May 2011

Shifting Trends in Special Education

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Thomas B. Fordham Institute
Advancing Educational Excellence

ED SHORTS

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A big thank you goes out to the whole Fordham team for their assistance on this project, especially Michael Petrilli and Chester E. Finn, Jr. for their project guidance and astute feedback, to Daniela Fairchild for production management, to ©istockphoto.com/AnithaCumming for the snappy cover image, and to Amy Fagan for dissemination. The smart layout design is the work of Alton Creative and the "Ed Shorts" logo of Laura Elizabeth Pohl.

Executive Summary

Special education is a field in flux. After decades of steady increases, the population of students with disabilities peaked in 2004-05 with 6.72 million youngsters, comprising 13.8 percent of the nation's student population. The following year marked the first time since the enactment of the Individuals with Disabilities Education Act (IDEA) that special-education participation numbers declined—and they have continued to do so, falling to 6.48 million students by 2009-10, or 13.1 percent of all students nationwide.

This report examines trends in the number of special-education students and personnel at both the national and state levels from 2000-01 to 2009-10. It finds that the overall population of special-education students, after decades of increases, peaked in the 2004-05 school year and has declined since. But within this population, individual categories of students with disabilities differed markedly in their trajectories:

» The population of students identified as having "specific learning disabilities," the most prevalent of all disability types, declined considerably throughout the decade, falling from 2.86 million to 2.43 million students, or from 6.1 to 4.9 percent of all students nationwide.

» Other shrinking disability categories included mental retardation, which dropped from 624,000 to 463,000 students, or from 1.3 to 0.9 percent of all pupils, and emotional disturbances, which fell from 480,000 to 407,000 students, or from 1.0 to 0.8 percent.

» Autism and "other health impairment" (OHI) populations increased dramatically. The number of autistic students quadrupled from 93,000 to 378,000, while OHI numbers more than doubled from 303,000 to 689,000. Even so, autistic and OHI populations constituted only 0.8 and 1.4 percent, respectively, of all students in 2009-10.

In addition, state-level special-education trends varied dramatically:

» Rhode Island, New York, and Massachusetts reported the highest rates of disability identification in 2009-10; Rhode Island was the only state with more than 18 percent of its student body receiving special-education services.

» Texas, Idaho, and Colorado reported the lowest rates of disability identification in 2009-10. Adjusting for overall population size, Texas identified just half as many students with disabilities as Rhode Island: 9.1 percent of its total student body.

States also varied in their special-education personnel practices, so much so that the accuracy of the data they report to Washington is in question. Nationally, schools ostensibly employed 129 special-education teachers and paraprofessionals for every thousand special-education students in 2008-09, up from 117 per thousand in 2000-01. At the state level, this ranged from a reported 320 per thousand in New Hampshire, to thirty-eight per thousand in Mississippi. (We appreciate the implausibility of these numbers, which come from the only available official source.)

Introduction

Last summer, New Jersey's *Star-Ledger* ran a hard-hitting piece about the condition of education finance in the Garden State. It bemoaned a dismal school-system budget in which teachers had been laid off, extracurricular activities scrapped, and free transportation curtailed. But one budgetary category had been spared: special education.

> "This is an area that is completely out of control and in desperate need of reform," said Larrie Reynolds, superintendent in the Mount Olive School District, where special-education spending rose 17 percent this year. "Everything else has a finite limit. Special education—in this state, at least—is similar to the universe. It has no end. It is the untold story of what every school district is dealing with."[1]

And so it is. Special education consumes a hefty slice of the education pie, comprising an estimated 21 percent of all education spending in 2005. That slice is growing, too. Forty-one percent of all increases in education spending between 1996 and 2005 went to fund it.[2]

As Superintendent Reynolds indicated, special education is a field in urgent need of reform. Not only is its funding widely seen as sacrosanct—due to federal "maintenance of effort" requirements, strong special-education lobbies, nervous superintendents, entrenched traditions, and inertia, as well as a collective sense that we should do right by these kids—but America's approach to it is also antiquated. Despite good intentions and some reform efforts, the field is still beset by a compliance-oriented mindset that values process over outcomes. Thirty-six years after Congress passed the Education for All Handicapped Children Act (now the Individuals with Disabilities Education Act or IDEA), the rigidities and shortcomings of yesterday's approach have become overwhelming, as have the dollar costs. There has to be a better way.

We at the Thomas B. Fordham Institute seek to help chart a different path, doing right by children with special needs while recognizing both that every youngster is special in some way and that the taxpayer's pocket is not bottomless. This is the first of several special-education eye openers that we're undertaking.[3] Ten years ago, we dipped our toes into the turbid waters of special-education policy via a set of thought-provoking papers in a volume titled *Rethinking Special Education for a New Century*.[4] The fundamental shift from compliance to outcomes that we advocated in that volume has, for the most part, not come to pass (though we may see a glimmer of hope in the implementation of Response to Intervention [RTI] programs). Still, someday—probably after the delayed reauthorization of the Elementary and Secondary Education Act—Congress will again take up IDEA.

Methodology

Special-education student-population data (referred to in federal reporting requirements as "child count") and personnel data were drawn from the Data Accountability Center, funded by the Office of Special Education Programs in the U.S. Department of Education and located at ideadata.org.[5] Child-count totals are reported each year by states and include all children ages three to twenty-one identified with disabilities.[6] Thus, the term "students with disabilities" in this report refers to the number of students that the education system *recognizes* as having disabilities. Variation among the states' disability incidence rates almost surely has more to do with how a state defines and identifies special-needs students (i.e., whether a state over- or under-identifies disabilities) than with the true population of disabled children in that state.

To calculate each state's disability incidence rate, child-count numbers were divided by total state enrollment figures.[7] State enrollment data were drawn from the *Digest of Education Statistics*. Total student enrollment data for the 2009-10 school year had not been released as of publication; thus 2009-10 figures are based on projections published in the *Digest*.

It's our hope that the next iteration of that law will benefit from fresh thinking amid changed realities.

But that day has not yet dawned. And before we can seriously re-imagine the field of special education and how it should be funded, we need a basic understanding of the state of special education today—and how it's changed over the past decade. Many are aware, for instance, that the number of students who received special-education services rose steadily between IDEA's enactment in 1975 and the turn of the century. But is this population still growing? Are particular types of disabilities responsible for overall trends? What types of personnel do schools employ to teach these students? Accurate descriptive data on questions like these are a scarce commodity (more on that later), but we desperately need them if we're to wrestle with the more complex questions that vex the field, such as: Have rising numbers of special-education students driven up costs? Which states are spending more and which are spending less per special-education student than others? Are states correctly identifying students and providing them with appropriate services? What types of interventions are most effective with special-needs children?

This report sets forth the number of children identified with disabilities in our nation's schools by disability type, nationally and by state, examining how those patterns have changed over the past decade.

It also addresses:

» Which states have the largest and smallest proportions of children judged to have disabilities;

» The extent to which the numbers of students with specific learning disabilities have changed over the last ten years; and

» The number of special-education personnel employed nationally and how this varies by state.

We also dig into a couple of outliers—Massachusetts and Texas—and attempt to explain why their data look like they do. We close with a few takeaways and next steps.

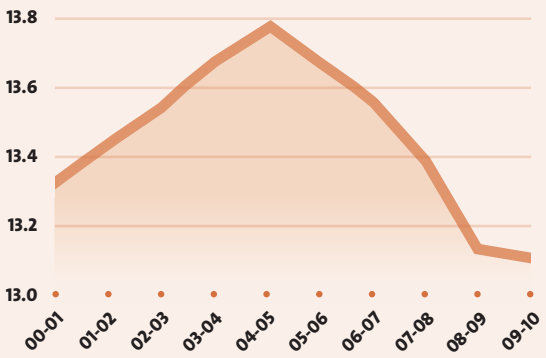
Findings

Students with Disabilities across America

After decades of steady increases, the population of students with disabilities peaked in 2004-05 with 6.72 million youngsters, comprising 13.8 percent of the national student body (see Figure 1). The following year marked the first time since the enactment of IDEA in 1975 that special-education participation numbers declined. (For a long-term trend analysis of the special-education population, see Appendix A.)

Since then, the number and proportion of students with disabilities has decreased steadily, falling to 13.1 percent of the national student body by 2009-10, or 6.48 million students.

1 Proportion of the National Student Population with Disabilities, 2000-01 to 2009-10



This national trend is driven by shifting populations of particular disability types. The federal government requires all states to report student-population numbers across twelve categories of disability (the reporting of a thirteenth, termed "developmental delay," is optional): autism; deaf-blindness; emotional disturbance; hearing impairments; mental retardation; multiple disabilities; orthopedic impairments; other health impairments; specific learning disabilities; speech or language impairments; traumatic brain injuries; and visual impairments. (For the full federal definition of each category, see Appendix B.)

Much of the recent decrease in the overall special-education population can be attributed to the shrinking population of students identified with specific learning disabilities (SLDs). After decades of growth, the proportion of students with SLDs peaked in 2000-01 and declined thereafter, falling from 2.86 million to 2.43 million students between 2000-01 and 2009-10, or from 6.1 to 4.9 percent of the national student body.[8]

Other disability categories declined as well. The population of students with mental retardation dropped from

A Caveat on Disability Types

The federal government requires states to report child-count numbers across twelve disability categories each year (a thirteenth category is optional), but does not require that states actually use those categories for their own within-state identification and data-collection purposes. Thus, state-specific nuances in disability definitions abound. For example, many states employ their own unique definitions for each of the thirteen categories and/or combine and eliminate categories. At least one state goes so far as to identify no individual categories, opting instead for a single "eligible individual" classification for students with disabilities (see *Iowa's SLD Trend: True or False?*). To meet federal reporting requirements, these states must estimate the number of students with disabilities within each federal category. And in some cases, federal reporting requirements allow states to report one category within another—for example, seven states report students with multiple disabilities in their primary-disability categories rather than in the "multiple disabilities" category. The lack of consistency in defining and reporting data across all fifty states renders any state-level comparison of students with disabilities inherently imprecise.

Take, for example, recent categorization changes in Ohio. Prior to 2007-08, preschoolers (three- to five-year-olds) with disabilities in the Buckeye State were lumped together in a single disability category. In that year, however, Ohio first required preschoolers to be sorted into distinct categories. To ease the transition, districts classified all existing preschoolers with disabilities as having developmental delays; thereafter, all *new* preschoolers with disabilities were to be categorized by disability. As could be expected, the number of students with developmental delays reported to the federal government suddenly grew from 0 to 19,000 in 2007-08, and then fell by half in 2008-09 and again slightly in 2009-10.[9] Such inconsistencies—this is just one example of myriad state eccentricities and idiosyncrasies—confuse trend analyses at both the state and national level.

624,000 to 463,000 in that time, or from 1.3 percent to 0.9 percent of all students. The number identified with emotional disturbances fell from near 480,000 in 2000-01 to 407,000 by 2009-10 (after peaking at 489,000 students in 2003-04), or from 1.0 to 0.8 percent of all students.

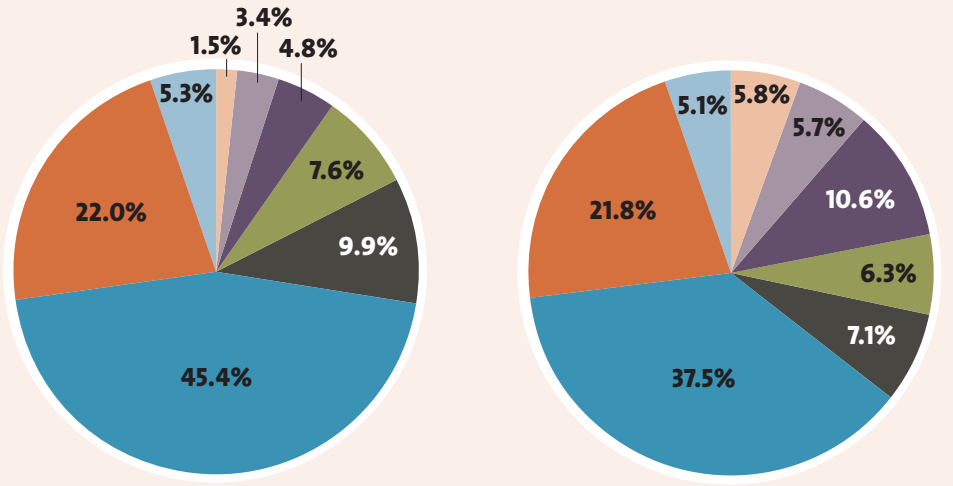
Offsetting a portion of the decline in these disability categories were sharp increases in the populations of students with autism and other health impairments (OHIs) over the last decade. The number of autistic students quadrupled between 2000-01 and 2009-10, rising from 93,000 to 378,000, while the number of OHI students more than doubled from 303,000 to 689,000. Still, the autistic and OHI populations constituted only 0.8 and 1.4 percent, respectively, of all students in 2009-10.

The category of developmental delay, which often serves as a general disability category for young students (typically ages three to five or three to nine), grew as well, from 213,000 students in 2000-01 to 368,000 in 2009-10, or from 0.5 to 0.7 percent of all students.

The incidence of other disability types (which, other than speech or language impairments, comprise a small fraction of the total) either remained stable or declined slightly during this time.

Figure 2 shows in "pie chart" form how the composition of the special-education population has changed over the past decade. While SLD students constituted 45.4 percent of all students with disabilities in 2000-01, that percentage had shrunk to 37.5 percent by 2009-10. Autism, on the other hand, increased from 1.5 percent of all identified disabilities to 5.8 percent. OHI identifications doubled from 4.8 to 10.6 percent, while cases of both emotional disturbance and mental retardation decreased relative to other identifications.

2 **Special-Education Population by Disability**
2000-01 and 2009-10



2000-01
N = 6.30 MILLION STUDENTS

- **1.5%** Autism
- **3.4%** Developmental Delay
- **4.8%** Other Health Impairment
- **7.6%** Emotional Disturbance
- **9.9%** Mental Retardation
- **45.4%** Specific Learning Disability
- **22.0%** Speech or Language Impairment
- **5.3%** Other Disabilities

2009-10
N = 6.48 MILLION STUDENTS

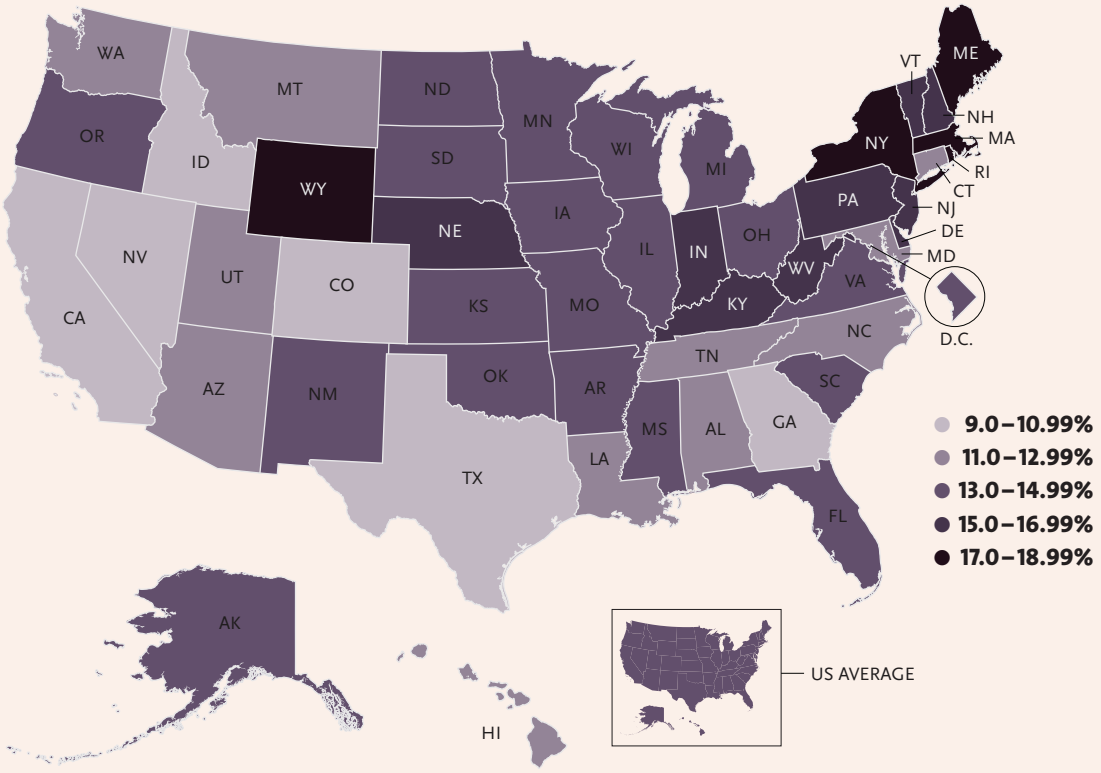
- **5.8%** Autism
- **5.7%** Developmental Delay
- **10.6%** Other Health Impairment
- **6.3%** Emotional Disturbance
- **7.1%** Mental Retardation
- **37.5%** Specific Learning Disability
- **21.8%** Speech or Language Impairment
- **5.1%** Other Disabilities

Note: The special-education population in 2009-10 was slightly larger in raw numbers than it was in 2000-01, but the proportion of students with disabilities among all students declined from 13.3 percent in 2000-01 to 13.1 percent in 2009-10.

Students with Disabilities by State

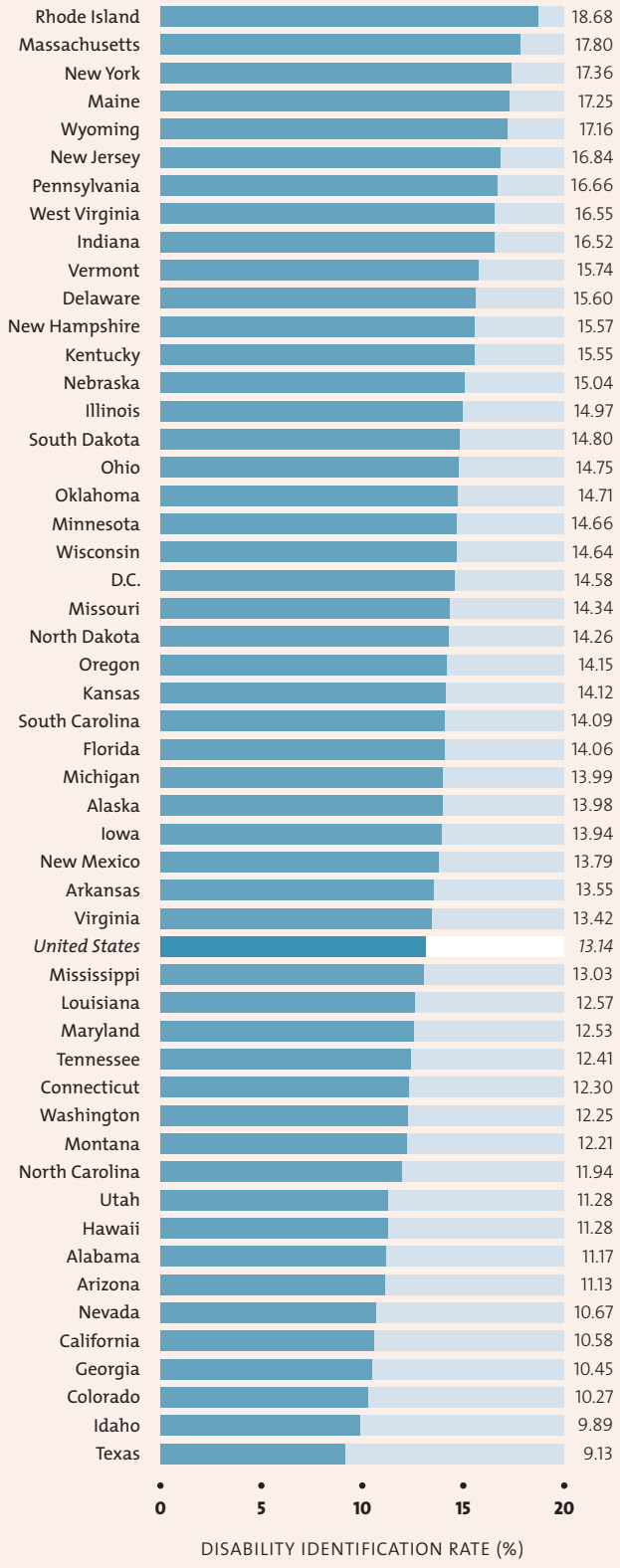
The national figures mask stark variation among the states. As Figure 3 shows, Rhode Island, New York, and Massachusetts topped the list with the highest rates of disability identification in 2009-10; Rhode Island was the only state to have more than 18 percent of its student body enrolled in special education. At the other end of the spectrum were Texas, Idaho, and Colorado. Texas's rate of disability identification was less than half of Rhode Island's, at just 9.1 percent (see Figure 4 for complete state identification rates). These vast disparities call into question the extent to which true incidences of disability vary among state populations, or to which some states over-identify or under-identify students with disabilities.[10]

3 **Identification Rates of Students with Disabilities, by State**
2009-10

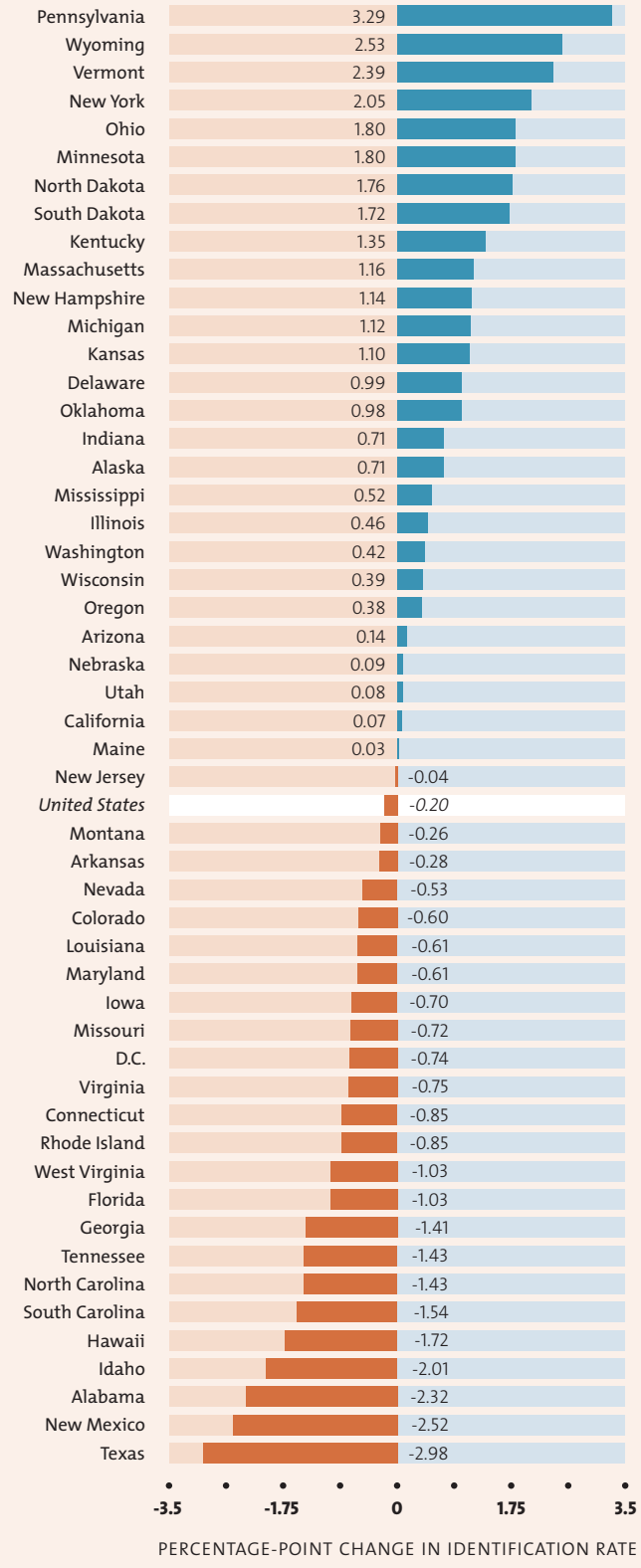


About half of the states saw increases in their rates of special-education identification between 2000-01 and 2009-10, while the other half saw decreases (see Figure 5). The national proportion of students with disabilities rose and fell over that time period, landing 0.2 percentage points lower in 2009-10 (at 13.1 percent) than in 2000-01 (at 13.3 percent). Texas's rate of identification fell from 12.1 percent to 9.1 percent—in raw numbers, a decrease of about 47,000 students. Pennsylvania, on the other hand, saw an increase in students with disabilities from 13.4 percent of the student body in 2000-01 to 16.7 percent in 2009-10—or, in raw numbers, an increase of 52,000 students.

4 Identification Rate of Students with Disabilities, by State 2009-10



5 Percentage-point Change in Identification Rate, by State 2000-01 to 2009-10



Specific Learning Disabilities

As the most prevalent of all disability types, the category of specific learning disabilities (SLDs) provides a unique look into shifting disability populations. The nationwide population of students with specific learning disabilities shrank at a notable rate over the decade leading to 2009-10: SLD numbers fell from 2.86 million students and 6.1 percent of the national student body in 2000-01 to 2.43 million students and 4.9 percent of the student body in 2009-10.[11] Some of this drop was likely due to an increasing national awareness of autism and a subsequent shift from incorrect SLD identification to autism identification.

A few other hypotheses are worth mentioning. First, growing populations of students with developmental delays, which may in some states substitute for autism diagnoses of three- to five-year-olds, and with OHIs, which has become somewhat of a "catch all" category, may be responsible for some of the SLD decrease, in addition to growth in autism. Second, SLD numbers may have dropped due to the proliferation of Response to Intervention (RTI)—a method of providing targeted assistance to young children who have difficulty learning—and other early-reading interventions (see *Response to Intervention*). Lastly, the identification of SLDs, though strictly outlined in policy, appears more subjective and prone to human error than the identification of most other disabilities; thus, SLD identification is perhaps more affected by related changes in policy, budget, personnel, etc.

Rates of SLD identification varied across the fifty states in 2009-10. As shown in Figure 6, just 2 percent of the student body in Kentucky was labeled SLD in 2009-10, while over 8.4 percent of Iowa's student body was classified as such. Similarly, in 2009-10, Kentucky's SLD students comprised only 13.1 percent of the state's entire special-education student body, while in Iowa they accounted for 60.4 percent. Across the entire United States, SLD students comprised 4.9 percent of all students and 37.5 percent of all students with disabilities in 2009-10.

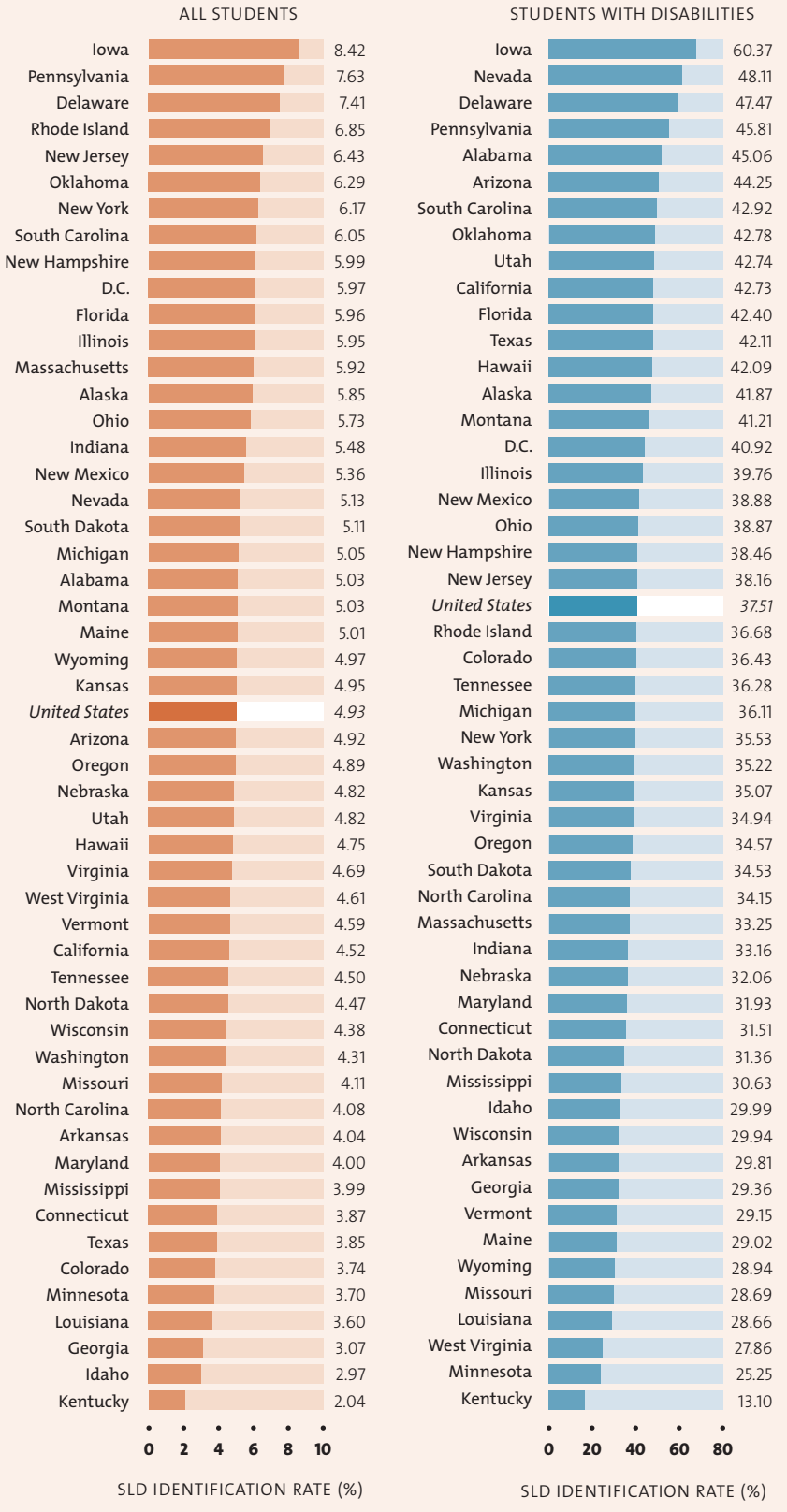
Massachusetts saw the greatest percentage-point decrease in its SLD population between 2000-01 and 2009-10. There, SLD students fell from 9.8 to 5.9 percent of all students during that time. As a slice of the special-education pie, in fact, Massachusetts's SLD students went from 58.7 percent of all special-education students to just 33.3 percent. Despite this declining proportion, however, Massachusetts still identifies the second overall highest rate of disability in the nation (see *Behind the Numbers in Outlier States* on page 13).

Response to Intervention

Response to Intervention (RTI) is a method of providing targeted and increasingly intensive assistance to young children who have difficulty learning. RTI began to gain ground with the enactment of the No Child Left Behind Act (NCLB) in 2001, which provided schools with Reading First grants to introduce it and other early-reading strategies into general education. But the program spread more rapidly in the aftermath of the 2004 reauthorization of IDEA, which allowed districts to spend 15 percent of the law's Part B funds on RTI and other early-intervening services, and to use RTI as one part of a comprehensive evaluation process for identifying students with SLDs. In 2007, just 24 percent of districts reported that they had implemented or were in the process of implementing RTI; by 2010, this had risen to 61 percent of districts.[12]

Indeed, SLD may be the disability population most affected by early interventions like RTI, because such interventions can help prevent the misidentification and mislabeling of struggling students—who may simply learn better with enhanced, tailored instruction—as students with SLDs. At the same time, modifications in pedagogical approach and lesson planning can help to offset the challenges faced by those students with true but mild SLDs.

6 **SLD as a Proportion of All Students and All Students with Disabilities, by State 2009-10**



Iowa's SLD Trend: True or False?

Iowa was a notable exception to the general SLD trend, as one of only four states that reported an increase in its proportion of SLD students from 2000-01 to 2009-10. The Hawkeye State illustrates the extent to which data reporting—rather than actual shifts in disability incidence—may affect the numbers reported to the public.

At 8.4 percent, Iowa had the highest rate of SLD in the nation for 2009-10. However, the state does not assign particular disability categories to its special-education students; instead, it uses a single "eligible individual" designation for all students with disabilities. To meet federal disability reporting requirements, which call for population counts disaggregated by disability category, Iowa examines a random sample of Individualized Education Programs (IEPs) each year. Reviewers decide, based on the services described therein, which type of disability is likely being served.[13] Thus Iowa's high rate of SLD relative to other states may result from judgment errors made by IEP reviewers, who examine student *services* rather than *symptoms*. Further inaccuracy could arise from outdated expectations that SLD students should comprise a large proportion of all students with disabilities: Beyond Iowa's high SLD rate, the state also reports low rates of autism and OHI, and each of these rates has remained relatively stable in the state over the last decade. Given that national SLD numbers have been dropping considerably, while autism and OHI numbers are rising quickly, Iowa's incidence rates may simply be based on old assumptions.

Personnel

As special-education numbers have increased over the last few decades, only recently declining for the first time, the cost of educating these students has continued to increase at a fast rate.[14] Because 85 percent of special-education spending supports personnel, special-education staff is obviously the main source of swelling expenditures.[15]

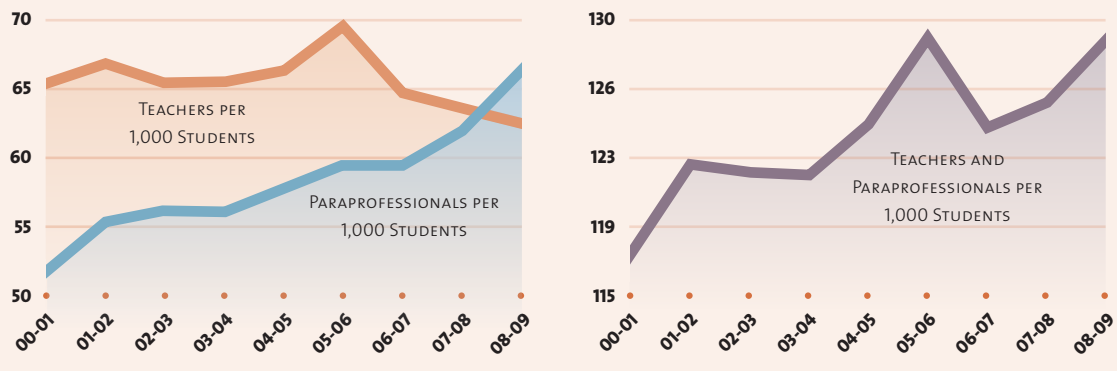
Schools employ a diverse range of professionals to teach, support, and assist their students with disabilities. In addition to special-education teachers and paraprofessionals—employees who might provide one-on-one tutoring, assist with classroom management, conduct parental-involvement activities, or provide instructional support under the supervision of a teacher—a school might retain a number of more specialized professionals such as audiologists, speech and language pathologists, psychologists, occupational therapists, physical therapists, social workers, and more.[16] Because shifts in these populations are difficult to trace over time (mostly due to changes in federal reporting requirements), this analysis focuses on teachers and paraprofessionals, which together constitute over 80 percent of all special-education personnel.[17]

The ratio of teachers to students fluctuated over the last decade, reaching its peak in 2005-06 and declining quickly thereafter (see Figure 7). Public schools employed sixty-five special-education teachers per thousand special-education students in 2000-01—or 412,000 teachers overall; that ratio rose to seventy per thousand in 2005-06, and then fell to sixty-three per thousand—or 405,000 teachers overall—by 2008-09. (Personnel data were not available for 2009-10 as of publication.)

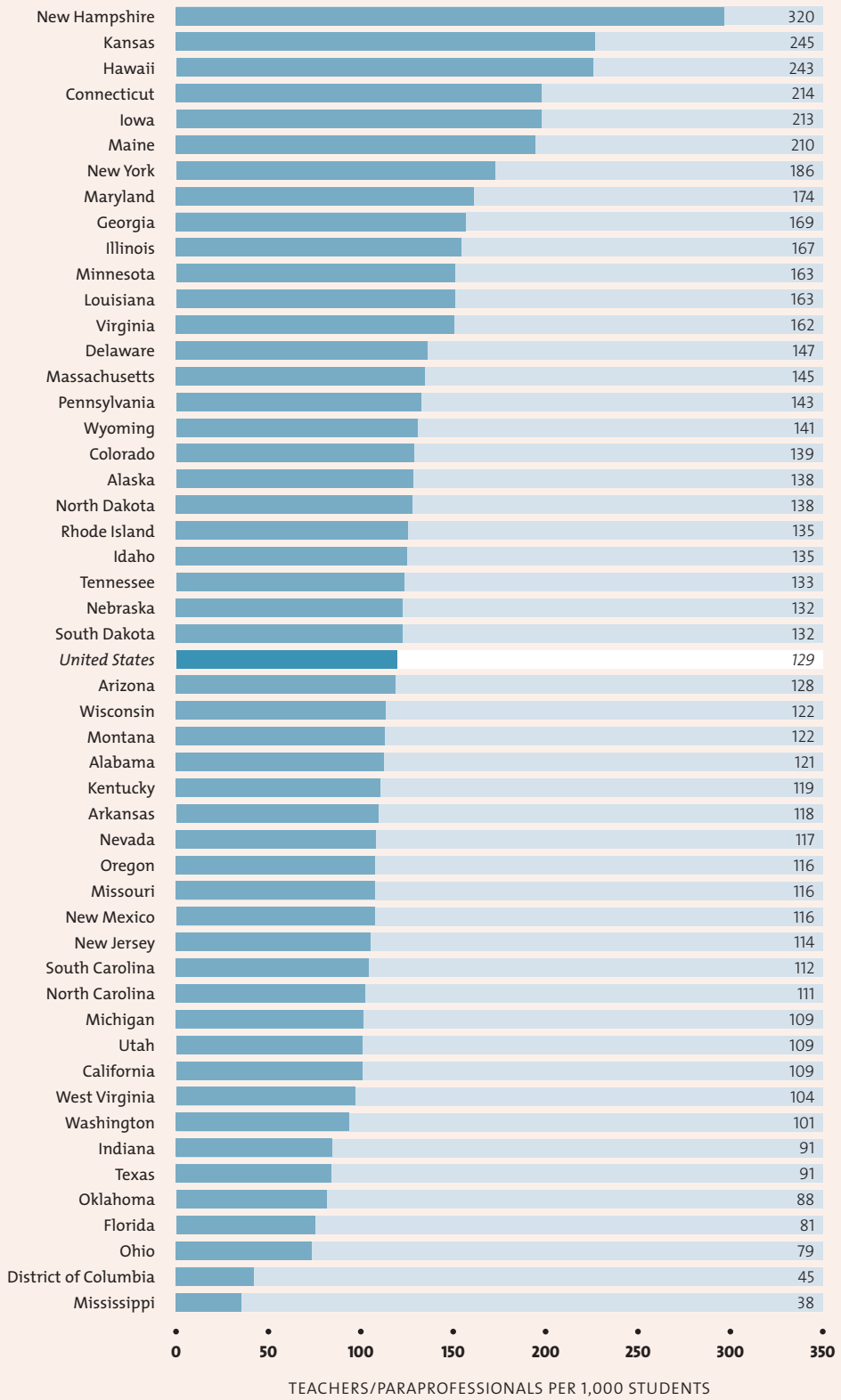
In contrast, the number of special-education paraprofessionals increased in number and ratio throughout the decade, from 326,000 to 430,000 employees, and from fifty-two paraprofessionals per thousand special-education students in 2000-01 to sixty-six per thousand in 2008-09. Combined, schools employed 129 special-education teachers and paraprofessionals for every thousand special-education students in 2008-09, up from 117 per thousand in 2000-01.

The ratio of special-education teachers and paraprofessionals per thousand special-education students varied dramatically across the states in 2008-09 (see Figure 8). New Hampshire reported 320 special-education teachers/paraprofessionals per every thousand students with disabilities; compare that with the District of Columbia, which reported forty-five of these staffers per thousand students, or Mississippi, which reported only thirty-eight per thousand. To be sure, the vast disparity of these numbers calls into question the accuracy and consistency of data collection and data reporting by states. It remains unclear whether states maintain different philosophies regarding the proportions of personnel at which special-education services are optimized; whether some states simply have more funds to invest in disability programs and staff; or whether discrepant reporting by states simply results in lousy data (more on this in our conclusion).

7 **Special-Education Student-Personnel Ratio 2000-01 to 2008-09**



8 Special-Education Student-Personnel Ratio, by State 2008-09



Note: Vermont submitted child-count data in pre-suppressed format to the federal government in 2008-09; thus no Vermont data are included in this analysis.

Special-Education Spending

Special-education spending has risen at a fast rate over the last few decades: Between 1996 and 2005, an estimated 40 percent of all new spending in education went to special-education services. Special-education spending consumed about 21 percent of all education spending across the nation in 2005 (compared with 18 percent in 1996 and 17 percent in 1991), or a whopping $110 billion in that year alone.[18]

Yet we know precious little about how this money is spent at the state or district level. Indeed, state special-education expenditures are not easy to obtain; states are not required to report these data to the federal government, and few volunteer to disentangle their special-education expenditures from their reported general-education expenditures. (The most recent analysis of state-level special-education expenditures, to our knowledge, was published in 2004 and examined spending in the 1998-99 school year.[19]) The blurring of special- and general-education spending renders any such state-level analysis complicated, to say the least (more on this below).

Absent state-level finance data, special-education expenditures can be estimated relative to other states based on the number of special-education staff employed by each state, as personnel costs constitute the lion's share of all special-education spending. This analysis multiplied standardized salary estimates by the number of special-education teachers and paraprofessionals in each state in 2008-09, and then divided this total by the number of students with disabilities to calculate an overall per-pupil expenditure for each state. Comparing these data to the national average produces an estimated expenditure index across states.[20] Predictably, states with high rates of personnel per thousand students spend more money per special-education student than states with low rates of personnel per thousand students (see Table 1).

Of course, this analysis must be viewed as speculative, vulnerable as it is to questionable and potentially inaccurate state-level reporting of special-education personnel. Is it truly possible that any state could spend twice—much less ten times—as much on special education per student than another? With these data, we can't know for sure.

Table 1. Estimated Special-Education Expenditure Index (From Low Spenders to High Spenders) 2008-2009

Mississippi	0.24	Alabama	0.81	Rhode Island	1.13
District of Columbia	0.41	Kentucky	0.82	Louisiana	1.13
Florida	0.54	North Dakota	0.82	Alaska	1.15
Oklahoma	0.55	Nevada	0.84	Pennsylvania	1.17
Texas	0.61	Arizona	0.85	Delaware	1.19
Ohio	0.62	Nebraska	0.85	Minnesota	1.21
Indiana	0.65	Tennessee	0.87	Georgia	1.28
Utah	0.66	Idaho	0.87	Maine	1.34
South Dakota	0.66	Wisconsin	0.89	Massachusetts	1.38
West Virginia	0.67	Michigan	0.90	Illinois	1.46
Missouri	0.73	Oregon	0.90	Iowa	1.48
New Mexico	0.76	Colorado	0.96	Maryland	1.56
Washington	0.76	*United States*	*1.00*	Kansas	1.62
South Carolina	0.76	New Jersey	1.02	New York	1.84
North Carolina	0.77	California	1.06	Connecticut	1.93
Montana	0.77	Wyoming	1.10	Hawaii	1.94
Arkansas	0.80	Virginia	1.12	New Hampshire	2.28

Note: Vermont submitted child-count data in pre-suppressed format to the federal government in 2008-09; thus no Vermont data are included in this analysis.

Behind the Numbers in Outlier States

Massachusetts

Massachusetts has had a consistently high proportion of its student body receiving special-education services. With 162,000 special-education students among 975,000 total pupils, Massachusetts ranked fifth nationally in terms of its share of students with disabilities in 2000-01; by 2009-10, the state counted 167,000 students with disabilities among 940,000 pupils and took second place. No single disability seems to be driving the state's high identification rate; rather, Massachusetts reports high proportions of students across many disability categories. The state ranked fifth in terms of its proportion of students with autism in 2009-10; fifth in developmental delay; sixth in emotional disturbance; and thirteenth in SLD, to name a few.

What drives the universally large special-education numbers in Massachusetts, then? It doesn't appear to be policy or protocol: Policy-wise, Massachusetts adopts the federal language to define most of its disability categories; where it departs from those definitions, it generally adds its own equally precise language.[21] And in terms of protocol, at least one study has found that Massachusetts does not over-identify students with disabilities; rather, the authors conclude that the state adheres to special-education eligibility standards and provides ample programming as special-education alternatives.[22]

What is more likely is that Massachusetts has nurtured a *culture* in which it considers itself a leader in special-education services. In 1972, following an exposé on students in Boston who were illegally excluded from public education, Massachusetts was the first state to establish a special-education law (Chapter 766).[23] Three years later, that law would serve as a model for IDEA. Since that time, Massachusetts has repeatedly ranked among the states with the largest relative populations of special-education students. This attentive approach to special education has become entrenched in the education system, and for many educators, Massachusetts's special-education services are a source of pride. They are also attractive to parents: Those familiar with education in the Bay State report that many families move to Massachusetts specifically for its special-education services.[24]

Of course other factors also likely contribute to the high proportion of special-education students as well. For one, Massachusetts is a relatively wealthy state; many parents have the resources to advocate financially for their children, including paying for arbitration and due process hearings to obtain initial or additional special-education services. Other anecdotal evidence points to strong preschools and a robust system of hospitals that both help to identify children at a young age.

Texas

Texas had the smallest proportion of students with disabilities in its student body in 2009-10. Not a momentary aberration, this proportion has steadily decreased over the years. In 2000-01, at 12.1 percent, the proportion of special-education students in Texas was the ninth-smallest in the nation. Since then, it has steadily diminished to 9.1 percent, which ranked as the smallest proportion by 2007-08—and is still the case today.

Texas illustrates how state law and disability definitions can impact incidence rates. Take, for example, Texas's definition of SLD. Though the federal IDEA explicitly *includes* dyslexia in its definition of SLD (see Appendix B), Texas law allows educators to service students with dyslexia through a 504 Plan rather than an Individualized Education Program (IEP).[25] An independent review of special education in Houston found that, as a result, students with dyslexia are under-identified as needing special-education services.[26] With just 3.8 percent of its students identified as having a specific learning disability, Texas falls over a full percentage point below the national average of 4.9 percent.

In addition, the state neither uses nor reports the federal "developmental delay" category for identifying early-childhood disabilities (nor do California and Iowa). That category includes children ages three through nine who exhibit delays in "physical development, cognitive development, communication development, social or emotional development, or adaptive development"; nationally, 0.7 percent of all students fall into the developmental delay category. Texas instead utilizes a "non-categorical early childhood" classification for children ages three through five; this is limited to students with mental retardation, emotional disturbances, specific learning disabilities, or autism. In reporting child-count data to the federal government, Texas bizarrely includes these

students in the category of speech and language impairments;[27] but even with these additional students, Texas identifies the ninth-smallest proportion of students with speech and language impairments among the states.

Other elements factor into the state's low identification rate. These might include: state-specific special-education arbitration and legislation rulings; erratic implementation; and/or demographic factors, such as Texas's large Hispanic population. The Houston study referenced above found that Hispanic students were less likely to be identified as needing special education than non-Hispanic students.[28] The same is true statewide—only 44.8 percent of all students with disabilities were Hispanic in 2009-10, while 48.6 percent of *all* students were Hispanic.[29] On a more positive note, Texas has employed a strong early-reading program for over a decade, which may help reduce over-identification of students with SLDs.

Conclusion

What to make of these data? We see at least four key takeaways.

First and most obviously, we need far better data in the special-education field. The seemingly straightforward analyses contained in these pages mask non-standard reporting at the state level. Though states must report data across particular categories of disability as delineated by the federal government, they can and do "tweak" these definitions—and how they are operationalized—for their own purposes. For example, while each state must report its population of mentally retarded students each year, IQ cut-offs for mental retardation differ across the states—thus the same student may be considered mentally retarded in one state, but not in another. States may also ignore or combine existing federal categories for their own identification purposes, and then estimate each category population when reporting to the federal government. When states make up their own definitions and procedures, we have no way to compare disability data across state borders. (To be sure, comparable data are a problem in general education too, especially achievement and financial data.)

Accurate accounting of state, district, and school-level spending on special education simply does not exist. For instance, IDEA grants are considered by many districts to be "off budget," meaning that up to 30 percent of special-education staff costs can be excluded from district operating budgets. In a time of tight resources—and special-education expenditures surpassing $110 billion per annum—there's an increasing need for reliable financial data at all levels. That such large swaths of state and district budgets can go essentially unmeasured and unreported is scandalous. Policymakers, parents, and taxpayers deserve to know how much money is spent on special education and for what purposes—in a user-friendly fashion.

Second, we need more rigorous studies of special-education spending and services and their relationship to student achievement. Today's "new normal" in education funding calls for smart cuts in education—and smart preservation of what's working. Given that special-education students comprise 13 percent of all students yet consume at least 21 percent of all education spending, per-pupil expenditures for special-education students can be estimated to be near double the per-pupil expenditures for general-education students. We can no longer view these as untouchable expenditures. Indeed, seven states applied for federal waivers from IDEA's "maintenance of effort" provision for FY 2010, and as of publication Iowa had reapplied for FY 2011.[30] Prior to last summer, the U.S. Department of Education had never granted an IDEA waiver for this purpose—but ultimately six applications were at least partially approved for FY 2010.

Third, we need better understanding of what's driving the recent decrease in the number of students identified for services. Is it due to targeted intervention programs that have reduced previous over-identification practices? More sophisticated understanding of which students need specialized services? Recent developments in K-12 education, such as charter schools, expanded access to preschools, improved technologies, or standards-based reform that shine a light on the progress of *all* students? Or federal, state, district, or fiscal incentives that encourage states to under-identify students with disabilities? (For example, some observers point to a NCLB loophole which allows schools with low numbers of special-education students to avoid reporting the academic progress of those students, in theory encouraging schools to under-identify students with disabilities.[31]) To date, scarce research has investigated the merit of these and other theories surrounding decreasing identification rates.

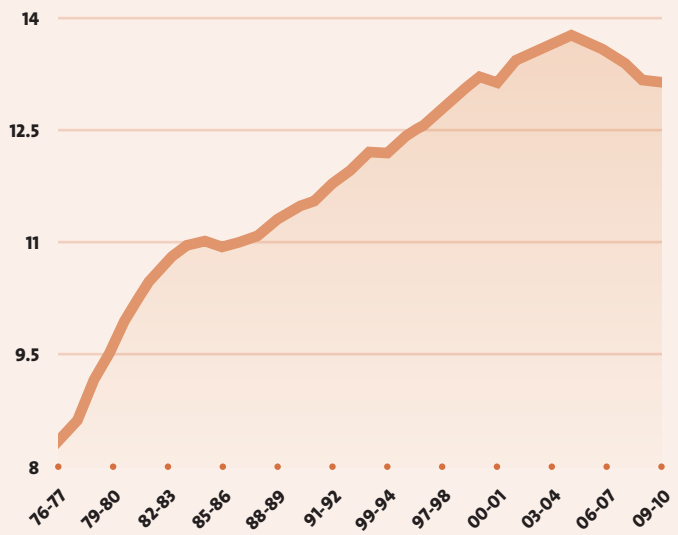
We'd also do well to examine the implementation and effectiveness of RTI. Many experts point to the widening use of RTI as evidence that more robust identification procedures have curbed over-identification of students with SLDs. But despite widening implementation of RTI, its success in one district versus another remains unexplored, and the link between RTI and decreasing SLD numbers remains unproven.

Fourth and finally, America needs to approach special education with greater creativity and flexibility in the future than it has shown in the past. Instead of engaging in polarizing discussions around whether to mainstream students versus serve them in pull-out settings—or around the disproportionate identification of students by race—let's focus on how to differentiate learning for *all* students. In other words, how can we make education "special" for every one of our students, reserving unique services for the small percentage of severely disabled children who need them? Surely the advent of new tools, service providers, and customized technology packages can help on this front.

Special education, like general education, needs a makeover for the twenty-first century. Its service models, instructional strategies, funding, identification methods, disability definitions, IEP protocols, and so on, no longer serve the needs of truly disabled youngsters. But we can't get there until we peel back the layers of financial and operational opacity that currently shroud the field and hinder our efforts to make it more transparent, efficient, and effective in the future.

Appendix A

A1 Proportion of the National Student Population with Disabilities, 1976-77 to 2009-10



Note: Data for 1976-77 through 1999-00 were collected from various annual publications of the *Digest of Education Statistics*. Federal disability law and reporting requirements were modified repeatedly between 1976-77 and 2009-10. The growth represented above should not be interpreted as an increase in a stable and defined population of students with disabilities, but rather as an increase in an ever-changing and shifting population of students with disabilities as reported to the federal government. The increase in the national proportion of students with disabilities is likely due to enhanced identification and awareness of disabilities, as well as to additional and modified types of disabilities reported to the federal government over the years. See Part B Data History, published by the Data Accountability Center at ideadata.org, for more information on modifications in reporting requirements.

Table A1. National Number of Students with Disabilities, by Category 2000-01 to 2009-10

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Autism	92,997	114,183	136,965	162,750	191,173	222,741	258,223	295,940	335,963	377,909
Deaf-Blindness	1490	1786	1771	1849	1835	1660	1533	1456	1831	1499
Developmental Delay	212,856	242,084	283,209	304,975	331,582	338,910	332,867	357,739	353,441	367,514
Emotional Disturbance	479,716	483,156	485,464	488,757	488,652	476,550	463,715	441,802	419,747	406,864
Hearing Impairment	77,472	77,606	78,183	78,513	79,359	79,208	79,665	78,979	78,316	78,491
Mental Retardation	623,536	616,201	602,165	592,864	577,569	555,666	533,939	499,845	478,275	462,783
Multiple Disabilities	130,529	136,386	138,443	139,508	140,102	140,838	142,018	138,134	130,429	130,759
Orthopedic Impairment	82,382	83,272	83,094	76,651	73329	70704	69387	67419	69516	65074
Other Health Impairment	302,762	350,166	403,102	463,540	520,336	569,760	610,482	641,050	659,420	689,267
Specific Learning Disability	2,859,999	2,861,107	2,848,483	2,831,217	2,798,305	2,735,248	2,665,374	2,573,028	2,476,152	2,430,716
Speech Language Impairment	1,387,727	1,391,347	1,411,628	1,441,393	1,463,007	1,467,699	1,474,839	1,456,347	1,425,627	1,415,768
Traumatic Brain Injury	15,640	21,658	22,346	23,404	23986	24266	24061	24202	25075	24867
Visual Impairment	28,710	28,466	28,575	28,481	28,502	28,408	28,798	28,780	28,368	28,428
All Students with Disabilities	6,295,816	6,407,418	6,523,428	6,633,902	6,718,619	6,712,605	6,686,361	6,605,695	6,483,372	6,480,540
All Students Nationwide	47,203,539	47,671,870	48,183,086	48,540,215	48,795,465	49,113,298	49,315,842	49,292,507	49,265,572	49,313,000
National % of Students with Disabilities	13.3	13.4	13.5	13.7	13.8	13.7	13.6	13.4	13.2	13.1

Note: Vermont submitted child-count data in pre-suppressed format to the federal government in 2007-08 and 2008-09; thus no Vermont data are included in the United States child-count totals for those years.

Table A2. Students with Disabilities, by State
2000-01 to 2009-10

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Alabama	99,828	96,477	95,194	93,056	93,402	92,635	89,013	84,772	82,861	82,997
Alaska	17,691	18,017	18,116	17,959	18,134	17,997	17,760	17,535	17,662	17,893
Arizona	96,442	100,886	103,488	112,125	119,841	124,504	126,654	131,136	124,793	125,866
Arkansas	62,222	63,969	65,610	66,793	68,088	67,314	68,133	65,965	64,719	65,039
California	645,287	657,671	669,447	675,763	675,417	676,318	672,737	670,904	671,095	673,428
Colorado	78,715	80,083	81,327	82,447	83,249	83,498	83,559	83,077	83,577	83,765
Connecticut	73,886	74,016	74,126	73,952	73,028	71,968	69,127	68,987	68,853	68,738
Delaware	16,760	17,295	17,817	18,417	18,698	18,857	19,366	19,435	19,084	19,348
District of Columbia	10,559	12,456	12,065	13,242	13,424	11,738	11,113	10,863	10,671	11,371
Florida	367,335	379,609	390,883	397,758	400,001	398,916	398,289	391,092	384,975	376,576
Georgia	171,292	178,239	184,142	190,948	195,928	197,596	196,810	189,424	179,707	177,070
Hawaii	23,951	23,526	23,509	23,266	22,711	21,963	21,099	20,441	20,130	19,957
Idaho	29,174	29,100	29,062	29,092	28,880	29,021	28,439	27,989	27,930	27,787
Illinois	297,316	306,355	311,436	318,111	322,982	323,444	326,763	321,668	318,529	313,583
Indiana	156,320	161,519	167,584	171,896	175,205	177,826	179,043	179,076	176,114	172,095
Iowa	72,461	73,084	73,563	73,717	73,637	72,457	71,394	69,204	67,362	66,636
Kansas	61,267	61,873	63,905	65,139	65,290	65,595	65,831	65,712	65,730	66,219
Kentucky	94,572	98,146	100,298	103,783	106,916	108,798	109,354	109,187	107,732	106,045
Louisiana	97,938	99,325	100,942	101,933	102,498	90,453	89,422	88,153	86,022	85,119
Maine	35,633	36,580	37,139	37,784	37,573	36,522	35,564	34,425	33,284	32,766
Maryland	112,077	112,426	113,128	113,865	112,404	110,959	106,739	104,585	103,451	103,018
Massachusetts	162,216	150,003	155,561	159,042	161,993	162,654	165,959	166,747	168,497	167,297
Michigan	221,456	226,061	231,799	238,292	242,083	243,607	241,941	236,576	232,444	227,973
Minnesota	109,880	110,964	112,626	114,193	115,491	116,511	117,924	119,332	119,991	121,359
Mississippi	62,281	62,196	63,807	66,848	68,883	68,099	67,590	65,717	64,407	63,988
Missouri	137,381	141,524	144,165	143,593	142,872	143,204	141,406	138,292	132,946	129,886
Montana	19,313	19,262	19,274	19,435	19,515	19,259	18,557	18,158	17,645	17,213
Nebraska	42,793	43,864	43,891	44,561	45,712	45,239	44,833	45,687	44,038	43,470
Nevada	38,160	40,227	42,532	45,201	47,015	47,794	48,230	48,332	48,328	48,115
New Hampshire	30,077	30,270	30,981	31,311	31,675	31,782	31,399	32,274	30,156	30,210
New Jersey	221,715	228,844	235,515	241,272	245,878	249,385	250,109	250,099	223,910	229,066
New Mexico	52,256	52,225	51,904	51,814	51,464	50,322	47,917	46,384	45,957	45,782
New York	441,333	440,232	440,515	442,665	452,312	447,422	451,929	453,715	444,339	461,470
North Carolina	173,067	186,972	190,806	193,956	193,377	192,820	192,451	191,668	187,728	184,893
North Dakota	13,652	13,627	13,901	14,044	14,681	13,883	13,825	13,616	13,278	13,262
Ohio	237,643	238,547	248,127	253,878	260,710	266,447	269,133	269,742	264,878	263,396
Oklahoma	85,577	87,801	91,226	93,045	95,022	96,601	95,860	95,323	93,936	95,186
Oregon	75,204	76,129	77,100	76,083	77,094	77,376	77,832	78,264	79,404	80,062
Pennsylvania	242,655	249,731	262,325	273,259	282,356	288,733	292,798	293,865	294,958	294,595
Rhode Island	30,727	31,816	32,718	32,223	31,532	30,681	30,243	29,033	27,596	26,332
South Carolina	105,922	110,037	110,195	111,077	111,509	110,219	107,353	103,731	101,896	101,039
South Dakota	16,825	16,931	17,441	17,760	17,921	17,631	17,824	17,971	17,867	17,907
Tennessee	125,863	126,245	125,389	122,627	122,643	120,122	120,263	120,925	118,425	119,016
Texas	491,642	492,857	496,234	506,771	514,236	507,405	494,302	472,749	452,311	444,198
Utah	53,921	54,570	56,085	57,745	59,840	60,526	61,166	63,066	65,084	67,781
Vermont	13,623	13,886	13,722	13,670	13,894	13,917	14,010	-	-	14,163
Virginia	162,212	170,518	169,558	172,788	174,417	174,640	170,794	168,496	166,689	164,771
Washington	118,851	120,970	122,484	123,673	124,067	124,498	122,979	123,698	125,334	126,024
West Virginia	50,333	50,136	50,443	50,772	50,377	49,677	49,054	47,855	46,978	46,169
Wisconsin	125,358	127,035	127,031	127,828	129,179	130,076	128,526	126,496	125,304	125,503
Wyoming	13,154	13,286	13,292	13,430	13,565	13,696	13,945	14,254	14,767	15,098
United States	**6,295,816**	**6,407,418**	**6,523,428**	**6,633,902**	**6,718,619**	**6,712,605**	**6,686,361**	**6,605,695**	**6,483,372**	**6,480,540**

Note: Vermont submitted child-count data in pre-suppressed format to the federal government in 2007-08 and 2008-09; thus no Vermont data are included in the United States child-count totals for those years.

Appendix B

Federal Disability Definitions

Adapted from 34 Code of Federal Regulations §300.8

Autism refers to a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.

Deaf-blindness refers to concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special-education programs solely for children with deafness or children with blindness.

Developmental delay refers to children aged three through nine experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. (Developmental delay does not fall under the standard categories of disability listed by IDEA; but the law states that the category may be used to identify a child with a disability at the discretion of the state and local education agency. Federal reporting requirements do list the category among other categories that must be reported, but the reporting of developmental delay data is optional.)

Emotional disturbance refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression; and/or
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Hearing impairment refers to an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness. Although children and students with deafness are not included in the definition of hearing impairment, they are counted in the hearing impairment category under the definition for "child with a disability."

Mental retardation refers to significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

Multiple disabilities refers to concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they

cannot be accommodated in special-education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

Orthopedic impairment refers to a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other health impairment refers to having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

» Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

» Adversely affects a child's educational performance.

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Endnotes

1 Dan Goldberg, "N.J. School Districts Avoid Cuts in Special Education in Budget Crisis," *Star-Ledger* (Newark, NJ), July 6, 2010.

2 Juan Diego Alonso and Richard Rothstein, *Where Has the Money Been Going?: A Preliminary Update* (Washington, D.C.: Economic Policy Institute, 2010), http://epi.3cdn.net/1726cc68ca1a71563a_o3m6bhrub.pdf.

3 Expect to see research about special-education spending, instructional strategies, and outcomes by state; what the public thinks about special education, including how to make it more cost-efficient; and more small-scale analytic studies like this one that present existing, yet seldom scrutinized, data (special-education achievement, graduation rates, dropout rates, etc.). Additional projects in development include studies on the costs of—and fiscal responsibility for—educating the most severely disabled students, and the practice of outsourcing special-education services to third parties.

4 Chester E. Finn, Jr., Andrew J. Rotherham, and Charles R. Hokanson, Jr., eds., *Rethinking Special Education for a New Century* (Washington, D.C.: Thomas B. Fordham Institute and Progressive Policy Institute, 2001), http://www.edexcellence.net/publications-issues/publications/rethinkingsped.html.

5 Personnel categories reported in this study include special-education teachers and special-education paraprofessionals. Federal personnel definitions changed between the 2005-06 and 2006-07 school years. Prior to 2006-07, the category "paraprofessionals" did not exist, but those data can be captured by combining the following categories: vocational-education teachers, work-study coordinators, and teacher aides.

6 Because data are collected and reported by states, data are subject to state-specific (and ever-changing) definitions, identification processes, and reporting processes. For full state-level data and notes, see "Part B Data & Notes," published by the Data Accountability Center at https://www.ideadata.org/PartBData.asp. Vermont submitted data in pre-suppressed format to the federal government in 2007-08 and 2008-09; thus no Vermont data are included in the United States child-count totals for those years. A handful of other states reported suppressed data for particular categories of disabilities because of minimum *n* size requirements; those suppressed totals are treated as "zeros" in this analysis.

7 Child-count numbers include students ages three to twenty-one identified with disabilities in both public and private schools, but total enrollment figures include only public school students from kindergarten through grade twelve; thus the calculated state-identification rates of special education are likely slight overestimates of the percentages of students with disabilities in strictly K-12 public schools. Still, these child-count data represent the number of students for which a state's public school system is held responsible for educating. In addition, the number of students identified with disabilities in private schools is a negligible fraction of all students identified with disabilities: While 12 percent of all students attend private schools, just 1 percent of all identified students with disabilities are parentally placed in private schools. This is likely because some parents enroll their children in public schools specifically for public school disability services, while other parents enroll their children in private schools to avoid having their children labeled as special needs.

8 The *proportion* of SLD students in the national student body peaked in 2000-01; but the *number* of SLD students grew slightly for one additional year (from 2,859,999 students in 2000-01 to 2,861,107 in 2001-02) before declining thereafter.

9 For Ohio-specific (and other state-specific) notes submitted along with state special-education data, see "Part B Data & Notes," published by the Data Accountability Center at https://www.ideadata.org/PartBData.asp.

10 One hypothesis for state-by-state variation in identification rates is that states with higher proportions of poor or minority students will see over-identification of students with disabilities and thus higher identification rates. A counter-hypothesis is that states with fewer poor students will have higher rates of identification, as upper-class families are savvier about advocating for disability services. This analysis compared states' special-education identification rates with their proportions of poor and minority students and found that neither hypothesis held true across the fifty states—state-identification rates appeared independent from both income and race.

11 See endnote #8.

12 See Spectrum K12's study on RTI implementation, *Response to Intervention Adoption Survey 2010* (Towson, MD: Spectrum K12, 2010), http://www.spectrumk12.com/rti/the_rti_corner/rti_adoption_report.

13 "Part B Data & Notes," Data Accountability Center, https://www.ideadata.org/PartBData.asp. Additional clarification on Iowa's methodology for distributing students across disability categories was provided to the authors by email from the Iowa Bureau of Student and Family Support Services.

14 Alonso and Rothstein, *Where Has the Money Been Going?*, 2010.

15 Tom Parrish, *Policy Alternatives for Special Education Funding in Illinois* (San Mateo, CA: American Institutes for Research, 2010), 10, http://www.isbe.state.il.us/spec-ed/pdfs/hjr_fin_rpt_att_c.pdf.

16 For a full list of personnel categories defined in federal reporting requirements, see "Part B, Data Collection History" published by the Data Accountability Center at https://www.ideadata.org/docs/bdatahistory.pdf.

17 Federal reporting requirements and personnel definitions changed between the 2005-06 and 2006-07 school years; certain categories—such as "supervisors/administrators," "other professional staff," and "non-professional staff"—were deleted, and new categories—such as "orientation and mobility specialists"—were added. Other categories were renamed or reconstituted into new categories. Because of shifting definitions and the subsequent likelihood that some staff counted before 2006-07 were not counted in the new definitions (and vice versa), this analysis does not consider overall special-education personnel counts over time, but only counts special-education teachers and special-education paraprofessionals (comprised of vocational-education teachers, work-study coordinators, and teacher aides prior to 2006-07). See "Part B, Data Collection History" published by the Data Accountability Center at https://www.ideadata.org/docs/bdatahistory.pdf.

18 Alonso and Rothstein, *Where Has the Money Been Going?*, 2010. Using data from Alonso and Rothstein, this analysis calculated the estimated $110 billion spent on special education in 2005 by taking 21 percent of $528 billion, or the total of all education expenditures listed by the *Digest of Education Statistics* for 2005-06.

19 Thomas Parrish et al., *State Special Education Finance Systems, 1999-2000* (Washington, D.C.: Center for Special Education Finance, American Institutes for Research, 2004), http://csef.air.org/publications/csef/state/statepart2.pdf.

20 This is a reproduction of a 2006-07 analysis originally published by Tom Parrish in *Policy Alternatives for Special Education Funding in Illinois* (San Mateo, CA: American Institutes for Research, 2010), 10, http://www.isbe.state.il.us/spec-ed/pdfs/hjr_fin_rpt_att_c.pdf.

21 For definitions of Massachusetts's disability categories, see "Disability Definitions and Related Links" on the Department of Education website at http://www.doe.mass.edu/sped/definitions.html. For definitions of federal disability categories, see Appendix B. Category definitions, of course, represent just one of many layers of disability identification. Some might argue that functional definitions are instead hammered out through arbitration hearings.

22 Sheldon Berman et al., "The Rising Costs of Special Education in Massachusetts," in *Rethinking Special Education for a New Century*, ed. Chester E. Finn, Jr., Andrew J. Rotherham, and Charles R. Hokanson, Jr. (Washington, D.C.: Thomas B. Fordham Institute and Progressive Policy Institute, 2001), http://www.edexcellence.net/publications-issues/publications/rethinkingsped.html.

23 The exposé on students in Boston was released in 1970 by a task force that investigated the issue of exclusion in the city. See *The Way We Go to School: The Exclusion of Children in Boston* (Boston, MA: Task Force on Children Out of School, 1970), http://www.eric.ed.gov/PDFS/ED046140.pdf.

24 That Massachusetts offers robust special-education services is well known in the special-education community and also likely attracts many families with special needs children. For example, Autism Speaks, a national autism-advocacy organization, recently named Boston as one of the "top ten places to live if you have autism." ("The 10 Best Places to Live if You Have Autism," Autism Speaks, April 21, 2011, http://www.autismspeaks.org/press/best_places_to_live_survey_results.php.) Such endorsements likely contribute to a greater density of children with disabilities in Massachusetts than in other states.

25 Section 504 of the Rehabilitation Act of 1973 falls under civil-rights law; it guarantees access to education for students with disabilities and provides reasonable accommodations for those students. On the other hand, students who require IEPs (Individualized Educational Programs) fall under the Individuals with Disabilities Education Act and generally require more significant assistance and customization of a general education curriculum and approach. Students who are serviced through 504 plans are not reported in IDEA child counts. See Texas Education Code §38.003 and Texas Administrative Code §74.28.

26 *Review of Special Education in the Houston Independent School District* (Boston, MA: Thomas Hehir and Associates, 2011), http://www.houstonisd.org/HISDConnectEnglish/Images/PDF/HISD__Special_Education_Report_2011_Final.pdf.

27 This practice was relayed to the authors by a representative from the Texas Education Agency's IDEA coordination department.

28 *Review of Special Education in the Houston Independent School District*, Thomas Hehir and Associates, 2011.

29 Child-count data on Hispanic students with disabilities from the Data Accountability Center. Hispanic population data from the *January 2011 State of Texas Education Study* (Austin, TX: Texas Education Agency, 2011), http://loving1.tea.state.tx.us/lonestar/Reports/Summary2010/AAG1-State-Summary-Report-PDF-2011.pdf.

30 Department of Education, Office of Special Education and Rehabilitative Services, "State Maintenance of Financial Support Waivers under Part B," http://www2.ed.gov/policy/speced/guid/idea/monitor/smfs-partb-waivers.html.

31 Christina A. Samuels, "Learning-disabled Enrollment Dips after Long Climb," *Education Week*, September 8, 2010, http://www.edweek.org/ew/articles/2010/09/08/03speced_ep.h30.html?r=306322826. According to a 2009 study, nearly half of all elementary schools examined in the analysis had subgroups of students with disabilities that fell below reporting requirement minimum *n* sizes. Of those with large enough subgroups of students with disabilities, nearly all failed to meet Adequate Yearly Progress (AYP) markers. See John Cronin et al., *The Accountability Illusion* (Washington, D.C.: Thomas B. Fordham Institute, 2009), http://www.edexcellence.net/publications-issues/publications/the-accountability-illusion.html.