.

The increase in the number of Hispanic students exiting special education corresponded with an increase in the number of Hispanic students receiving special education services in the state.

**Montana**—There were flags on 17 categories in Montana's report that represented a significant change in data reported from 2004 to 2005. Exiting data for 2004 and for 2005 were disaggregated to the district level to determine if there were any districts that met the criteria for significant change. In Montana, there were 450 school districts in 2004 and 446 in 2005. Total public school enrollment was under 150,000 students, with a special education child count of fewer than 20,000 students. Fifty-six percent of the state's schools had fewer than 100 students enrolled. The category *graduated with a regular high school diploma* increased for 2005. This was consistent with the emphasis in Montana to decrease dropout rates and increase graduation rates. Montana's focused intervention process specifically targeted districts for intervention services using these data, and programs were implemented at the district level to address

these issues. There were seven districts in which the change in exiting data was explained by a change in child count data.

The Montana Office of Public Instruction (OPI) awarded a contract to a company for a student information system, data warehouse and special education records and information management system (SERIMS). It is anticipated that the system will be fully operational in the 2008–09 school year. When in place, the system will allow the OPI to use student-level data for reporting, which will enhance the validity and consistency of the data across programs.

The state provided the following explanations for changes in the data:

- The state attributed the increase in the number of students with specific learning disabilities *transferring to regular education* to one school district in Montana that showed a significant change between 2004 and 2005 of 11 students. This district converted to a student-level database system for all students in the district in fall of 2004. Subsequent data reporting was believed to be more accurate.
- The state had an increase in the number of students with *other health impairments* who *graduated with a regular high school diploma*. There were 45 districts that reported data in this category for 2004 and/or 2005. A careful review of the data at the district level did not indicate any noticeable issues. Minor changes at the district level may have had a significant change at the state level but did not indicate a problem at the district level.
- The state attributed an increase in the number of students with specific learning disabilities who *graduated with a regular high school diploma* to one district. In a review of the district's records, errors were found in the 2004 data. Those data were corrected, and an amended 2004 exiting report was submitted to OSEP.
- The state had an increase in the number of students with multiple disabilities who *graduated with a regular high school diploma*. Careful review of the data at the district level did not indicate any noticeable issues. Minor changes at the district level may have rolled up to a significant change at the state level but did not indicate a problem at the district level.
- The state had an increase in the number of students with emotional disturbance and *other health impairments* who *moved and were known to be continuing*. A careful review of the data at the district level did not indicate any noticeable issues. Minor changes at the district level may have rolled up to a significant change at the state level but did not indicate a problem at the district level.
- The state had an increase in the number of students with specific learning disabilities who *moved and were known to be continuing*. Data for three school districts in Montana showed a significant change between 2004 and 2005. All three districts were large high school districts that had issues of students transferring in and out from smaller high school districts in the surrounding area. This fluctuation of the data was not new. An additional factor may have been the deletion of the exiting category moved, not known to be continuing and the instructions that any students who would have previously been reported under this category should be reported under the category *dropped out*, which prompted school districts to dig a little deeper when a student left to discover where the student went.
- The state had an increase in the number of students with all disabilities who moved and were known to be continuing. Data for four school districts in Montana showed a significant change between 2004 and 2005. Three of the districts were discussed above. The fourth

district was contacted and its data reviewed. Errors in the 2004 data were corrected, and an amended 2004 exiting report was submitted to OSEP.

- The total number of students with specific learning disabilities exiting for any reason increased. Data for nine school districts in Montana showed a significant change between 2004 and 2005. Two districts experienced an increase in child count of students with specific learning disabilities between 2004 and 2005 proportionate to the increase in exiting of students with specific learning disabilities. In one small district, there was frequent moving of students between the district and two other districts, making data collection a challenge. This district will be targeted for technical assistance in this area in the future. In one district, there was a decrease in students exiting. A large part of that decrease was in students who *dropped out*. The district implemented several new programs to target at-risk students and successfully reduced its dropout rate.
- There was an increase in the number of Hispanic students exiting for any reason. While there were 40 districts that reported data in this category for 2004 and/or 2005, no district met the criteria for significant change. Minor changes at the district level may have rolled up to a significant change at the state level but did not indicate a problem at the district level.
- There was an increase in the number of white (not Hispanic) students exiting for any reason. Data for 13 school districts in Montana showed a significant change between 2004 and 2005. The category covers 78 to 79 percent of all students who exited in 2004 and 2005. The other major category was American Indian (17 to 18 percent).

**Nebraska**—In 2004–05, the state’s percentage of students ages 14 through 21 served under Part B who exited school by *graduating with a regular high school diploma* was 70 percent compared to 18 percent in 2003–04. The percentage who *dropped out* was 24 percent in 2004–05 compared to 81 percent in 2003–04. The state did not provide an explanation for these changes.

**Nevada**—Certificates in Nevada include an adjusted diploma for IEP students based upon IEP requirements as well as a certificate of attendance for students who earn all units required for a regular diploma but cannot pass the high school proficiency examination.

The increase in number of students reported as *received a certificate* and the decrease in number of students reported as *graduated with a regular high school diploma* was the result of the state’s implementing a high-stakes exit examination. To receive a regular high school diploma, students had to pass the examination. Although the exam was implemented in the 1980s, over time, it became more difficult to pass, particularly for students with disabilities. Cut scores increased over time, and the content was aligned to more rigorous standards for knowledge and skills partly in response to the standards-based reform initiatives begun in the 1990s and continuing under *NCLB*.

**New Hampshire**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**New Jersey**—The state explained individual year-to-year changes in the data.

- The state attributed an increase in the number of students with speech or language impairments, *other health impairments*, specific learning disabilities or multiple disabilities who *transferred to regular education* to the variation in the movement of students in these classifications (especially speech) from special education to regular education and vice versa

from year-to-year. The state did not find the differences between the 2003–04 and 2004–05 data to be unusual or surprising.

- The state attributed a decrease in the number of students with emotional disturbance who *transferred to regular education* to a statewide decrease over the past 5 years in students with emotional disturbance. The state expected that the overall number of students returning to regular education from year to year also would decrease. The percentage of students with emotional disturbance of all students with disabilities was 6.24 in 2001, 6.19 in 2002, 5.88 in 2003, 5.56 in 2004 and 5.25 in 2005. This suggested that of all students with disabilities, the percentage of students classified with emotional disturbance was steadily decreasing. The percentage of students with emotional disturbance exiting special education was 16.0 in 2001, 14.8 in 2002, 15.9 in 2003 and 15.1 in 2004.
- The state attributed an increase in the number of students with speech or language impairments, *other health impairments*, multiple disabilities or autism who *graduated with a regular high school diploma* to the state's increasingly working with districts to put into place policies and procedures to help more students with disabilities graduate and do so with a regular high school diploma. Many of the efforts that were in place had a positive effect as reflected in the trends within the specific classification categories. The state recently invested resources in developing a data warehouse to assist statewide monitors in providing feedback to districts with which they are working. The system allows monitors to use very specific data (such as graduation rates, discipline, disability counts, etc.) in a way that was not as accessible and available in previous years. Monitors can share information with districts in new ways with this information. In addition, there was considerable emphasis on increasing the number of students with disabilities who graduated with diplomas. This was more evident with the requirements and statewide efforts of New Jersey's SPP and the goals and objectives set within.
- The state attributed a decrease in the number of students with orthopedic impairments and traumatic brain injury who *graduated with a regular high school diploma* to the extremely small numbers involved and the likelihood of year-to-year fluctuations. The percentages of students exiting classified as having traumatic brain injury and orthopedic impairments were 1 percent and 0.1 percent, respectively. With such small percentages overall, it seemed likely that there would be a fair amount of fluctuation when data were broken down by exiting reason. For this reason, the state suspected that this decrease was more likely the result of chance than trend.
- An increase in the number of students with speech or language impairments, emotional disturbance, *other health impairments* or multiple disabilities reported as *moved, known to be continuing* may have been due to the relatively high transient nature of students in the classifications above (especially speech) moving from special education to regular education and vice versa. The state did not believe the differences between the 2003–04 and 2004–05 data were unusual or surprising.
- The state attributed the increase in the number of students with hearing impairments, speech or language impairments, *other health impairments*, specific learning disabilities or multiple disabilities who *dropped out* to the overall annual increase in students with disabilities. In 2002, New Jersey reported 221,188 students with disabilities and 21,171 exiting. In 2003, the numbers were 225,837 students and 23,823 exiting. In 2004 there were 229,773 students with disabilities and 25,536 exiting. The state believed that the increased number of students in certain categories was responsible for these increasing trends.

- The state attributed the decrease in the number of students with orthopedic impairments and traumatic brain injury exiting for any reason to an overall decrease in the number of students classified in these two categories from 2003–04 to 2004–05. The state believed this was reflected in the total numbers reported as exiting special education. Since 2000, numbers of students with traumatic brain injury or orthopedic impairments decreased. Traumatic brain injury exits dropped from 3.03 percent of total exits in 2000 to 0.71 percent of exits in 2004. For orthopedic impairments, the percentage dropped from 0.31 in 2000 to 0.25 in 2004.
- The state attributed an increase in the number of American Indian, Asian and Hispanic students exiting for any reason to the fact that these racial groups were increasing substantially in the state population. The state believed that this increase would also be reflected in disability classifications for these groups.

New Jersey does not award certificates of completion. Students with disabilities who completed their IEPs were awarded diplomas and were included in the *graduated with a regular high school diploma* category. The state data collection cannot differentiate between graduates who met the goals and objectives of their IEPs and students who met the same graduation criteria as students without disabilities. This is inconsistent with the OSEP definition of *graduated with a regular high school diploma*.

**New Mexico**—The state had a decrease in the number of students who *received a certificate*. New Mexico has three graduation pathways for students with disabilities. These options include the standard graduation pathway for all students and two alternative pathways, all leading to a regular high school diploma. For federal purposes, New Mexico was allowed to report only those students graduating on the standard graduation pathway as receiving a regular diploma. Students graduating on one of the alternative pathways were reported as *received a certificate* even though they exited with a regular high school diploma. State rules implemented in 2004–05 required districts to maintain an accurate accounting of students with disabilities graduating on an alternative pathway and to limit the percentage of students exiting on the alternative options, thus reducing the number of students exiting with a certificate. Students were continuing their educational program beyond the standard number of years in order to graduate on the standard pathway, which reduced the number of students who *received a certificate* in a given year.

The state attributed the decrease in the number of students who were reported as *moved, known to be continuing* to one district that reported a high mobility rate due to a military installation.

The state attributed the decrease in students who *dropped out* to one district that had a significant decrease in students dropping out for all disabilities. Another district had a significant increase in dropouts for students with specific learning disabilities.

The state attributed changes by ethnicity to four active military installations and one out-of-state installation (Fort Bliss Army Base borders New Mexico) that affect multiple districts that process students with disabilities within the United States and overseas. Districts providing educational services to military installations reported high mobility rates, which directly affected all areas.

**New York**—The state noted a few individual districts accounted for the majority of the change in the exiting categories. The state will monitor the data to look for further statewide trends and patterns that may emerge.

**North Carolina**—There was a significant decrease in the number of students with mental retardation who *dropped out* of high school. This decrease was due to more courses of study being made available to all high school students in North Carolina. Students entered high school and faced a rigorous course of study that led to acquisition of a high school diploma. In addition, with the statewide implementation of the four

courses of study, there was an increased emphasis locally on provision of support, guidance/counseling and comprehensive transition services. The state's provision of more comprehensive support services and alternate assessments to students with mental retardation increased participation in the general curriculum significantly. Greater participation in the general curriculum resulted in slight increases in the number of students with mental retardation who could meet requirements for *graduated with a regular high school diploma* versus *received a certificate*.

Over the past few years, the number of students identified as having a specific learning disability consistently decreased. This may have contributed to the significant increase in the *other health impairments* category. It appeared that more and more children diagnosed with ADD and ADHD were identified in the *other health impairments* category. Since many LEAs implemented positive behavior support (PBS), there was a decrease in the number of students identified as having behavioral-emotional disabilities who *dropped out* and an increase in the number of students in this group who *graduated with a regular high school diploma* and *received a certificate*.

**North Dakota**—North Dakota used a Web-based student data collection system for the first time during the 2004–05 school year that incorporated unique student identifiers as the link to all special education section 618 data requirements. However, as exiting data were based on the previous school year, the Web-based data collection system could not be used to collect exiting data for the 2003–04 school year. Therefore, the state compared student data that crossed two different collection processes. Exiting data for the 2003–04 school year were collected via paper and pencil; exiting data for the 2004–05 school year were electronically collected via the state On-Line Reporting System (ORS), which automatically populates various special education federal reporting data spreadsheets. The new system prevented the duplication of student records that the state had sometimes seen in the past due to excessive mobility of segments of the student population. It will take two to three years for all school districts to be adequately trained with the new system. North Dakota believed the exiting data collected electronically in 2004–05 were considerably more accurate than the data collected in the past.

The state attributed a decrease in the number of students exiting in 2004–05 (19.4 percent) to an overall reduction in the number of students in special education from 2003–04 to 2004–05 (5.4 percent decrease).

**Ohio**—The decrease in the number of students reported as *graduated with a regular high school diploma* was the result of a change in how students who did not pass the high stakes exit exam were reported. The data for 2004–05 were the first for which Ohio reported students who did not pass the exit exam in the *received a certificate* reporting category. In the past, students with disabilities who were excused from the consequences of this exam by their IEP teams were reported in the *graduated with a regular high school diploma* category. In addition, the 1 percent of students with the most severe cognitive disabilities who took an alternate exam to receive a high school diploma were also previously reported in the *graduated with a regular high school diploma* category. In 2004–05, they were reported in the *received a certificate* category because they did not meet the same standards for graduation as students without disabilities.

**Oklahoma**—The state attributed year-to-year changes in its exit data to a change in the state's data reporting system. Prior to the 2004–05 reporting period, districts aggregated their exit totals for each disability category and race and reported the aggregate to the state. In 2004–05, districts reported individual child data (the same system by which the state collected child count information), and the state aggregated the counts electronically. The state believed that, as a result, the data were more accurate.

The state did not report students in the *received a certificate* category. Oklahoma state law prohibits graduation with certifications other than a high school diploma. All special education students who graduated were reported in the *graduated with a regular high school diploma* category, regardless of whether they met the same criteria for graduation as students without disabilities.



**Oregon**—The state had no reason for the decrease in the number of students with emotional disturbance who *transferred to regular education*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The state had an increase in the number of students with *other health impairments* who *transferred to regular education* since 1997. The clarification (in *IDEA 97*) in the definition of *other health impairments* to include ADD/ADHD might have resulted in identification of a population with milder disabilities than previously identified as having *other health impairments*, which would mean that the students could benefit from a shorter duration in special education services and increased transfer out to regular education. This was supported by the data on the number of children eligible to receive services under the category of *other health impairments*. From the 2001–02 to 2005–06 school years, the number of students reported as eligible for *other health impairments* increased by over 2,000, for an average increase of over 500 students per year. This increase, combined with statewide monitoring and technical assistance, led to improved outcomes for students with disabilities.

The state had no reason for the decrease in the number of students with mental retardation, hearing impairments or orthopedic impairments who *graduated with regular high school diploma*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The state attributed the decrease in the number of students with speech or language impairments who *graduated with a regular high school diploma* to one large district that significantly overreported the previous year. This was corrected in the 2004–05 data and accounted for the entire decrease in this area.

The state had an increase in the number of students with emotional disturbance who *graduated with a regular high school diploma* since 1995. This change was attributed to a state effort to improve outcomes for students with disabilities. Educational outcomes are a major focus of Oregon’s special education monitoring system, and districts are required to address any concerns in their improvement plans. Oregon also has a Transition Advisory Committee (a subcommittee of the State Advisory Committee for Special Education) that helps to coordinate training and technical assistance related to improving outcomes for students with disabilities throughout the state. In addition to statewide monitoring of special education programs and technical assistance, regular education requirements (e.g., high school reform efforts, school and district report cards, *NCLB* accountability, etc.) led to an even greater focus on accurately reporting the exiting status of students with disabilities. This focus led to improved outcomes for students with disabilities.

The state had no reason for the increase in the number of students with autism who *graduated with a regular high school diploma*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The state had an increase in the number of students with mental retardation who *received a certificate* since 1995. This change was attributed to a state effort to improve outcomes for students with disabilities.

The state had no reason for the increase in the number of students with autism who *received a certificate*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The state had an increase in the number of students with speech/language impairments who *received a certificate* since 1995. This change was attributed to a state effort to improve outcomes for students with disabilities.

The state attributed the decrease in the number of students with *other health impairments* who *received a certificate* to a simultaneous increase in the number of students with *other health impairments* who *transferred to regular education* or *graduated with a regular diploma*. The trend was attributed to a state effort to improve outcomes for students with disabilities.

The state had no reason for the increase in the number of students with autism who *reached maximum age*. This change was normal fluctuation. The state will monitor the data to watch for future trends.

The state had an increase in the number of students with all disabilities who *reached maximum age* since 1995. During this same period, Oregon had a severe fiscal crisis that resulted in very limited services for adults with disabilities. This, in turn, resulted in students staying in school longer to receive needed services. The decrease in services for adults with disabilities, combined with the efforts of the Transition Advisory Committee to coordinate training and provide technical assistance to districts throughout the state, led to greater district capacity to provide services for students who were ages 18 to 21.

Oregon attributed the increase in the number of students with speech or language impairments or autism in the category *moved, known to be continuing* to one large district that reported an increase from 15 to 19.

Oregon attributed the increase in the number of students with emotional disturbance, specific learning disabilities or *other health impairments* in the category *moved, known to be continuing* to one large district. The district improved its follow-up capacity.

Statewide, the number of students who *dropped out* decreased across the vast majority of districts. This was because of a concerted effort to inform districts that dropouts and the old moved, not known to be continuing categories were used in monitoring. Also, the state generated some new reports that assisted the districts in locating students who left their district but may have received services in other districts. Districts used this to find students who otherwise would have been coded as *dropped out*. Decreases occurred in the following disability categories: mental retardation, speech or language impairments, emotional disturbance, *other health impairments*, specific learning disabilities and all disabilities.

The state had no reason for the decrease in the number of students with hearing impairments or visual impairments who exited for any reason.

The state had no reason for the increase in the number of students with autism or traumatic brain injury who exited for any reason.

The state had no reason for the decrease in the number of American Indian/Alaska Native students who exited for any reason.

As per OSEP's instructions, students' ages were reported according to their age as of the child count prior to their exit. Prior to 2003–04, Oregon reported students according to their age at the time of exit.

**Palau**—Palau found that a significant number of students exited special education and *transferred to regular education*. The students no longer needed special education services. Others left school for other reasons like graduating and family problems. Palau's students fall into one race and ethnicity category, Asian or Pacific Islander.

**Pennsylvania**—The number of students with visual impairments who *transferred to regular education* decreased. This reflected the positive impact of the effectiveness of the services provided through the visual impairment program in successfully transitioning students back to regular education. This was due to the natural fluctuations in this low-incidence population from year to year.

The number of students with orthopedic impairments who *transferred to regular education* decreased. This reflected the positive impact of the effectiveness of the special education services provided in successfully transitioning students back to regular education. This was due to the natural fluctuations in this low-incidence population from year to year.

The decrease in the number of students with specific learning disabilities who *transferred to regular education* was attributed to an increase in the number of students with specific learning disabilities who *graduated with a regular high school diploma*. It was anticipated that fewer students would *transfer to regular education* because of the rise in graduates. This was due to a statewide effort to increase graduates. A lot of emphasis in Pennsylvania was placed on ensuring that all students received an appropriate education following the Pennsylvania standards, which reflect *NCLB*.

The state attributed the increase in the number of students with hearing impairments, visual impairments, orthopedic impairments, *other health impairments* and traumatic brain injury who *graduated with a regular high school diploma* to the natural fluctuations in these low-incidence population disability categories. The state anticipated fluctuations on a year-to-year basis. The state anticipated a continued increase in the number of students with hearing impairments, visual impairments, orthopedic impairments, *other health impairments* or traumatic brain injury who *graduated with a regular high school diploma*.

The state attributed the increase in the number of students with emotional disturbance who *graduated with a regular high school diploma* to the continued efforts on behalf of the Bureau of Special Education of the Pennsylvania Department of Education SPP initiatives to ensure the graduation of students with disabilities with a regular high school diploma. The state anticipated seeing an increase in these numbers. The state anticipated the increase to be reflected in other disability categories in the future.

The state attributed the increase in the number of students with autism who *graduated with a regular high school diploma* to the natural progression of students with autism approaching graduation. The rate of autism increased significantly over the past five years; the state anticipated seeing this increase reflected in the graduation rates over the subsequent years.

The state attributed the increase in the number of students with mental retardation, emotional disturbance and specific learning disabilities who *reached maximum age* to the natural fluctuations in these low-incidence disability categories. The state anticipated fluctuations on a year-to-year basis.

The state had no reason for the decrease in the number of students with emotional disturbance and specific learning disabilities who *died*. These circumstances were outside of the control of the Bureau of Special Education of the Pennsylvania Department of Education and reflected the natural fluctuation of this population during any given year.

The state attributed the increase in the number of students with hearing impairments, speech or language impairments, emotional disturbance, *other health impairments* or traumatic brain injury who *moved and were known to be continuing* to the elimination of the previous category of moved, not known to be continuing and the subsequent requirement for greater accountability on this reporting item. The state anticipated that this trend would continue.

The state attributed the decrease in the number of students with mental retardation, hearing impairments, emotional disturbance, *other health impairments* or specific learning disabilities who *dropped out* to the significant efforts of the SPP initiatives to improve dropout prevention. The state anticipated this trend to continue as the state attempted to have more students continue in education through dropout prevention. This initiative was part of the training of stakeholders on the Pennsylvania SPP.

**Rhode Island**—During the 2003–04 school year, 79 students with speech or language impairments *transferred to regular education* as all of their IEP objectives were met. In 2004–05, there were 110 students who *transferred to regular education*. There was an increase of 31 students who *transferred to regular education* from 2003–04 or a 39.24 percent increase. This improvement was a result of progress monitoring toward moving students to achieve all of the goals on their IEP.

During the 2003–04 school year, there were 303 students with specific learning disabilities. During the 2004–05 school year, there were 272 students with specific learning disabilities. There was a decrease of 31 students or a 10.23 percent decrease from the previous school year. As fewer students were designated statewide in the category of specific learning disabilities and the numbers continued to decrease, the number of students exiting also went down.

During the 2003–04 school year, there were 262 students in the 12th grade identified as having mental retardation. Out of those initial 262 students, 189 continued to the next school year. Forty-eight of the 12th graders in the mental retardation category *graduated with a regular high school diploma*. Sixteen of the 12th graders who were classified as having mental retardation left school because they *reached maximum age*. Nine of the 12th-grade students classified as having mental retardation *dropped out*. Seventy-three students were eligible to *graduate with a regular diploma*. There were no students reported in the 12th grade who *received a certificate* instead of a diploma.

During the 2004–05 school year, there were 292 students identified with mental retardation in the 12th grade. Out of those initial 292 students, 230 continued to the next school year. Thirty-five of the 12th graders *graduated with a regular high school diploma*. Thirteen of the 12th graders left school because they *reached maximum age*. Fourteen of the 12th-grade students *dropped out*. Forty-nine students were eligible to *graduate with a regular diploma*. There were no students reported in the 12th grade who *received a certificate* instead of a diploma.

Comparing the number of eligible students in the 12th grade who had mental retardation and who were eligible to *graduate with a regular high school diploma* revealed that in 2003–04, there were 73 students eligible and in 2004–05, there were 62 students eligible. The state was unable to explain why the change occurred in the data.

There was a decrease in the number of students with emotional disturbance who *graduated with a regular high school diploma*. The number of students reported for 2005 for the Dec. 1 child count decreased from those reported in 2004, so there were fewer students to graduate. The decrease in this category was attributed to the shift in some students who were previously reported as having emotional disturbance to being reported as having autism.

**South Carolina**—The state attributed the significant changes in the number of students reported in the exiting data report to the inability of its Statewide Student Information Systems to accurately capture these data. Districts collected and managed these data differently, and reporting from year to year varied. The state implemented a statewide Special Education Software Package for the 2006–07 school year, which was anticipated to improve the data reporting and more accurately capture these data.

**South Dakota**—South Dakota had a new data manager who was not involved in the collection and/or reporting of the 2003–04 exiting data. South Dakota cannot fully explain the changes between the 2003–04 exiting data and the 2004–05 exiting data. The state did not change the category, definition or the method of collecting data. The data for 2002–03 were more consistent with the data reported for 2004–05. In order to receive accurate data from the local districts, South Dakota developed a training tool that was used with districts in fall 2006 to ensure that the district personnel who encoded data into the Student Information Management System (SIMS) understood all current coding requirements and vocabulary. South Dakota also reviewed district data for changes annually. An initial live training for SIMS data coordinators was held on Oct. 5, 2006. This training was replicated and made available to all districts via Dakota Digital Network presentations, video streaming or Web-X. The state posted training materials on the Web. The state also put additional information into the SIMS newsletter, which included links to the data dictionary and updated information that district personnel needed to know. This SIMS newsletter is published at least twice a year.

**Tennessee**—The increases in the number of students with mental retardation, speech or language impairments, *other health impairments*, specific learning disabilities and all disabilities in the category *graduated with a regular high school diploma* and the decrease in the number of students with speech or language impairments in the category *received a certificate* were attributed to the expansion of efforts by LEAs to provide inclusive education to students with disabilities and efforts to close the student achievement gap under *NCLB*. This included the awareness work conducted by the Tennessee Closing the Achievement Gap statewide task force. These same efforts appeared to have contributed somewhat to the increase in the number of students with speech or language impairments, emotional disturbance, orthopedic impairments, specific learning disabilities and all disabilities who *transferred to regular education* and, as an unintended consequence, to the increase in the number of students with speech or language impairments, emotional disturbance, *other health impairments*, specific learning disabilities, multiple disabilities and all disabilities who *dropped out*.

Improved LEA followup on transient students and continued improvement in the accuracy of reporting data for transient students accounted for the increase in the number of students with mental retardation, speech or language impairments, emotional disturbance, orthopedic impairments, *other health impairments*, specific learning disabilities and all disabilities who were reported as *moved, known to be continuing*. The elimination of the moved, not known to be continuing exit category appeared to have helped encourage LEAs to do better followup on transient students and also significantly increased the state's count of students who *dropped out*.

The decreases in the number of students with hearing impairments who *graduated with a regular high school diploma* and those who exited for any reason were attributed in part to the Tennessee School for the Deaf's implementation of a secondary/postsecondary school program to provide students with hearing impairments and deafness more specialized transition training before they exited the high school education setting.

No policy or program change was identified that may have led to the decrease in the number of students with mental retardation who *transferred to regular education*.

**Texas**—The state anticipated continued positive increases in graduation rates long term for all students as a result of statewide activities such as the implementation of the state-required Personal Graduation Plan (beginning with the 2003–04 school year) for students at risk of not graduating. These statewide efforts increased the number of students who *graduated with a regular high school diploma* and decreased the number of students who *dropped out*.

Texas reported that its 2004–05 exit data were actually for the 2003–04 school year.

Students with disabilities who received a regular high school diploma, but did not meet the same standards for graduation as students without disabilities were reported as *received a certificate*.

The state imputed the disability category of 1,243 exiting students with disabilities. These students did not have a recorded disability category because of difficulties merging different databases. The state imputed disability for these students based on the distribution of the disabilities of students with the same exit reason whose disabilities were known. The state estimated disability data in the following categories:

- *Graduated with a regular high school diploma* (439);
- *Received a certificate* (162);
- *Died* (8);
- *Moved, known to be continuing* (450); and
- *Dropped out* (184).

**Utah**—The decrease in the number of students who *transferred to regular education* was only 51 students and varied from year to year. The reason for the decrease was unknown.

The state had some difficulty with the data collection accuracy for the *graduated with a regular high school diploma* and *received a certificate* categories as the state was shifting to an electronic collection of these data. Utah believed this would be corrected in the 2005–06 data collection.

Students who *died* varied from year to year, and the state had no reason to question the data.

The overall exiting numbers in all categories decreased in 2005 due to the state transition to an electronic collection. Utah believed this decrease would level off in the years to come.

**Vermont**—Overall, Vermont reported a reduction of 25.67 percent, from 2,002 to 1,488 students, in the number of students reported as exiting special education. This decrease was attributable to a new data edit check that was implemented to ensure that all students reported as exited from special education were not also in special education elsewhere within Vermont (the reporting catchment area) at the end of the reporting period.

As a result of this new data collection methodology, there were significant decreases in the number of students reported as exited in every disability category: mental retardation, hearing impairments, speech or language impairments, emotional disturbance, *other health impairments* and specific learning disabilities. These data were to be used as the baseline for comparison for future significant changes in exiting students across disability categories.

The reporting period of the exiting data was December 2003 to December 2004.

**Virgin Islands**—The increase in the reported number of students with specific learning disabilities and all disabilities in the category *graduated with a regular high school diploma* resulted from more students with disabilities participating in the regular curriculum with modifications and accommodations.

A decrease in the number of students with all disabilities who were reported as *moved, known to be continuing* resulted from students exiting, returning to the territory and reregistering.

The increase in the number of students with mental retardation who exited for any reason resulted from graduation with diplomas or *received a certificate*; parent/student withdrawals; *reached maximum age*; and *moved, known to be continuing* in other school districts.

**Virginia**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Washington**—Washington did not submit 2004–05 exiting data.

**West Virginia**—The state revised its exit data collection procedures to ensure consistency of data reported to meet accountability requirements under *NCLB* and *IDEA*, Part B. The state data collection for dropouts and graduates for general education and students with disabilities were merged. In addition to separate data verifications previously conducted for each report, the two data collections were cross-checked. Districts and the state corrected any discrepancies between the two data sources. This improved the accuracy of both reports.

The state reported that some students who received a GED may have been included in the *received a certificate* category. According to OSEP’s reporting instructions, these students should have been reported as dropouts.

**Wisconsin**—Some of the changes in the exiting data were attributed to the fact that there were more students overall ages 14 through 21 during the 2004–05 school year (Wisconsin report year of Dec. 1, 2003, through Dec. 1, 2004) rather than the 2003–04 school year (Wisconsin report year of Dec. 1, 2002, through Dec. 1, 2003). Many of the changes in the data were positive for the state. The graduation gap was one of the focused monitoring indicators for the state, so attention was given to the graduation and dropout data. In 2004–05, the state had an overall increase in both the number of students who *dropped out* and the number who *graduated with a regular high school diploma*.

Because the exiting special education reporting system was limited to a catchment area of the LEA, the *moved, known to be continuing* category was a catch-all category. Wisconsin developed a new exiting reporting system that will be able to expand the catchment area across the state.

The data reported for 2004–05 were actually for the reporting period from Dec. 1, 2003, through Dec. 1, 2004. The catchment area was the LEA.

**Wyoming**—The state critically looked at the accuracy of state data submitted over the last two years and discovered some mapping and definition errors in the state’s internal databases. The state continued to work to resubmit corrected data, but because this was a complicated study and the state had a turnover in staff, this process was difficult to complete. The state was unable to submit corrected data prior to the snapshot deadline for the *29th Annual Report to Congress*. The state believed that the changes in exiting data had a great deal to do with more accurate data definitions and better followup between the SEA and LEA. The state planned to continue to resubmit data to get better historical data recorded.

#### **Tables 5-1 Through 5-4: IDEA Part B Discipline, 2004–05**

**Alabama**—Alabama attributed the increases to better reporting of discipline data via a statewide, electronic student-level information management system. The state had increases in the number of:

- Children *unilaterally removed to interim alternative educational settings*;
- Children *suspended for more than 10 days*;
- Children with *single suspensions/expulsions more than 10 days*; and
- Children with *multiple short-term suspensions/expulsions summing to more than 10 days*.

**Alaska**—Alaska was in its second year of gathering and reporting discipline data through an on-line, student-level, incident-level reporting tool. Prior to 2003–04, Alaska collected aggregate discipline data from districts. Alaska collected these data for all students, not just for special education students. A unique student identifier was used in the database, and no names were stored. As the result of data entry errors in the identifier, the state continued to have difficulty determining which students in the discipline database were special education students. However, the state believed it increased the accuracy of these data for the 2004–05 submission. As the result of less data entry error, more students in the discipline database were identified as students with disabilities. Although it appeared that the number of students with disabilities subject to disciplinary action increased, the state believed that this actually reflected an undercount in past reports.

Alaska redesigned the data entry screens for the 2005–06 data submissions. This redesign allowed the person keying the data to see the student’s name and demographics associated with the student identifier. This helped the person entering see immediately if an incorrect student ID was entered (the wrong student name showed up) and correct the error. The person entering the data also no longer had to key the demographic data, thus reducing the number of errors. The state reported that modifications to the student ID(s) allowed Alaska to improve data for calculating *multiple suspensions/expulsions summing to more than 10 days*.

**Arkansas**—Arkansas implemented a school-based mental health network in 2004–05, decreasing the number of behavioral incidents leading to long-term suspension/expulsion. As a result, the *number of suspensions for more than 10 days* decreased by 16 percent.

**Bureau of Indian Affairs**—The BIA attributed the increase in the number of suspensions/expulsions and unilateral removals to two agencies that reported suspensions in all categories significantly above the BIA average.

**California**—California noted a review of local data indicated that the differences were based on accurate reporting, and they were normal data variations. The change in data was due to improvements in the data system of one of the largest school districts in the state.

The state noted the increase in the number of students *unilaterally removed for drug offenses to an interim alternative educational setting* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the decrease in the *number of unilateral removals for weapons* to an interim alternative educational setting was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

The state noted the decrease in the *number of students with multiple suspensions/expulsions summing to more than 10 days* was due to normal variations in the data. The data were reported accurately and reflected what was reported at the student level.

**Colorado**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Connecticut**—In the 2004–05 data collection, all offenses resulting in an out-of-school suspension were collected. This allowed school districts to report incidents that would normally go unreported on the ED166 Disciplinary Offense Data Collection. Prior to 2004–05, out-of-school suspensions were collected for only a subset of incident types, i.e., serious offense. Adding the new offense type to the state data



collection allowed for accurate reporting of all out-of-school suspensions by school districts. This explained the overall increase in the number of suspensions reported on the 2004–05 discipline table to OSEP. The change in reporting resulted in an increase in the number of:

- Children *removed to an interim alternative educational setting based on a hearing officer determination regarding likely injury*;
- Unduplicated count of children *suspended or expelled for more than 10 days*; and
- *Number of children with multiple suspensions/expulsions summing to more than 10 days.*

**Delaware**—Increases in the number of students and incidents of *suspensions/expulsions for more than 10 days* were attributed to additional training on reporting of incidents and improved reporting by the districts.

**District of Columbia**—The District of Columbia investigated why the numbers reported on the discipline table for 2004–05 were lower than the numbers reported on the discipline table in 2003–04. The District continued to review the discrepancies presented on the tables.

**Florida**—In general, the numbers were very small (increases of less than 30 students statewide). The state attributed the increases in the number of children *unilaterally removed to an interim alternative educational setting, children unilaterally removed to an interim alternative educational setting for weapons* and the *number of suspensions/expulsions for more than 10 days* to increased zero tolerance policies in schools.

**Georgia**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Guam**—Guam attributed the increase in the number of students who were unilaterally removed and the *number of unilateral removals for drugs* to very overcrowded high schools and serious drug problems. Guam has had an ongoing challenge to improve the discipline data collection component of Guam Public School System’s data system.

Guam attributed the decrease in the number of students suspended and the number of *multiple suspensions/expulsions summing to more than 10 days* to schools that were providing more in-school suspension options rather than excluding students. The change resulted in a decrease in the *number of expulsions more than 10 days*.

**Hawaii**—The state attributed the increase in the number of children with *multiple suspensions/expulsions summing to more than 10 days* to a new report. A new suspension report was developed to provide the schools with data on their special education students expelled or suspended more than 10 days. Schools monitored and verified these data. The state expected increased accuracy of these data as districts acquired further training on monitoring this report. Due to monitoring monthly reports on discipline for special education students, administrators were inputting data on a more consistent basis.

**Idaho**—Reductions in numbers of students suspended may have been the result of Idaho’s ongoing provision of PBS training. PBS training was contracted by the Idaho State Department of Education through the University of Idaho and was made available to schools and districts without cost.

Originally, PBS activities focused on problem-solving activities and writing a behavior intervention plan for a specific student who presented staff with exceptionally challenging behaviors. PBS training progressed over the years and was directed toward entire schools or districts, including both general and

special educators and administrators, and was increasing staff capacity to proactively deal with challenging behaviors. The result was that discipline referrals and suspensions were reduced significantly.

**Illinois**—The increase in discipline data may have been attributed to data coding and input issues. Due to concerns about the validity of the LEAs' discipline data, Illinois provided continued training on how to accurately report the data.

**Iowa**—The state attributed the year-to-year changes in the discipline data to changes in Iowa's data collection procedures. In 2003–04, discipline events were reported by LEAs to Area Education Agencies (AEAs) and then summarized and sent to the state department. In 2004–05, the process was computerized, with LEAs directly uploading discipline events from their student information systems to the new state student-by-student database.

**Kansas**—School staff made the connection between improved student outcomes and behavior that results in suspensions and expulsions. Increased accountability in meeting Adequate Yearly Progress (AYP) and proficiency goals prompted educators to consider alternative discipline practices for all students; as a result, all discipline categories decreased.

**Kentucky**—The state attributed the decrease in the number of suspensions to the CHAMPS program. CHAMPS is a school-wide behavior management system. In 2004–05, Kentucky middle schools completed their second year of CHAMPS implementation, and selected high schools introduced the schoolwide behavior management program.

The decrease in the number of students reported as *suspended/expelled for more than 10 days* was the result of data from one district. Kentucky addressed specific changes in the data:

- **Removal for drugs:** The state attributed the increase in the number of *unilateral removals for drugs* to Kentucky statute, which is more restrictive than federal law in removing children to an interim alternative educational setting regardless of the reason. A change in 10 students from year to year, although representing a high percentage, was not a substantial number indicative of a trend or concern.
- **Children suspended and *multiple short-term suspensions*:** The state attributed a decrease in the number of students suspended to Kentucky's largest district. The district actively monitored school suspension rates for many years. Since 2002–03, the district reported increasing its monitoring efforts by having a retired administrator call schools and review the suspension records of every student suspended over five days during the school year. This ongoing monitoring increased focus on these students and significantly affected suspension rates.

**Louisiana**—The state attributed the decrease in the *number of unilateral removals for weapons* for 2004–05 to an increase in the number of security staff in schools. Additional training of security staff was conducted by individual schools and districts and varied among districts. The training reinforced discipline guidelines.

The state attributed the decrease in *the number of suspensions and expulsions greater than 10 days* and those *summing to 10 days* or more to holding schools accountable for FAPE requirements of IDEA and the required manifestation determination reviews. The state has a state- and local-level monitoring system, and LEAs conduct self-reviews.

**Maine**—Maine reported that students in special education with specific learning disabilities and students with emotional needs had the greatest number of suspensions and expulsions. The state attributed a decline in suspensions and expulsions to a decline in these two disabilities.

The state attributed a decline in incidences involving drugs and weapons to a culture change plus the focus of the work being done by the Safe and Drug Free consulting staff and the technical assistance provided to LEAs. The state reported that with the preponderance of drugs in schools and threats of violence, i.e., shootings and bomb scares, there was an increase in awareness of behaviors that might lead to these incidences. Consequently, schools hired law enforcement officers for the school to address these problems. Many schools still employed resource officers for their schools. Safe and Drug Free funding intended to affect these areas; special education funding alternatives for special education students and more training in the area of school climate (bullying, under-age drinking, etc.) affected the schools in a positive way.

Safe and Drug Free consulting staff were collecting better data, and those data were being used by districts to plan change. The Safe and Drug Free consultants were assisting districts in the use and interpretation of the data and information provided in a positive and constructive way.

**Maryland**—Maryland attributed an increase in the number of children unilaterally removed to the Maryland State Department of Education conducting intensive suspension data audits at the local school system level over the past several years to improve the accuracy of reporting unilateral removals. This increase reflected an improvement in the accuracy level of such reporting brought about as a result of corrective action plans and improvement plans. For example, between March 2004 and August 2005, suspension record reviews were conducted in seven local school systems. A total of 258 records were reviewed in this process. The state scheduled such reviews for at least five additional local school systems prior to September 2006.

Maryland attributed a decrease in the unduplicated count of children *suspended for more than 10 days* to the Maryland State Department of Education's commitment to continued implementation of positive behavior initiatives and supports training provided to all Maryland local school systems. By 2005, 289 school teams were trained and actively functioning, including 94 teams trained during summer of 2005. The schools represented all 24 local school systems in Maryland. Since 1999, the state trained 150 behavior support coaches to provide leadership and support to local school teams with training of as many as 75 additional school teams scheduled in summer 2006.

**Massachusetts**—The 2003–04 discipline data included students with *suspensions more than 10 days* and *the number of children with multiple suspensions/expulsions summing to more than 10 days*. As a result, the data for 2003–04 were higher in the unduplicated count of children and the *number of single suspensions/expulsions more than 10 days* than the data in the 2004–05 data submission. The state removed the cases where students were suspended for more than 10 days and only counted occurrences of 10 days or less to determine if the student should be counted in the *number of children with multiple suspensions/expulsions summing to more than 10 days*.

The 2004–05 data for the *number of single suspensions/expulsions greater than 10 days* was consistent with the data the state submitted in 2003–04.

**Michigan**—The state had a decrease in the number of students who were unilaterally removed and an increase in the number of students who were removed by hearing officers. The Continuous Improvement Monitoring System (CIMS) worked with districts to maintain better records on students with disabilities who were unilaterally removed or removed by a hearing officer. As part of CIMS, focused monitoring practices worked to help schools better identify and report on students removed from typical educational

environments. In addition, CIMS also provided assistance to schools in improving policies and practices related to student removals.

Michigan had a decrease in students who were *unilaterally removed for drugs or weapons to an interim alternative educational setting by school personnel*. The state attributed the decrease in the number of students with disabilities removed for drugs and weapons to:

- An increase in the unduplicated count of children suspended;
- An increase in the *number of suspensions more than 10 days*;
- An increase in *multiple short-term suspensions/expulsions summing to more than 10 days*.

The state implemented discipline data verification practices to ensure that schools properly recorded and reported suspensions of students with disabilities. For example, the state contacted those schools that reported either zero suspensions/expulsions of students with disabilities or left these data fields blank in order to verify discipline data. Those schools that had significantly high numbers of students with disabilities who accrued *multiple suspensions/expulsions that summed to more than 10 days* and/or who had high numbers of students with disabilities who received a *single suspension/expulsion greater than 10 days* were subject to focused monitoring. These schools' discipline practices/policies were closely reviewed, and schools were asked to implement practices to reduce these numbers.

**Minnesota**—The number of students reported for disciplinary incidents in 2004–05 increased from 2003–04. The Minnesota Department of Education attributed the increase to a statewide implementation of a new data collection system that increased accountability built into the reporting process. LEAs that had not entered data into the 2004–05 system were contacted personally by the Minnesota Department of Education in order to ensure that all students and incidents were reported. The data collection system was open until mid-November 2005 in order to allow all LEAs to enter the 2004–05 data. The Minnesota Department of Education believed this new system more accurately reflected the actual incidence of disciplinary actions than data prior to 2004–05.

**Mississippi**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Missouri**—Discipline policies varied from district to district and were under district control. Due to the local control of discipline policies, it was not known if the changes in reporting from the 2003–04 school year in several categories were due to actual changes in the types of discipline incidents or the policy dealing with the incidents. Also, discipline data reported by large school districts will be amended, but it was not known what impact the changes would have on the data.

**Montana**—Montana attributed a decrease in the unduplicated count of children *unilaterally removed to an interim alternative educational setting by school personnel for weapons or drugs*, an increase in the unduplicated count of children *suspended/expelled a single time for greater than 10 days* and children *suspended/expelled short-term (10 days or less) multiple times during the year that summed to more than 10 days* to inconsistency and inaccuracies in data reporting at the level of individual districts. Montana is developing a statewide student-level database system that will replace many of the individual data collection systems currently being used, including the school discipline application. This system will increase the accuracy of the data reported on students with disabilities. The new system is expected to be fully operational by the 2008–09 school year.

**Nebraska**—The state noted data submission training and support increased accuracy of district data. The Nebraska State Improvement Grant implemented positive behavioral supports in school districts that included the two largest systems. The decrease in disciplinary actions was attributed to increased use of PBS. The state had a decrease in the number of all incidents reported.

**Nevada**—The state attributed a decrease in the number of *single suspensions of more than 10 days* and the increase in the number of multiple short-term suspensions to local-level policy decisions about the length of time for suspensions. The data suggested that different policy decisions were being made within school districts for offenses that did not involve drugs or weapons.

The increase in numbers of Asian/Pacific Islander and American Indian/Alaska Native students *suspended/expelled for more than 10 days* were for small populations and were, therefore, particularly sensitive to what were very small numerical increases.

The increase in Hispanic students and decrease in white (not Hispanic) students removed for weapons offenses may have reflected patterns of gun-possession activities connected with juvenile crime, but further analysis was required. The data changes were not the result of changes in policies or procedures or in data collection methods.

**New Mexico**—The state updated the data shortly after the deadline because the state was awaiting accurate data and information at the LEA level to ensure the data reported were valid with a high confidence level. The updated data were not included in the *29th Annual Report to Congress*. In comparing the 2004–05 and 2005–06 child count tables and the specific district data submitted with regard to removals for drugs and weapons, one district incorrectly reported the number of removals; these data were not corrected in time for the *29th Annual Report to Congress*.

The district incorrectly reported:

- *Removals for drugs* for 2004–05: 1,322 students;
- *Removals for weapons* for 2004–05: 1,313 students.

Corrected statewide totals are as follows:

- *Removal for drugs*: 645;
- *Removals for weapons*: 202.

The state attributed the decrease in the *number of students suspended or expelled for more than 10 days* and the *number of multiple-short-term suspensions summing to more than 10 days* to:

- Districts using functional behavior assessments to identify problem behaviors and designing behavior intervention plans to address the behaviors;
- Districts using behavior intervention plans in lieu of suspensions for less serious rule infractions;
- Statewide PBS initiative providing schoolwide intervention training for staff, including administrators;
- Triennial and Directors Academy, including professional development training for district special education directors; and

- An increase in the use of *social work services* to provide support for students who may exhibit behaviors that would otherwise result in a discipline referral.

The state attributed the increase in the *number of single suspensions or expulsions for more than 10 days* to districts using the interim alternative educational setting option for students in order to continue to provide special education services. This gave the district time to complete any evaluations or gather additional information that the IEP team needed in order to determine the appropriate service and setting for the student.

**New York**—The state attributed the decrease in the number of students unilaterally removed to one school district. The state attributed the decrease in the number of students *unilaterally removed for drugs* to one school district. The state attributed the decrease in the number of students *removed by a hearing officer* to one school district. The state attributed the increase in the number of children suspended to two school districts. The state attributed the increase in the *number of suspensions more than 10 days* to one school district. During 2005–06, this district was required to engage in a self-review of its suspension procedures. The state attributed the increase in the number of *multiple short-term suspensions/expulsions summing to more than 10 days* to three school districts. The state will monitor the data for statewide trends.

The state attributed the increase in the number of black (not Hispanic) students and white (not Hispanic) students unilaterally removed to one school district. The state attributed the decrease in the number of black (not Hispanic) students *removed by a hearing officer* to one agency that revised its definition for reporting in this category to make it consistent with reporting instructions. The state attributed the increase in the number of black (not Hispanic), Hispanic, Asian and American Indian children suspended to three school districts. The state attributed the increase in the number of black (not Hispanic), Hispanic, Asian and American Indian students with *suspensions more than 10 days* to one school district. During 2005–06, this district was required to engage in a self-review of its suspension procedures. The state attributed the increase in the number of black (not Hispanic), Hispanic and Asian students with *multiple short-term suspensions* to three school districts. The state will monitor the data for statewide trends.

**Ohio**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Oklahoma**—The observed changes from 2003–04 to 2004–05 were likely the result of several edit checks that were added to the online reporting system. Therefore, the Oklahoma State Department of Education was confident that the data submitted to the U.S. Department of Education were an accurate portrayal of the discipline data for special education students.

**Oregon**—Oregon revised the discipline collection for 2005–06. Its new system was a student-level system for the collection of discipline data for all students. It came about, in part, to address inconsistencies in the *IDEA* aggregate discipline collection that existed through 2004–05. This collection affected the categories unduplicated count of children *unilaterally removed to an interim alternative educational setting*, *removals for weapons to an interim alternative educational setting* and children *removed by hearing officer*. This decrease was due to several districts that, in the past, had misunderstood the definition of “hearing officer” and incorrectly reported incidences in that category that should have been reported in a different category. This was corrected for the 2004–05 school year, and reports of no incidence of *removal by a hearing officer* were corrected. The students were reported in whichever category was appropriate to the type of removal in question.

The student-level data system also affected the unduplicated count of children *suspended for more than 10 days, number of suspensions/expulsions for more than 10 days and multiple short-term suspensions summing to more than 10 days.*

**Pennsylvania**—The Pennsylvania Bureau of Special Education continued collaborating with the Violence and Safe Schools Office to improve the quality of the state’s discipline data. Data were verified at the intermediate unit, contractor and state levels for accuracy. The data reported for 2005–06 were accurate. They reflected the fact that the population reported for this table fluctuates from year to year.

**Rhode Island**—The state attributed an increase in the number of students *suspended or expelled for more than 10 days* to the integration and refinement of a statewide student identifier system with the state’s data collection process.

**South Carolina**—The state attributed the significant changes in the number of students reported in the discipline data report to the inability of the Statewide Student Information Systems to capture these data. Districts collect and manage these data differently, and reporting from year to year varies. The state was implementing a statewide Special Education Software Package for the 2006–07 school year and will be able to capture these data accurately and anticipated an improvement.

**South Dakota**—The state attributed an increase in the *number of multiple short-term suspensions* to two large districts.

One district had a substantial increase in the number of students who transferred to a school within the district. Many of the students had IEPs from their former schools and contributed to the increase in suspensions. When students move into a new district they have to deal with new friends, new teachers, new curriculum and new rules. The students moving into this district had a difficult time adjusting. Normally, districts do not have such a substantial increase in students moving into a district.

Another district attributed the increase in suspensions to changes in both the middle school and high school handbooks and a change in staffing (vice-principal) at the high school level. The new vice-principal took a consistent stance on dealing with infractions. Prior to 2004–05, there was a fairly flexible hierarchy of discipline options. The previous principal was inconsistent in the number of days he would assign for suspensions. In 2004–05, the new principal enacted a more equitable system. For example, a student’s first fight may receive a 2-day suspension, the second a 4-day suspension, etc. For repeat offenders, the total number of days increased, causing a total increase in the overall numbers.

The listing of infractions also increased in the state. Prior to 2004–05, the state did not have viable cell phone service. In 2004–05, the state got service, so the number of infractions dealing with cell phone usage increased dramatically.

There was also an increase in the number of staff who were available to patrol school grounds. This also accounted for an increase in the number of students caught smoking or skipping class.

**Tennessee**—The state attributed the decrease in the *number of unilateral removals for weapons to an interim alternative setting* to an effect of multiple projects being conducted through the SEA’s Tennessee School Safety Center, including the No Bullying program and the Yes to Kids 2004 program that provided training to school resource officers, counselors and others.

**Texas**—The number of *removals by a hearing officer* decreased in the state because the number of decisions by a hearing officer decreased. The increase in *multiple short-term suspensions* was attributed to the addition of disciplinary action codes to the annual federal data report.

**Utah**—The state saw the positive behavior initiative emphasis make a big difference in state schools. This was an increased effort to get more schools and districts involved in this behavior initiative. The state saw decreases in the number of suspensions and expulsions where this initiative was implemented. Teachers were learning to deal more positively with students on a daily basis, thus relationships were improved, and disciplinary problems decreased. The state also emphasized better reporting of all discipline issues through a reporting program called RISEP, which is an electronic data collection system that can, at any time, report expulsions, suspensions, weapon incidents, etc.

**Virginia**—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

**Washington**—Districts must review their 618 discipline data and determine activities in this area annually in their application for federal flow-through funds. Many activities the districts included in the plan focused on continually providing training to staff (some districts multiple times during the school year) on behavioral intervention plans/functional behavioral assessments and appropriate behavior plans for students in special education programs. Safe schools became a priority for all students, not just special education students, so an overall decrease was starting to become apparent on a district-by-district basis.

Additionally, a couple of the districts had significant declines in the unduplicated count of children *unilaterally removed to an interim alternative educational settings by school personnel*, the *number of unilateral removals for drugs* and the *number of suspensions or expulsions for more than 10 days*. These districts were those that participated in the BEACONS project (Behavioral and Emotional Assessment and Curriculum for the Ongoing Needs of Students with or At-Risk of Developing Emotional Disturbance). This federal grant was originally funded in 1998 but grew and received more state support so as to be implemented in more schools statewide. This was a slow process, but the state had a decline in the number of suspensions/expulsions for all students in some of those districts.

Additional school staff were trained and will begin implementing PBS, so the state hoped to see a steady decline in suspension/expulsion referrals as that program developed in those sites. This was a project/goal within Washington's State Improvement Grant.

**Wisconsin**—The state had a decrease in the *number of children unilaterally removed to an interim alternative educational setting* and a decrease in the *number of unilateral removals for drugs*. *Unilateral removals by school personnel to an interim alternative educational setting (IAES)* seemed to be incident specific. Approximately the same number of LEAs unilaterally removed students to an IAES during the 2004–05 and 2005–06 school years, but of those LEAs, only one-third unilaterally removed students to an IAES two years in a row. For the majority of LEAs, one or two students were unilaterally removed to an IAES. The largest district in the state reported the greatest number of students unilaterally removed to an IAES. This district reported 10 fewer students as being unilaterally removed to an IAES for the 2005–06 school year. With fewer overall unilateral removals during the 2005–06 school year compared to the prior year, it was expected that the number of incidents (drug or weapon related) would also be fewer than in the prior year.

In comparing the 2004–05 discipline data to the 2003–04 discipline data, there were fewer students overall who had a *single suspension/expulsion more than 10 days*. For the 2005–06 school year, the state will provide LEAs with summary reports of the discipline data submitted. For the 2006–07 school year, the state is rewriting its discipline data collection to be student/incident specific versus the current aggregate reporting. The state will monitor the data for changes or trends.



**Wyoming**—Wyoming attributed the increase in the number of students who were suspended and the increase in the *number of suspensions for more than 10 days* to reporting at a large district. The district tightened its attendance and discipline policies and put an increased effort into the collection and reporting of the discipline data. This change was implemented at the start of the 2004–05 school year (September 2004). The district held a meeting at the beginning of the 2004–05 school year to ensure that all building administrators and district administrators were aware of the expectations for recording disciplinary events. It also revised its student conduct policy in June 2004 and revised its attendance policy in March and April 2004. In Wyoming, the number of students is so small that when a larger district makes policy and collection changes, the state numbers are drastically affected.





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