IES Institute of Education Sciences

Evaluation Report

Appropriate Identification of Children with Disabilities for IDEA Services:

A Report from Recent National Estimates

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U.S. DEPARTMENT OF EDUCATION

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Appropriate Identification of Children with Disabilities for IDEA Services:

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Appropriately identifying children who have disabilities—in ways that are timely, comprehensive, and accurate—is critical for ensuring that learners receive the supports needed to meet early milestones and succeed in school. The Individuals with Disabilities Education Act (IDEA) charges states and school districts with three key activities as part of appropriate identification: (1) finding all children, birth through age 21, suspected of having a disability; (2) evaluating them to determine if they are eligible for IDEA services; and (3) measuring and addressing racial or ethnic disparities in who is identified for assistance. Since the last update of the law in 2004, the context for implementing these federal policies has shifted in important ways. These changes include greater access to data and more sophisticated approaches to screen for and detect certain disabilities, an increasingly diverse child population, and new regulations on how to measure disparities in identification. This report examines how state and district practices during the 2019-2020 school year aligned with IDEA's goals of appropriately identifying children with disabilities, using information collected from states and a nationally representative sample of nearly 700 districts.

Key Findings

- ***Most states and districts reported broad efforts to find children with suspected disabilities, as encouraged by IDEA, but with less emphasis on intensive approaches for younger children.***
- ***Reported policies and practices for evaluating children with suspected disabilities—including use of specialized assessments, data on progress made when struggling students are given extra supports, or strategies to address potential cultural bias in the evaluation process—suggest that states and districts were trying to be sensitive to each child's needs and therefore more accurate in identification, but challenges with linguistically and culturally responsive evaluation remain.***
- ***Despite federal efforts to encourage more consistent detection of large racial and ethnic disparities in special education identification, state differences in how disparities were defined may have limited detection in some cases.***

A long-held aspiration of federal education policy in the United States is that all students should be afforded the resources, experiences, and supports needed to flourish. This notion is enshrined in the Individuals with Disabilities Education Act (IDEA), which allocates almost $14 billion in federal funds each year to states and districts. It requires them to provide special education and related services to the more than 7.5 million eligible infants, toddlers, children, and youth across the nation who have disabilities.[1]

The first critical step in providing these supports and services is appropriately identifying children with disabilities. If efforts to identify children with disabilities are not timely, comprehensive, and accurate, help for some may be delayed, mismatched to their needs, or not provided at all. Other children may receive special education services even though they are not needed.[2] Appropriate identification therefore has consequences both for improving individual children's outcomes[3] and making the best use of limited educational resources.[4]

IDEA promotes the appropriate identification of children with disabilities through three key activities (**Exhibit 1**). First, states and districts are expected to engage in efforts to find children across all age ranges with suspected disabilities—those who may need IDEA services—in a timely way. Then, states and districts are expected to conduct accurate and comprehensive evaluations to determine if these children with suspected disabilities have the types of needs that make them eligible for specialized services and supports. Together, IDEA refers to these first two activities as Child Find, with identified children subsequently receiving either early intervention services (birth through age 2) or special education and related services (ages 3 through 21).[5] Finally, states and districts are expected to undertake efforts to define, detect, and address disparities in the rates of identification by race and ethnicity, which may point to either over- or under-identification. Detecting these disparities involves determining whether children from particular racial or ethnic groups are substantially more or less likely to be identified to receive IDEA services than children from all other groups. IDEA refers to large disparities as "significant disproportionality" in identification. States are charged with flagging school districts with significant disproportionalities and working with them to understand the root causes of the disparities and take appropriate actions to address them.

Exhibit 1. Key activities in the appropriate identification of children with disabilities for IDEA services

Key activities	States	School districts
FIND all children with suspected disabilities in a timely manner	Conduct outreach and coordinate with other state agencies and local providers to find children (ages 0-2); provide district guidance (ages 3-21)	Find children as early as needs emerge (ages 3-21)
EVALUATE AND DETERMINE ELIGIBILITY for IDEA services using accurate, comprehensive evaluation strategies	Evaluate each child with a suspected disability (ages 0-2); provide district guidance (ages 3-21)	Evaluate each child with a suspected disability (ages 3-21)
DEFINE, DETECT, and ADDRESS racial and ethnic disparities in identification	Flag school districts where there are large disparities; provide district guidance	Take action to understand and address large disparities

The context for identifying children with disabilities has shifted in important ways since IDEA was last updated in 2004. In particular, the child population in the United States has become increasingly diverse.[6] This growing diversity heightens the need for identification processes that are responsive to differences in language, cultural background, and prior educational opportunities. It also magnifies the potential adverse impacts of processes that lead to disproportionate identification.

In response, more recent U.S. Department of Education (hereafter referred to as Department) guidance has emphasized using research-based interventions and other approaches to improve the identification process.[7] The guidance has in part drawn on advances in specialized methods to evaluate children who are suspected of having disabilities, which are more sensitive to individual needs of these children.[8] Department regulations also have directed state agencies to apply a standardized way of measuring racial and ethnic disparities in special education identification rates. In addition to creating greater consistency across states, this is intended to reduce misidentification and, ultimately, address the root causes of the disparities. How states and districts carry out their responsibilities in light of these regulations and guidance may signal the reach of federal policy and help inform future updates to IDEA.

This report examines the extent to which state and local policies, practices, and procedures implemented in the 2019-2020 school year were consistent with IDEA's goals of appropriately identifying children for special education services. Data for the report come from surveys of state agencies that oversee early intervention and special education services and a nationally representative sample of school districts (see **Box 1** for an overview of the study and the study's Data Compendium[9] for more detail). Importantly, this report reflects state and district efforts immediately before the coronavirus pandemic disrupted all aspects of national life. As such, it provides a new baseline for future investigations of IDEA implementation in the aftermath of the pandemic public health emergency, which did not officially end in the U.S. until May 2023. The report also includes comparisons to national data on IDEA implementation that were last collected in 2008-2009,[10] where possible and relevant, to explore shifts across time.

Overview of the Study Design

What questions did the study address?

- How do states and districts find children (ages 0-21) with suspected disabilities?
- How do states and districts evaluate children to determine their eligibility for IDEA supports and services?
- How do states define and detect racial and ethnic disparities in identification for special education, and what steps do districts take in response?

What data were collected and from whom?

- The study surveyed all states and the District of Columbia. State surveys focused on implementation of IDEA policies, practices, and procedures for infants and toddlers, preschool-age children, and school-age children.
- State early intervention coordinators were the primary respondents for information related to infants and toddlers; state preschool special education coordinators were the primary respondents for preschool-age children; state special education directors were the primary respondents for information related to school-age children.
- All states and the District of Columbia responded to the survey.
- The study surveyed a nationally representative sample of 688 school districts. District surveys focused on school-age children (in all 688 districts) and preschool-age children (in the 514 districts with preschool-age enrollment).
- District special education directors were the primary respondents for information related to school-age children; district preschool special education coordinators were the primary respondents for information related to preschool-age children.
- About two-thirds of districts (67 percent for the school-age survey and 63 percent for the preschool-age survey) responded to the survey.
- The study weighted the district survey data to adjust for potential bias due to survey nonresponse and to make the findings more nationally representative.
- Study surveys were administered toward the end of the 2019-2020 school year and asked about policies, practices, and procedures before the COVID-19 pandemic.[11]
- The study also drew on data that state agencies submit annually to the U.S. Department of Education and from the state and district surveys conducted for the earlier IDEA National Assessment Implementation Study of 2009.

How were the data analyzed?

- The study calculated descriptive statistics, such as counts and percentages, from survey responses and conducted simple statistical tests of differences between percentages.
- The study is descriptive and does not assess the impact of federal policies on state and local actions.
- The Data Compendium[12] provides more detail on the study sample, methods, surveys, data collection, and results.

MOST STATES AND DISTRICTS REPORTED BROAD EFFORTS TO FIND CHILDREN WITH SUSPECTED DISABILITIES AS ENCOURAGED BY IDEA, WITH LESS EMPHASIS ON INTENSIVE APPROACHES FOR YOUNGER CHILDREN

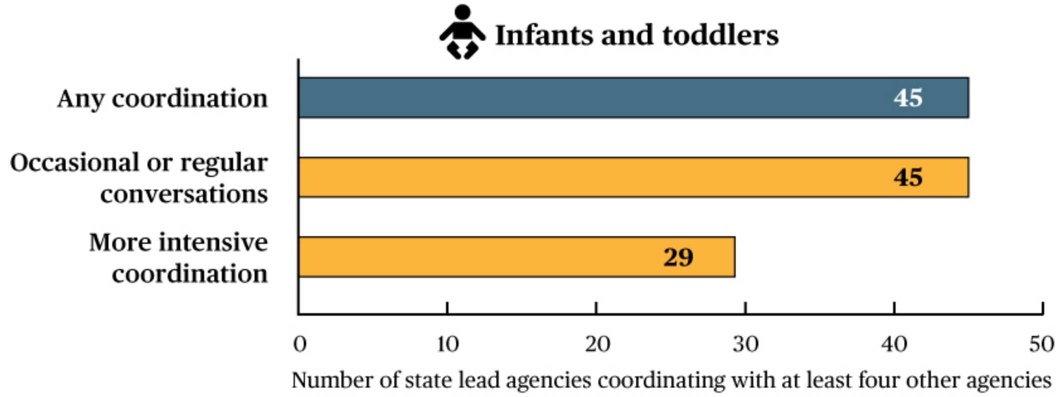
Finding children who may have disabilities can be challenging. A key obstacle, particularly for infants and toddlers, is that they are served by a potentially large network of both public and private caregivers and service providers. Finding these very young children in a timely way necessitates coordination and wide outreach and is a primary role for state early intervention entities. IDEA provides significant guidance on how states should carry out this part of the identification process, but also offers some flexibilities. Although older children are more easily reached through public prekindergarten programs or K-12 schools, their needs can emerge at different ages. As such, efforts to find older children with suspected disabilities must also be ongoing and systematic.

Most states coordinated with a broad set of entities to find infants and toddlers who may need services, more often through conversations than through time-intensive efforts such as data sharing.

IDEA requires the lead state-level agency for early intervention services to coordinate with other major efforts to find young children who may have a disability and ensure they are evaluated.[13] These other efforts include those undertaken by state agencies responsible for administering various education, health, and social service programs.

In 2019-2020, the lead agencies in 45 states reported coordinating with at least four of five types of state or local agencies that IDEA references when outlining the identification process for infants and toddlers (**Exhibit 2**). These other agencies included those that focus on home visiting, public health, childcare, social service programs, and Early Head Start, suggesting a broad outreach effort that may be consistent with IDEA goals.[14] The same number (45) reported that this coordination involved occasional or regular conversations. Lead agencies in fewer states (29) reported undertaking more time-intensive forms of coordination–such as jointly developing guidance or professional development related to finding very young children with suspected disabilities, sharing data across agencies, and establishing interagency agreements that define, for example, financial responsibilities (Appendix Exhibit A.1).[15,16] These more intensive activities involve other complexities as well, such as issues around data privacy and confidentiality and legal ramifications associated with interagency agreements. Although not specifically required by IDEA, these more intensive activities could contribute to a more comprehensive and efficient identification process as well as a more seamless system for families.

Exhibit 2. Extent and nature of state coordination in identifying infants and toddlers with suspected disabilities



Notes: The survey asked about state lead agency coordination with five types of other state and local agencies that administer home visiting, public health, social services, Early Head Start/Head Start, and childcare (infants and toddlers only). Survey respondents represented the state lead agency for the IDEA program for infants and toddlers with disabilities and their families. The survey questions addressed coordination to identify and determine eligibility of children with suspected disabilities. The categories in the exhibit combine several related survey items. **More intensive coordination** includes jointly develop or share guidance for personnel, hold joint professional development for personnel, establish interagency agreements, and share identification and screening data.

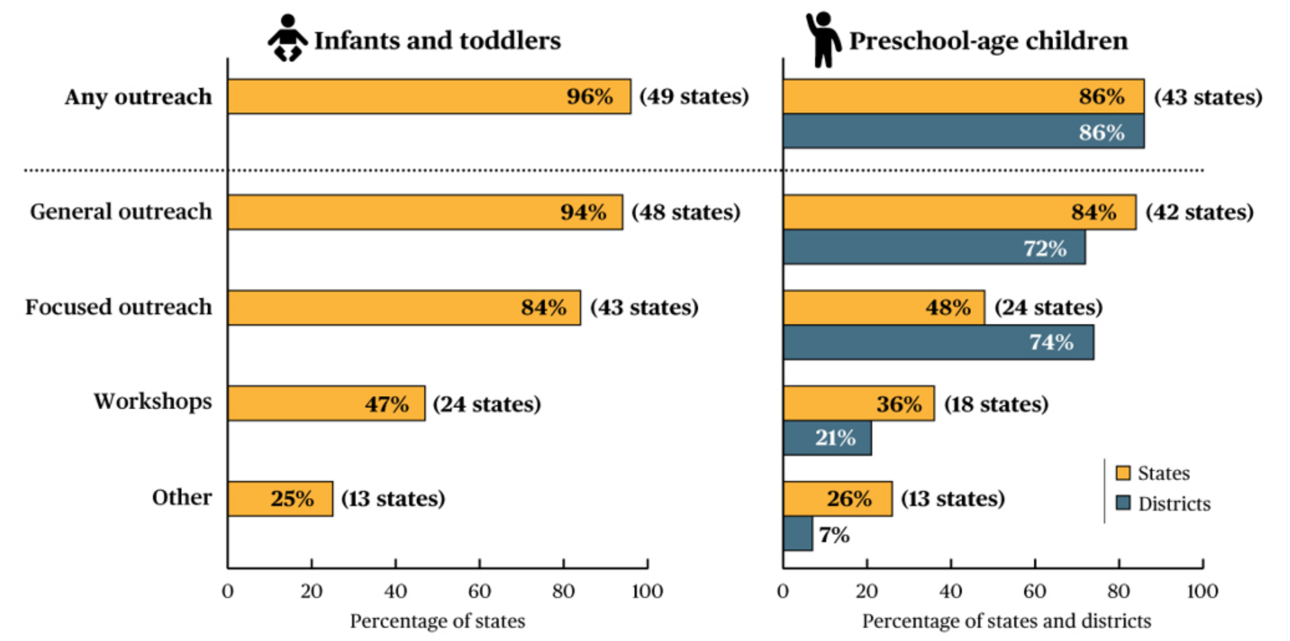
Source: 2019-2020 state survey on the IDEA program for infants and toddlers (Appendix Exhibit A.1).

Beyond collaboration, nearly all states and districts broadly disseminated information and resources to help find infants, toddlers, and preschool-age children potentially needing services, with fewer providing more intensive outreach through workshops.

Unique to the federal infant and toddler program, IDEA requires that states carry out a public awareness program about available services and how families of infants and toddlers may access them. State agencies are expected to share this information with and through organizations that frequently refer these very young children who are suspected of having a disability, such as health care providers, social service agencies, and caregivers. IDEA does not explicitly require this type of public awareness program for preschool-age children. However, it does require states, in partnership with districts, to find preschool-age children with suspected disabilities. The law gives states flexibility in the extent and manner of outreach to meet this requirement.

As might be expected, in 2019-2020 states almost universally reported conducting some form of outreach to find infants and toddlers who may need services (49 states), including 48 states that conducted general outreach to the community and 43 states that conducted more focused outreach (**Exhibit 3**). General outreach is designed to promote awareness of disabilities and services for young children. It was defined as including events such as health fairs, web-based materials, and traditional media such as TV and newspapers that were available to virtually all families. Focused outreach was defined as sharing materials with the targeted set of health care providers, childcare centers, and other infant and toddler referral sources likely to have more direct access to very young children and to be knowledgeable about their capabilities. A less frequently used form of outreach was state-sponsored workshops for health and early childhood care providers that may provide more in-depth information and training than the general and focused strategies listed above, but at greater cost (24 states). State outreach to find preschool-age children followed a broadly similar pattern though with much less focused outreach. For these children, state efforts were complemented by the efforts of 86 percent of districts that conducted any outreach, including 72 percent that conducted general outreach and 74 percent that conducted focused outreach.[17] These figures are consistent with the fact that districts are the primary entity charged with identifying and serving children in this age group.

Exhibit 3. Extent and nature of state and district outreach to find infants, toddlers, and preschool-age children who may need early intervention or special education services



Notes: The categories in the exhibit combine several related survey items. **General outreach** included web-based information and other electronic materials; outreach through community events, such as health fairs; and outreach through radio, TV, newspapers, and other print media to promote awareness of disabilities and services for young children. **Focused outreach** included development or dissemination of written materials such as posters or pamphlets to pediatricians, other health care providers, childcare centers, nursery schools, and other facilities, as well as outreach to other referral sources. **Workshops** were for pediatricians, other health care providers, childcare centers, nursery schools, and other facilities. **Other outreach** included a wide range of open-ended responses.

Source: 2019-2020 state surveys on IDEA programs for infants and toddlers and for preschool-age children (Appendix Exhibit A.2 and Exhibit A.3).

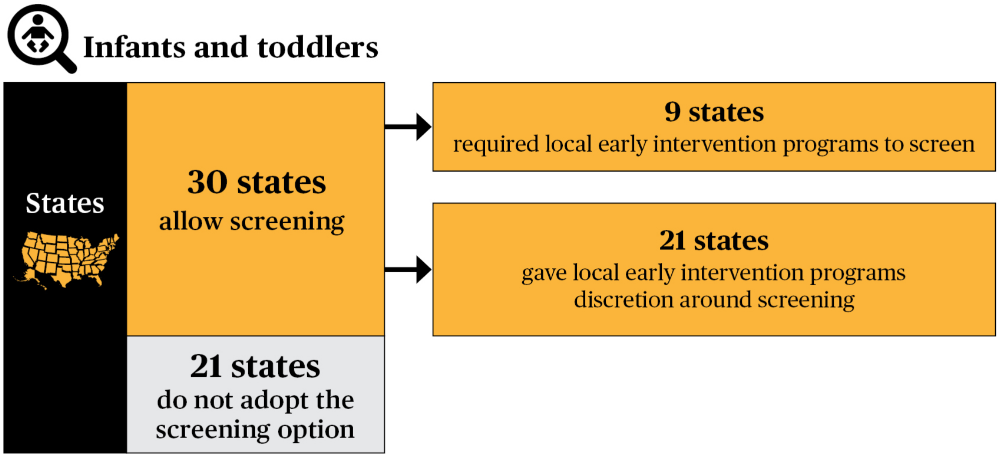
A majority of states took advantage of an IDEA flexibility that allows local providers to first screen infants and toddlers with suspected disabilities rather than proceeding immediately to a full, more intensive evaluation.

IDEA's Part C Regulations, introduced in 2011, provide states the option of allowing local early intervention providers to screen very young children who are initially thought to have disabilities rather than moving immediately to a full evaluation. This screening is used to determine whether a full, comprehensive, multidisciplinary evaluation is needed. In addition to reducing the number of unnecessary or inappropriate evaluations conducted, this interim step in Child Find has the potential to make better use of staff resources and support finding young children in a timely way.

As of the 2019-2020 school year, 30 states had adopted this IDEA option. Nine of these states required local providers to first screen children with a suspected disability, while the other 21 states allowed local providers to decide whether to conduct these initial screenings (**Exhibit 4**).[18] The remaining 21 states did not adopt the screening option. In those states, all infants and toddlers with suspected disabilities are provided a full evaluation.

Whether states chose to support screening of infants and toddlers appears to have depended in large part on how the agencies viewed the usefulness of this procedure for efficiently and accurately identifying young children with disabilities. Of the 21 states that decided not to adopt this option, the most common reason (9 states) was the belief that all children who are suspected of having disabilities should receive a full, comprehensive evaluation. Others (6 states) noted that the screening would have limited usefulness because parents could still request a full evaluation even if the screening indicated that a full evaluation was not necessary. Conversely, among the 30 states that adopted the screening option, many reported having data suggesting that the policy was appropriate for children (13 states) or was cost-effective (10 states). Only 3 of the 30 states carrying out the option reported that many parents or guardians want an evaluation when screening results suggest it is not necessary (Appendix Exhibit A.5).[19]

Exhibit 4. State adoption of the option to allow local providers to screen infants and toddlers for suspected disabilities



Source: 2019-2020 state survey on the IDEA program for infants and toddlers (Appendix Exhibit A.4).

In efforts to find school-age children with suspected disabilities, many districts cast a wide net by using data from tiered intervention systems and, to some extent, kindergarten readiness screeners.

Both federal education laws and the Department's technical assistance encourages using data from tiered intervention systems, or "multi-tiered" systems of support, to determine whether children may have disabilities. Multi-tiered systems of support refers to a framework special and general educators use to identify struggling children early and provide an additional set or "tier" of academic or behavioral support as needed.[20] Although not specifically promoted by IDEA, kindergarten readiness screeners–designed to further teachers' understanding of children's readiness or foundational skills–have shown some promise as a way to systematically indicate that children might have an educational or developmental need.[21]

In 2019-2020, 79 percent of all districts reported using data from tiered intervention systems to monitor children's progress and determine when to refer a child for evaluation for special education services (Appendix Exhibit A.6). Forty-four percent of school districts reported both administering a kindergarten readiness screener and using the results to identify children with suspected disabilities to help inform referrals for evaluation or to initiate a monitoring process that could lead to special education services in the future (Appendix Exhibit A.7).

EFFORTS TO TAILOR EVALUATIONS MORE CAREFULLY TO EACH CHILD'S POTENTIAL NEEDS WERE EVIDENT IN MOST STATES AND DISTRICTS, BUT CHALLENGES WITH LINGUISTICALLY AND CULTURALLY RESPONSIVE EVALUATION REMAIN

After children with suspected disabilities have been found–located and, in some cases, screened–a timely, comprehensive and accurate evaluation must be conducted to appropriately discern their needs. This important step determines whether these children require IDEA services, for what disability, and with what kinds of supports. However, several factors can make this evaluation process incomplete, inaccurate, or biased.[22] Children's low levels of educational performance might signal a need for different instructional strategies rather than a disability. Evaluation tools or strategies might not be well suited to assess certain disabilities. Children's lack of English proficiency could lead to inaccurate identification of disabilities. The nature of a child's disability can also interact with these factors, further complicating the evaluation process. As a result, IDEA includes several requirements to encourage evaluations that are sensitive to children's differences, including specific types of disabilities.

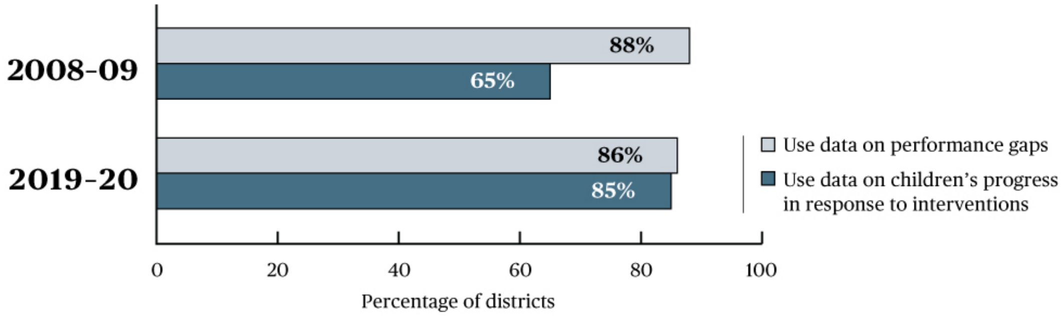
Approaches for evaluating whether a child has a specific learning disability have increasingly included using data on children's progress in response to research-based interventions, consistent with IDEA policy.

In part to help differentiate a disability from difficulties due to ineffective instruction, IDEA 2004 began requiring states to allow districts to assess children's own progress in response to instructional interventions when evaluating them for a specific learning disability, the most common category of disabilities.[23,24] Previously, the law required evaluations based on performance gaps: whether a child's actual achievement differed from the child's expected achievement as determined by aptitude or IQ tests. This approach was sometimes criticized as "wait to fail" because of the time needed to demonstrate a large gap in performance and the possibility the gap could result from poor teaching.[25] However, using a child's response to intervention has also raised concerns.[26,27] Critics contend that there is little research to guide which instructional interventions should be used or what constitutes a sufficient response. They also contend that the approach delays the determination of a disability and therefore eligibility for IDEA services.[28] These debates about evaluation strategies could influence state or local policies and practices.

In 2019-2020, IDEA required all states to start allowing progress in response to interventions to at least partly factor into evaluating a child for learning disabilities. Some states (11) went even further by banning the use of data on performance gaps (Appendix Exhibit B.1). However, the majority of states (29) continued to allow the use of data on performance gaps, although 4 of these states reported planning to ban the use of these data in the near future (Appendix Exhibit B.2). The remaining 11 states reported either having some other policy (8) or no policy (3) with respect to using data on performance gaps.

Districts' reported use of data on children's progress in response to interventions has increased over time. Since 2008-2009 when national data were last collected, the percentage of districts that reported using these data increased from 65 to 85 percent (**Exhibit 5**).[29,30] However, 86 percent of districts continued to use performance gaps in their evaluation of specific learning disabilities, similar to the level reported 10 years earlier.[31] In 2019-2020, nearly three-quarters of districts (71 percent) used both types of information (Appendix Exhibit B.3).

Exhibit 5. Districts' use of data for determining special education eligibility for specific learning disabilities across time



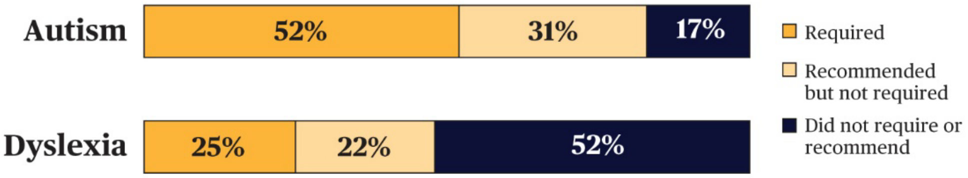
Sources: 2019-2020 district survey on the IDEA program for school-age children; Bradley et al. (2011, Exhibit 3.24). See Appendix Exhibit B.3 for details.

Most districts supported using special assessments when evaluating for autism and, to a lesser extent, dyslexia, which are areas of increased policy attention.

For all disability categories, school districts are required to accurately assess children in all areas of their suspected disability. To meet this requirement, districts can choose from a variety of assessment tools, strategies, and sources of information, which include parents. As the number of children with autism[32] and dyslexia continues to grow and there is an improved understanding that their needs may differ from those of children with other disabilities, researchers have developed and recommended using special assessments.[33] Heightened concerns from parents, advocacy groups, disability experts, policymakers, and national organizations about misidentifying these disabilities makes evaluating children's needs appropriately particularly important.[34]

In 2019-2020, most districts (83 percent) required (52 percent) or recommended (31 percent) using a special assessment to evaluate and determine eligibility for IDEA services for autism, while about half (48 percent) did so for dyslexia (**Exhibit 6**). Among districts that reported using special assessments for autism, the most prevalent assessments relied on parent or guardian ratings (92 percent) or teacher ratings (92 percent) of communication, behavior, and functioning, as well as systematic observations of children (85 percent) (Appendix Exhibit B.4). Districts that used special assessments for dyslexia most commonly focused on phonological skills (85 percent) or on reading fluency (85 percent) (Appendix Exhibit B.5).

Exhibit 6. District policies on the use of a special assessment for school-age children suspected of having autism and dyslexia



Notes: Percentages may not sum up due to rounding.

Source: 2019-2020 district survey on the IDEA program for school-age children. See Appendix Exhibit B.6 for details.

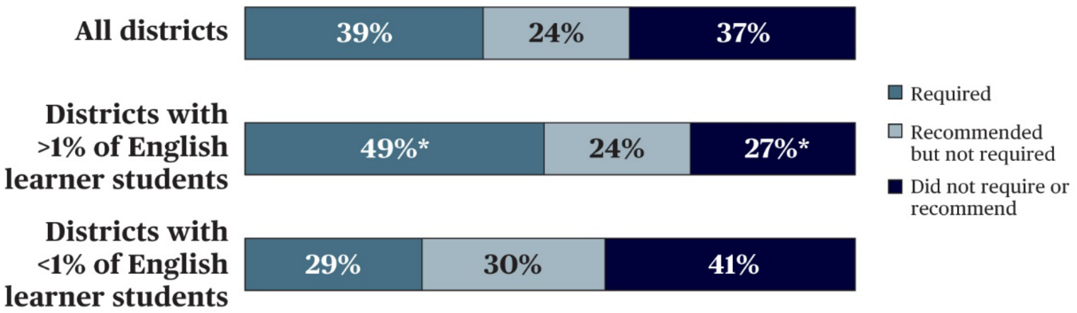
States and districts took various steps to address potential sources of linguistic or cultural bias in the evaluation process but also reported challenges.

Children who are English learners are particularly at risk of misidentification because it can be difficult to discern whether any academic difficulties are due to a language barrier or a disability.[35] Those with disabilities who are not identified may miss access to critical supports, while those misidentified for special education may have less exposure to settings or instruction that fully develop their language skills. Perhaps because of these concerns, IDEA specifies that evaluation resources and procedures need to be selected and administered so as to be culturally responsive. This includes providing testing materials and administering evaluations in the child's first language if feasible. IDEA also includes a 'special rule' indicating that a child should not be considered to have a disability if the contributing factor is a lack of appropriate instruction or limited English proficiency. To further support appropriate identification, IDEA requires that parents have the opportunity to participate in the evaluation process.[36] These requirements were reinforced in joint guidance from the U.S. Departments of Education and Justice in 2015 that underscored the need to consider language barriers in state and district evaluations and delivery of services.[37] These requirements and guidance may be increasingly important for appropriate identification, given the rapid growth in linguistic and cultural diversity in the population.[38]

In 2019-2020, 60 percent of state agencies responsible for school-age children and 50 percent of districts reported providing staff with guidelines on how to assess the source of English learners' academic struggles. These efforts were part of a larger set of supports such as professional development or written guidelines that states and districts reported providing. These supports were intended to equip staff with the tools and knowledge to distinguish disabilities from other sources of academic challenge, including environmental, cultural, or economic differences; lack of instruction; or language barriers (Appendix Exhibit B.7).

States and districts also took various steps focused on ensuring that evaluation processes are sensitive to linguistic and cultural differences. Engaging families with children who are English learners is one key step, as required by IDEA,[39] and many states reported strategies such as having parents serve on advisory committees, periodically soliciting feedback from families with diverse backgrounds, or working with the state's Parent Training and Information Center to ensure materials and processes are appropriate (Appendix Exhibit B.8). States and districts also commonly reported providing parents with an interpreter, routinely collecting information on the primary language spoken at home, and providing translations of written resources (Appendix Exhibit B.9). Another key step to ensuring evaluation processes are linguistically and culturally sensitive is to use special assessments for English learners when determining eligibility for special education. Most districts (63 percent) required (39 percent) or recommended (24 percent) use of such an assessment, and this was particularly true among districts where English learners made up more than 1 percent of the students in the district (**Exhibit 7**).[40]

Exhibit 7. District policies on using a special assessment for school-age children who are English learners

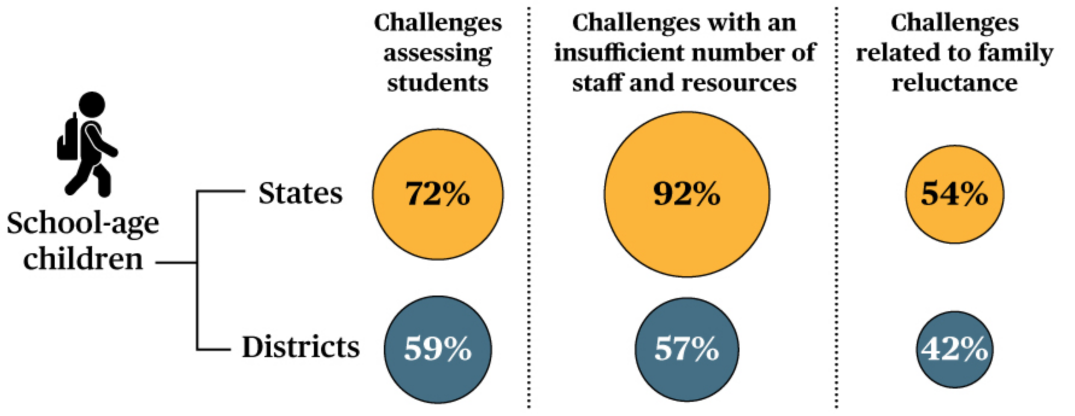


* The difference between districts with greater than and less than 1 percent of English learner students is statistically significant.

Source: 2019-2020 district survey on the IDEA program for school-age children.

Despite these steps, states and districts reported a range of challenges in ensuring that evaluations for school-age children were linguistically and culturally responsive.[41] For example, when reflecting on the overall referral and evaluation process, 92 percent of all states and 57 percent of all districts reported challenges with having a sufficient number of staff (specifically multilingual professionals or interpreters) or resources for staff training on linguistically and culturally responsive processes (**Exhibit 8**).[42] In addition, 72 percent of states and 59 percent of districts reported challenges specifically with assessing children due to language barriers, and about half of states and districts reported challenges with family reluctance to engage in the evaluation process (Appendix Exhibit B.10).

Exhibit 8. Challenges reported by states and districts in ensuring that referrals and evaluations were linguistically and culturally responsive



Source: 2019-2020 state and district survey on the IDEA program for school-age children. See Appendix Exhibit B.10 for details.

DESPITE FEDERAL EFFORTS TO ENCOURAGE MORE CONSISTENT DETECTION OF LARGE RACIAL AND ETHNIC DISPARITIES IN SPECIAL EDUCATION IDENTIFICATION, STATE DIFFERENCES IN HOW DISPARITIES WERE DEFINED MAY HAVE LIMITED DETECTION IN SOME CASES

One possible outcome of efforts to find and evaluate children with suspected disabilities is over- or under-identifying particular children for special education. For example, during the 2019-2020 school year, Black or African American students made up 14 percent of all students ages 5-21 but represented 18 percent of children served under IDEA.[43] This statistic raises concerns that these children may be over-identified for special education. Over-identification can mean children may be unnecessarily restricted from access to grade-level instruction. Conversely, under-identification can mean children are not afforded access to the right supports to succeed in school. Researchers and others continue to debate whether disparities signal real variation in disabilities across racial or ethnic groups, misidentification due to academic issues such as inadequate instruction, or the consequence of implicit or explicit bias.[44]

Congress included some requirements in IDEA to try to address the potential for large racial and ethnic disparities in identification for special education, referred to as significant disproportionality. As of 2004, the law requires states to annually monitor and report significant disproportionality among districts but gave states substantial flexibility in how they define significant disproportionality.[45] When districts are flagged for significant disproportionality, states are required to ensure the review and revision of district policies, practices, and procedures. The state may conduct the review, or the state can select another entity, such as the district, to conduct the review. Additionally, states must ensure that flagged districts reserve 15 percent of their IDEA funds to provide supports to all students who are struggling academically or behaviorally, including those without a disability. The intent of these funds is to address conditions that may later contribute to significant disproportionality.

A 2013 Government Accountability Office (GAO) report found that states used the flexibility they were afforded, calculating disparities using a variety of methods.[46] Not surprisingly, the result was state variability in the number of districts flagged for significant disproportionately, although in many states relatively few districts were being flagged overall. In fact, the GAO report found that some state definitions of disproportionality meant that it was unlikely any district would be flagged.

In response to the findings of the GAO report, the Department released its “Equity in IDEA” regulations in 2016 that established a more standardized approach for states to use to detect significant disproportionality. This approach was based on a measurement known as a ‘risk ratio.’ The risk ratio measures the likelihood–or *risk rate*–that children of one race or ethnicity in a school district are identified for special education compared to the likelihood of identification for children of all other races or ethnicities.[47] For example, a risk ratio of 3 for Black or African American children indicates that Black or African American children are three times as likely as all other children in the district to be identified as children with disabilities. If the risk ratio for any racial or ethnic group exceeds a state-determined *threshold*, then the district is expected to be flagged as having significant disproportionality. Although significant disproportionality due to underrepresentation of one or more racial and ethnic groups may also be a sign of disparities, the regulations acknowledge that they are setting up a system that is focused only on overrepresentation.[48] States were required to begin using the standard approach in March 2019, just a year before this study’s data collection.[49]

Importantly, the Equity in IDEA regulation also gives states flexibility in how they define or set various parameters for key components used in determining significant disproportionality.[50] In addition to determining the *threshold* (three times greater, in the example above), states also set the *number of consecutive years* a district can exceed the threshold before being flagged (up to a maximum of three[51]) and decide whether to offer exemptions or special consideration to districts with ratios above the threshold if they make *reasonable progress in reducing the risk ratio*. Finally, states set two minimum sample size requirements for calculating the risk ratio for each race and ethnicity: (1) number of children identified for special education and (2) number of children enrolled in a district.

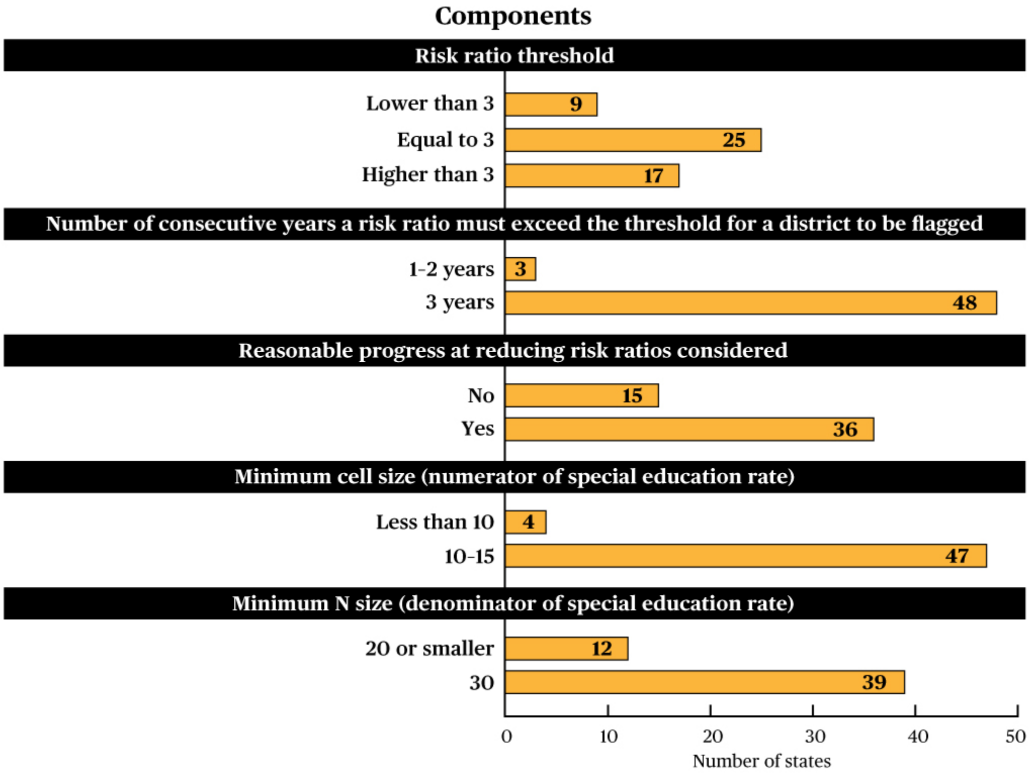
States used the standardized approach to detect significant disproportionality as intended while also exercising the flexibility to define its parameters differently to some extent.

According to annual reporting to the Department, in 2019-2020 all states used the required standardized risk ratio approach, up from 11 (or 37 percent of) states that reported doing so in the 2008-2009 IDEA implementation study.[52] About a year after the federal standardized risk ratio approach was phased in, states flagged 2.3 percent of districts nationwide for significant disproportionality (Appendix Exhibit C.1). That marked the first time since systematic data were reported to the Department that more than 2 percent of districts nationally have been flagged for significant disproportionality. Additionally, a larger number of states flagged at least one district for significant disproportionality. For example, in 2019-2020, 33 states flagged at least one district for significant disproportionality compared to 24 and 22 states in the two years prior (2018-2019 and 2017-2018, respectively) (Appendix Exhibit C.1).

States did, however, vary somewhat in how they defined parameters for key components used in the standardized approach: risk ratio threshold, number of consecutive years, reasonable progress, minimum cell size (the number of students from a particular racial or ethnic group identified with a disability in a school district), and minimum N size (the number of students from a particular racial or ethnic group enrolled in a school district). Starting with the risk ratio threshold, annual reporting data show that in 2019-2020, 17 states set thresholds above 3, while 25 states set threshold levels equal to 3, and 9 states set them below 3 (**Exhibit 9**). Thresholds ranged from a low of 2 (2 states) to a high of 7 (1 state), meaning that in one state a racial or ethnic group would need to have a risk that was seven times higher than that for all other races and ethnicities before the district was flagged for significant disproportionality (Appendix Exhibit C.2). For reference, the national risk rate[53] for Black or African American students is 12.3, while the risk rate for all other racial and ethnic groups combined is 9.1, resulting in a national risk ratio for Black or African American students of 1.4. See endnote 54 for risk rates of other populations.

States appeared to exercise at least some of the flexibility allowed in the Equity in IDEA regulation in defining parameters for several other components. All but three states (48) in 2019-2020 allowed districts the maximum three years to exceed the risk ratio threshold before being flagged as having significant disproportionality—a more generous standard than many states were using 10 years earlier (**Exhibit 9**).[55] Thirty-six states allowed districts to be excluded from determinations of significant disproportionality if they demonstrated "reasonable progress" in reducing a risk ratio,[56] while 15 did not. States also varied somewhat in setting minimum sample size requirements for calculating the risk rate. Forty-seven states required at least 10 children of each race and ethnicity to be identified as having a disability before districts were required to calculate the risk rate. Similarly, 39 states set the minimum number of children of each race and ethnicity enrolled in a district at 30, above which districts were required to calculate the risk rate.

Exhibit 9. States' selection of parameters for risk ratio components



Notes: When used for identification, a risk ratio compares a district's special education rate for a racial or ethnic group to its special education rate for all other students. The risk ratio threshold is the value above which disproportionality is considered significant and a district is flagged. Reasonable progress refers to whether states offer exemptions or special consideration to districts if they have made progress in reducing the risk ratio.

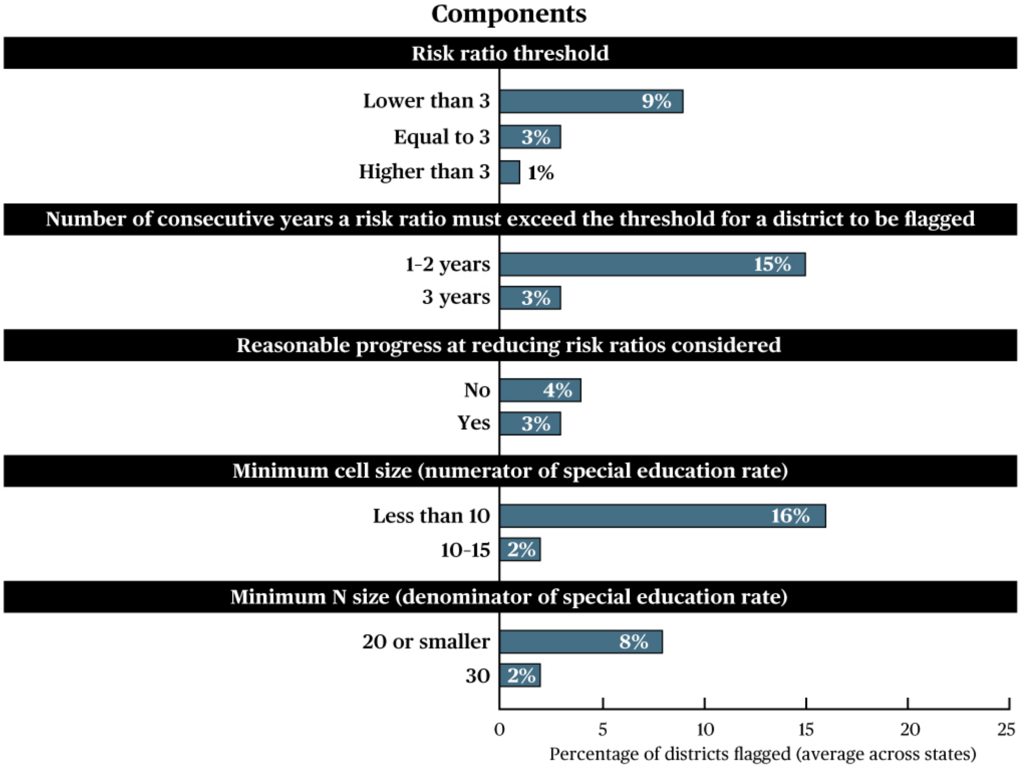
Source: U.S. Department of Education. (2022). *Significant Disproportionality Reporting Under IDEA Part B*. https://www2.ed.gov/policy/speced/guid/idea/monitor/sig-dispro-reports-part-b.html#resources.

Although each of the five risk ratio components in Exhibit 9 had a value that states used more often (for example, a risk ratio equal to 3), few states selected all of these common values to define significant proportionality. That is, only 12 states used a risk ratio threshold of three, used three consecutive years of data, allowed for a reasonable progress exemption, set a minimum cell size of 10, and set a minimum N size of 30.

How states defined the parameters used to detect significant disproportionality appears to have influenced the number of districts that were flagged.

The 2013 GAO report noted the relationship between more generous parameter definitions and the flagging of fewer districts.[57] Even after the Equity in IDEA regulation, this relationship holds: states that used more generous parameter definitions in risk ratio components tended to flag fewer districts. For example, states that set higher thresholds for what constitutes significant disproportionality flagged smaller percentages of districts. In states with thresholds above 3, on average only 1 percent of districts were flagged for significant disproportionality, compared to 9 percent of districts in states with thresholds below 3 (**Exhibit 10**). Additionally, among the 48 states that elected to allow districts to exceed the risk threshold for more years (three years versus only one or two) before being flagged for significant disproportionality, only 3 percent of districts were flagged on average compared to 15 percent in the other 3 states. Similarly, states that allowed a reasonable progress exemption and chose more generous sample size requirements (that is, higher minimum cell sizes and minimum N sizes) tended to flag fewer districts. For example, states that chose a minimum cell size of 10 or more flagged 2 percent of districts on average, while states that chose a minimum cell size below 10 flagged 16 percent of districts. Because selecting a lower minimum cell size can also increase concerns about data confidentiality and reliability with small samples, there are trade-offs to lower versus higher minimum cell size values.

Exhibit 10. Percentage of districts flagged for significant disproportionality, by parameters states selected for each risk ratio component



Notes: When used for identification, a risk ratio compares a district's special education rate for a racial or ethnic group to its special education rate for all other students. The risk ratio threshold is the value above which disproportionality is considered significant. Reasonable progress refers to whether states offer exemptions or special consideration to districts if they have made progress in reducing the risk ratio. See Appendix Exhibit C.2 for details.

Source: U.S. Department of Education. (2022). *Significant Disproportionality Reporting Under IDEA Part B*. https://www2.ed.gov/policy/speced/guid/idea/monitor/sig-dispro-reports-part-b.html#resources.

The districts that were flagged, and their states, reported using strategies suggested in federal regulations to try to address significant disproportionality.

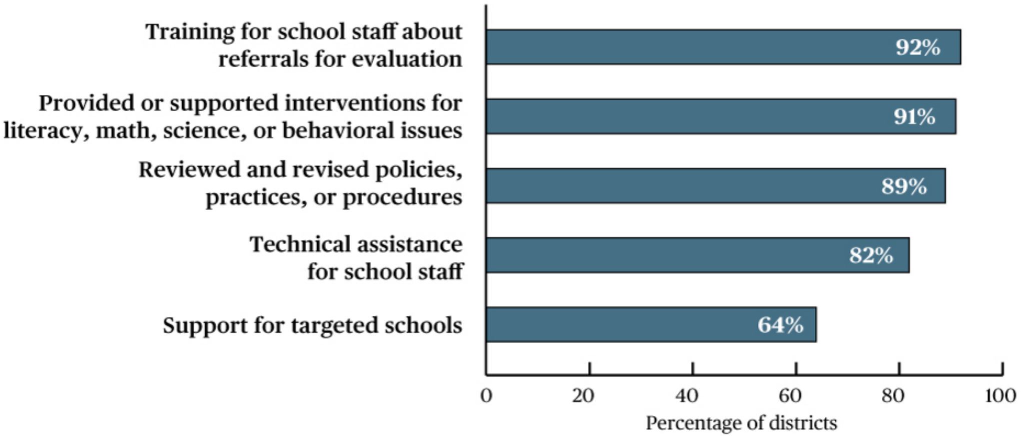
IDEA and related federal regulations require states to work with flagged districts to review and, if appropriate, revise the policies, procedures, and practices related to identification that may be contributing to significant disproportionality. Contributing factors may include, for example, lack of access to scientifically based instruction or linguistic barriers to appropriate identification. Additionally, states are expected to require flagged districts to set aside IDEA funds for early intervening services more generally, the intent being to redirect resources toward addressing factors that may be contributing to significant disproportionality.[58] Federal regulations suggest using these required set-aside funds for professional development for teachers and other school staff focused on providing better supports for *all* students, such as delivering scientifically based academic and behavioral interventions. Other recommendations include providing educational and behavioral evaluations, services, and supports to ensure accurate and complete identification and provision of services to *all* children.[59] By focusing on high-quality, standardized policies, procedures, and practices for all students, the intent is to eliminate disparities based on race or ethnicity that may be contributing to significant disproportionality.

In 2019-2020, almost all states reported having policies or procedures to guide their work with districts flagged for significant disproportionality, as expected. These policies included developing or reviewing districts' plans to address significant disproportionality (48 states) or providing or arranging technical assistance for the district (45 states). However, fewer states (17) went as far as recommending how districts use the set-aside funding or providing additional funding to help remedy the disparities in identification (Appendix Exhibit C.3).

Districts flagged for significant disproportionality in any of the five school years preceding 2019-2020 reported taking multiple actions to address racial or ethnic disparities in identification (**Exhibit 11**). Most provided training opportunities to help staff more accurately identify all children who should be referred for evaluation (92 percent) and provided or supported interventions focused on literacy, math, science, or behavioral issues to refine the detection of children struggling due to a disability (91 percent). Additionally, most districts flagged for significant disproportionality reviewed and revised district policies, practices, and procedures in an effort to avoid disproportionate treatment of racial or ethnic subgroups (89 percent). Policy reviews generally focused on appropriate identification procedures, including screening and assessment practices (Appendix Exhibit C.4). Most districts also provided technical assistance for school staff (82 percent), and almost two-thirds (64 percent) of districts targeted their support to schools with significant or near-significant disproportionality. Districts also commonly took other types of actions, such as providing training about instructional strategies for meeting diverse needs (84 percent) and initiating multi-tiered systems of support (65 percent) (Appendix Exhibit C.4).

Districts flagged during this five-year period generally reported using a mix of required set-aside funds and other funds to address factors that may have contributed to significant disproportionality, although there was some variation depending on the action. For example, to provide or support interventions, 41 percent of flagged districts used required set-aside funds, while 64 percent used other funding in addition to or instead of required funds (Appendix Exhibit C.4). On the other hand, to provide training for school staff about referrals for evaluation, only 6 percent of flagged districts used required set-side funds, while 90 percent of districts used other funding in addition to or instead of required funds.

Exhibit 11. Percentage of districts that took select actions when flagged for significant disproportionality



Notes: *Reviewed and revised policies, practices, or procedures* included examining assessment or evaluation instruments, screening procedures, staff effectiveness data, school referral or assessment data, and district plans to address significant disproportionality. *Technical assistance for school staff* included specialized advice and customized support. *Support for targeted schools* means providing support to schools with significant or near significant disproportionality. See Appendix Exhibit C.4 for details, including additional actions that flagged districts reported taking.

Source: 2019-2020 district survey on the IDEA program for school-age children.

LOOKING AHEAD

A critical goal of IDEA is to find and accurately evaluate all children who may have a disability and need special education supports and services in a timely way. This study suggests some alignment with that goal among state- and district-reported policies and practices before the COVID-19 pandemic, but also some potential barriers to further progress. As policymakers begin the work to update IDEA in the future, they may wish to consider a few questions arising from the study findings:

- ***Are there ways to create more efficiencies in the identification process?*** Complete and accurate identification of children eligible for IDEA services requires investment in a range of activities, including creating tools, training staff, coordinating services, and conducting outreach. Efforts that reduce the need for staff time and make dollars stretch as far as possible would be useful to school systems across the nation, as long as they do not come at the cost of effectiveness. Activities that might hold promise for creating efficiencies but that are not yet widely adopted or studied include using screeners before conducting a full evaluation and formally sharing screening and identification data when coordinating across service agencies.[60]
- ***What else could help to appropriately identify children with specific learning disabilities, especially English learners who reflect the nation's growing linguistic and cultural diversity?*** Each child and learning disability has its own unique considerations, and appropriate identification accordingly requires nuanced outreach and evaluation. Many districts reported taking advantage of recent developments in specialized assessments for autism and to a lesser extent dyslexia; notably, many

other disabilities might also benefit from these kind of tailored evaluation tools. Similarly, while most states and districts in this study took steps to ensure unbiased identification of English learners with disabilities, they also reported challenges engaging families and their children in the assessment process. In addition to providing more technical assistance and resources directly to states and districts to help overcome these challenges, it may be worth considering whether there are opportunities at the federal level to drive innovation in methods for outreach and evaluation, with particular attention to language and cultural issues.

- ***Will recent changes to policies and processes around measuring significant disproportionality help address underlying concerns about racial and ethnic bias in identification?*** IDEA understandably focuses on eradicating bias in how children of color are identified with a disability, and "significant disproportionality" is a favored tool to indicate the potential presence of bias. Whether the tool captures potential bias depends on how it is used, which is why the Department took steps in recent years to standardize how states measure significant disproportionality. These efforts, according to study data, have resulted in some standardization. However, it appears that differences in how states use the remaining flexibilities continue to result in some states flagging few, if any, districts. If state processes are under-identifying significant disproportionalities, this result is both troubling and inconsistent with policymakers' aspirations for IDEA. In contrast, if states with a greater number of flagged districts are over-identifying significant disproportionalities, scarce resources may be diverted from places where they could make the greatest impact. Given that states continue to have some flexibility on how to calculate significant disproportionality, with likely pros and cons to each method, policymakers may wish to consider whether there are additional ways to assist states in evaluating and selecting an approach. And, because flagging significant disproportionality is only the first step to addressing potential racial and ethnic bias in identification, policymakers may also wish to consider if additional technical assistance focusing on how to unpack the root causes of disproportionality is warranted, and if there are ways to further support the development and testing of strategies to mitigate the root causes.

ENDNOTES

[1] See https://www2.ed.gov/about/overview/budget/tables.html. Figures are for fiscal year 2021 funding for Parts B and C of IDEA.

[2] Burr, Haas, and Ferriere 2015; Fuchs and Fuchs 2006; Sullivan 2011; Sullivan and Bal 2013; Valenzuela *et al.* 2006.

[3] American Academy of Pediatrics Committee on Children with Disabilities 2001; Catts *et al.* 2015; Koegel *et al.* 2014; Yoshinaga-Itano *et al.* 1998.

[4] Although the number of children served under IDEA has increased (National Center for Education Statistics 2022), there has not been a comparable increase in IDEA funding (https://www2.ed.gov/about/overview/budget/tables.html). For example, federal appropriations per child for the IDEA program for infants and toddlers and their families declined from $1,280 in 2009 to $1,091 in 2020 (Early Childhood Technical Assistance Center, retrieved June 1, 2021, from https://ectacenter.org/partc/partcdata.asp#appropriations). During this period, the percentage of all infants and toddlers who the program served rose from 2.67 percent to 3.70 percent.

[5] For children birth to age 2, eligible children meet their state's definition of having a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. States may also choose to include infants and toddlers at risk of a developmental delay because of health or environmental factors. For older children, eligible children meet their state's definition for 1 of 13 disability categories recognized by IDEA—autism, deaf-blindness, developmental delay (ages 3 through 9), emotional disturbance, hearing impairment/deafness, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment/blindness (Source: 34 CFR §303.21 and 34 CFR §300.8).

[6] For example, English learners represented 9.2 percent of total student enrollment in fall 2010 and 10.2 percent in fall 2018 (National Center for Education Statistics 2021). Burr, Haas, and Ferriere (2015) summarize issues with finding and assessing English learner students with learning disabilities.

[7] Fletcher and Vaughn 2009; Jimerson, Burns, and VanDerHeyden 2015; Office of Special Education and Rehabilitative Services 2015; Office of Special Education Programs 2011.

[8] Berninger and O'Malley 2011; Bishop *et al.* 2017; Fletcher *et al.* 2018; Fuchs and Vaughn 2012; Zander, Sturm, and Bolte 2015.

[9] Potamites *et al.* 2023.

[10] This data collection was called the IDEA National Assessment Implementation Study of 2009. Findings are reported in Bradley *et al.* (2011).

[11] The study also administered a survey to a nationally representative sample of 2,750 schools within sampled districts. Those data address the implementation of IDEA programs for preschool-age and school-age children in schools but do not inform this report on identification for services.

[12] Potamites *et al.* 2023.

[13] 34 CFR §303.321(c).

[14] This report considers comprehensive interagency coordination as involving coordination with at least four of five of these types of agencies, which IDEA regulation 34 CFR §303.302 refers to in describing the comprehensive Child Find system that states are expected to administer. This definition emphasizes states

working across multiple agencies while also acknowledging that state differences in service delivery design and needs may mean that states do not need to work across all the listed agencies to operate a comprehensive Child Find system. For example, some state lead agencies may not partner with a health or public health agency because that agency runs the state's IDEA infant and toddler program.

[15] The Department recommends interagency agreements for detailing responsibilities among different agencies to help ensure a smooth collaboration that maximizes resources (U.S. Department of Education 2022).

[16] In addition, 17 to 29 state lead agencies for early intervention services coordinated with prekindergarten programs in each way listed in Exhibit 2 (Appendix Exhibit A.1).

[17] 514 districts that offer programs for preschool-age children received the preschool survey. Of these 514 districts, 320 districts responded to the survey.

[18] This study did not include a survey of local early intervention providers to learn more about their screening practices.

[19] Only states that reported adopting the screening procedures option were asked about their experiences exercising the option.

[20] U.S. Department of Education 2015.

[21] Garver 2020; Shields, Cook, and Greller 2016.

[22] Burr, Haas, and Ferriere 2015.

[23] In 2019, 33 percent of children receiving IDEA services were diagnosed with a specific learning disability (see National Center for Education Statistics, Digest of Education Statistics 2020, Table 204.50). Specific learning disability is defined as a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. This may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. It includes 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; intellectual disability; serious emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.

[24] IDEA 2004 and its regulations allow states to use alternative methods for determining eligibility for special education, including assessing students' response to intervention. Under 34 CFR §300.307 a state must adopt criteria for determining whether a child has a specific learning disability as defined in Section 34 CFR §300.8(c)(10). In addition, the criteria adopted by the state (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

[25] For example, an article on identifying learning disabilities by Reschly (2005) noted that models based on performance gaps can be unstable, invalid, and have harmful wait-to-fail effects for students.

[26] IDEA 2004 and its regulations allow states to use alternative methods for determining eligibility for special education, including assessing students' response to intervention. Under 34 CFR §300.307 a state must adopt criteria for determining whether a child has a specific learning disability as defined in Section 34 CFR

§300.8(c)(10). In addition, the criteria the state adopts (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has a specific learning disability; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.

[27] Reynolds and Shaywitz 2009.

[28] Reynolds and Shaywitz 2009.

[29] The survey focused on the elementary grades because these practices are most prevalent in the earlier years, when catching students' needs as they emerge is most relevant.

[30] The language in the 2019 survey varied slightly from the 2009 survey, but interpretation of the questions should have been consistent across time periods.

[31] The items do not differentiate whether the two methods are being used concurrently (that is, with the same children) or being used in different contexts or grades.

[32] This report uses the term autism instead of autism spectrum disorder to align with the terminology used in IDEA.

[33] Whereas autism is a defined disability category under IDEA, dyslexia is a specific type of learning disability in reading subsumed under the broader IDEA category of specific learning disability.

[34] For autism, these include concerns about past under-identification, given a dramatic increase in diagnosed cases over the last decade. In 2019-2020, 11 percent of children receiving IDEA services were identified with autism, up from 5 percent in 2008-2009 (National Center for Education Statistics, Digest of Education Statistics 2020, Table 204.30). The Centers for Disease Control and Prevention has been monitoring the number and characteristics of children with autism for over 20 years and has noted that children with autism often continue to go unidentified during the period of time between when a developmental concern is raised and an evaluation is conducted (Autism and Developmental Disabilities Monitoring Network 2018). For dyslexia, there is concern about potential ongoing under-identification, often voiced by parent advocacy groups, policymakers, and disability experts (Odegard et al. 2020). Not all districts have focused on determining whether a student has dyslexia specifically and instead have opted to only evaluate students under the broader learning disability category.

[35] Sullivan 2011.

[36] 34 CFR §300.306(a)(1).

[37] U.S. Department of Justice 2015.

[38] U.S. Census Bureau, 1980, 1990, and 2000 censuses; 2010 and 2019 American Community Survey, 1-year estimates.

[39] 34 CFR §300.322.

[40] 34 CFR §300.304.

[41] For the IDEA State and Local Implementation Study 2019, the survey defined linguistically and culturally competent practices as "practices [that] include understanding and honoring differences in customs, beliefs,

values, and language preferences among families from different ethnic, socioeconomic, religious, cultural, or linguistic groups."

[42] Respondents were asked about challenges in a question that combined the referral and evaluation processes. The data do not allow a distinction between these two.

[43] U.S. Department of Education, EDFacts Data Warehouse: "IDEA Part B Child Count and Educational Environments Collection," 2019-20. U.S. Department of Commerce, U.S. Census Bureau. Intercensal Estimates of the Resident Population by Single Year of Age and Sex for States and the United States: April 1, 2010 to July 1, 2018.

[44] See Ahram et al. (2021) for a summary.

[45] This information is reported through the IDEA Part B Maintenance of Effort Reduction & Coordinated Early Intervening Services data collection.

[46] Government Accountability Office 2013.

[47] *Risk* is the likelihood of students for each racial or ethnic group being identified for special education. Risk rate is calculated by dividing the number of students from a racial or ethnic group that have been identified (the numerator of the fraction) by the total number of students from that racial or ethnic group that is enrolled in the district (denominator). For example, if 50 Hispanic children are identified with a disability and a total of 500 Hispanic children enrolled in the district, the identification risk rate for Hispanic children is 50/500 or 10 percent. *Risk ratio* compares the identification risk for a racial or ethnic group to the identification risk for all other students. For example, if the risk rate for all non-Hispanic children is 8 percent, then the risk ratio for Hispanic children from the example above would be 1.25 (10 divided by 8). *Significant disproportionality* is when the risk ratio for any racial or ethnic group exceeds the state-determined threshold.

[48] Office of Special Education Programs 2017.

[49] Equity in IDEA regulations were initially set to take effect in July 2018. Shortly before they were to begin, the Secretary of the U.S. Department of Education delayed the implementation until 2020. Soon after, the Council of Parent Attorneys and Advocates (COPAA) sued the Department, alleging that the delay violated the Administrative Procedure Act. In March 2019, the United States District Court for the District of Columbia sided with COPAA and required the regulations to immediately go into effect.

[50] Office of Special Education Programs 2017.

[51] 34 C.F.R. §300.647(d)(1).

[52] In total, 30 states reported their methods and criteria for calculating significant disproportionality in identification by race and ethnicity as part of the IDEA National Assessment Implementation Study of 2009 (Bradley et al. 2011). Of these 30 states, 11 reported using the risk ratio method to calculate significant disproportionality during the 2008-2009 school year.

[53] See endnote 47.

[54] The national risk rate for each race/ethnicity category is as follows: American Indian or Alaska Native: 14.7, Asian: 4.7, Black or African American: 12.3, Hispanic/Latino: 10.3, Native Hawaiian or Other Pacific Islander: 13.4, White: 8.7, and two or more races: 10.4 (Office of Special Education Programs 2022, Exhibit 26).

[55] Of the 30 states that reported on significant disproportionality in the IDEA National Assessment Implementation Study of 2009 (Bradley *et al.* 2011), 16 states reported only using one year of data in determining significant disproportionality.

[56] States also have flexibility in how they are defining reasonable progress. Definitions often include a threshold of how much risk ratios should have declined, and across how many years (for example, a reduction of the risk ratio by at least 0.1 annually for the past two consecutive years).

[57] Government Accountability Office 2013.

[58] Districts flagged for significant disproportionality are required to use 15 percent of their federal special education funding for comprehensive coordinated early intervening services (CCEIS). CCEIS aims to provide services to any child who is struggling academically or behaviorally.

[59] 34 CFR § 300.646 (d).

[60] See Lipkin, Macias, and Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics (2020) for a discussion of screeners and U.S. Department of Health and Human Services and U.S. Department of Education (2016) for a discussion of the use of shared data.

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APPENDIX A – SUPPLEMENTAL TABLES ABOUT FINDING CHILDREN WITH SUSPECTED DISABILITIES

Exhibit A.1. Number of states coordinating with other state or local agencies to identify and determine eligibility of infants, toddlers, and preschool-age children with suspected disabilities, by agency type

State or local agency	Have occasional or regular conversations	Jointly develop or share guidance for personnel	Hold joint professional development for personnel	Establish interagency agreements	Share identification and screening data	Used at least 1 type of interagency coordination	Used at least 1 type of intensive interagency coordination
Infants and toddlers							
Coordinated with at least 4 of 5 agencies	45	16	14	13	13	45	29
Coordinated with all 5 agencies	35	11	10	1	8	37	19
Home visiting agencies	49	25	26	23	21	49	39
Public health agencies	47	25	24	32	33	49	44
Childcare providers	44	20	24	5	12	45	33
Social service agencies	44	26	17	30	21	47	40
Early Head Start	43	19	17	28	14	48	37
Coordinated with prekindergarten schools	23	20	18	29	17	35	33
Number of states	**51**						
Preschool-age children							
Coordinated with at least 4 of 5 agencies	18	12	9	8	9	21	18
Coordinated with all 5 agencies	13	7	6	5	7	16	12
Prekindergarten schools	45	38	36	25	25	48	46
Head Start	41	33	31	31	24	46	44
Public health agencies	25	19	12	18	16	30	28
Home visiting agencies	21	17	13	17	10	30	28
Social service agencies	18	14	10	12	12	23	19
Number of states	**51**						

Notes: Prekindergarten schools are excluded from the comprehensive coordination measure for infants and toddlers because it is forward-looking collaboration at this age range. It is unlikely to be focused on finding infants and toddlers with suspected disabilities. More intensive coordination includes jointly developing guidance or professional development, sharing data across agencies, and establishing interagency agreements.

Source: 2019-2020 state surveys focused on IDEA programs for infants and toddlers (question B2) and preschool children (question B3).

Exhibit A.2. State outreach activities to support finding infants and toddlers and preschool-age children who may need early intervention or special education services

Response category	Infants and toddlers (number of states)	Preschool-age children (number of states)
General outreach (any of the following)	48	42
Web-based information and other electronic materials	44	41
Outreach through community events, such as health fairs	33	13
Outreach through radio, TV, newspapers, and other print media to promote awareness of disabilities and services for young children	11	12
Focused outreach (any of the following)	43	24
Development/dissemination of written materials (such as posters, pamphlets) to pediatricians and other health care providers	40	14
Outreach to referral sources	36	15
Development/dissemination of written materials (such as posters, pamphlets) to childcare centers, nursery schools, other facilities	35	17
Workshops for professional staff (any of the following)	24	18
Workshops for childcare centers, nursery schools, other facilities	21	17
Workshops for pediatricians and other health care providers	19	5
Other	**13**	**13**
Number of states	51	51

Source: 2019-2020 state surveys on IDEA programs for infants and toddlers (question B6) and preschool-age children (question B2).

Exhibit A.3. District outreach activities to support finding preschool-age children who may need special education services

Response category	Districts (percentage)
General outreach (any of the following)	72
Web-based information and other electronic materials	51
Outreach through community events, such as health fairs	33
Outreach through radio, TV, newspapers, and other print media to promote awareness of disabilities and services for young children	43
Focused outreach (any of the following)	74
Development/dissemination of written materials (such as posters, pamphlets) to pediatricians and other health care providers	36
Outreach to referral sources	54
Development/dissemination of written materials (such as posters, pamphlets) to childcare centers, nursery schools, other facilities	49
Workshops for professional staff (any of the following)	21
Workshops for staff from childcare centers, nursery schools, other facilities	20
Workshops for pediatricians and other health care providers	2!
Other	**7**
Number of districts (unweighted)	320

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

Notes: The sample for this table includes all responding district preschool special education coordinators in districts that offer preschool (514 districts received the question; 320 responded). Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for preschool-age children (question B1).

Exhibit A.4. State adoption of optional post-referral screening procedures at the state and local levels to determine whether infants and toddlers are suspected of having a disability and should receive a full evaluation

Response category	States (number)
State adopted the screening procedures option made available in the 2011 IDEA regulations	**30**
State requires local early intervention programs to conduct screenings	9
Required for all children referred	5
Required for only certain referral sources or populations of children	4
State gives local early intervention programs discretion to conduct screenings	21
Discretion around both whether to use the screening option and which referral sources or populations of children to screen	17
Discretion around whether to use the screening option only	4
Discretion around which referral sources or populations of children to screen only	0
State did not adopt the screening policy option	**21**
Number of states	**51**

Source: 2019-2020 state survey on the IDEA program for infants and toddlers (question B3).

Exhibit A.5. States' experiences using optional post-referral screening procedures to determine whether infants and toddlers are suspected of having a disability and should receive a full evaluation, or reasons for not adopting screening procedures

Response category	States (number)
States that adopted the screening procedures option	
Our data suggest that using the screening policy is appropriate for children	13
Our data suggest that using the screening policy is cost-effective	10
Our state has not yet evaluated the impact of this policy	8
Our state has experienced challenges with having enough personnel qualified in the use of appropriate screening tools	4
Our state has experienced challenges with identifying appropriate screening tools	4
Our state has found many parents/guardians want an evaluation conducted even when screening results suggest it is not necessary	3
Based on the state's experiences, we are considering eliminating this policy	0
Other	7
Number of states	**30**
States that have not adopted the screening procedures option	
Limited usefulness because all infants and toddlers who are referred should receive a comprehensive evaluation	9
Limited usefulness because evaluation is required if requested by the parent/guardian	6
Limited resources and capacity for having qualified staff to conduct screenings	3
Limited resources and capacity for establishing screening tools	0
Concern with being able to meet the 45-day timeline requirement if screening is added	0
Other	3
Number of states	**21**

Source: 2019-2020 state survey on the IDEA program for infants and toddlers (questions B4 and B5).

Exhibit A.6. How districts use progress monitoring data from tiered interventions to inform any aspect of special education services

Response category	Districts (percentage)
Uses progress monitoring data from a tiered intervention system to inform some aspect of special education services	**91**
Uses data to refer students for evaluation for special education services	79
Uses data to assign targeted or supplemental supports for students with disabilities	65
Uses data to determine if students are eligible for special education services	34
Number of districts (unweighted)	**438**

Notes: The sample for this table includes all responding district special education directors responsible for school-age children and youth (n = 438). Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey focused on the IDEA program for school-age children (question B5).

Exhibit A.7. How districts use kindergarten readiness screeners to inform student referrals for evaluation for special education services

Response category	Districts (percentage)
Administers a kindergarten readiness screener and uses the results to refer students for evaluation and/or to initiate a monitoring process which may then indicate the student should receive special education services	**44**
Initiates a monitoring process which may then indicate the student should receive special education services	41
Refers students for evaluation for special education services	15
Number of districts (unweighted)	**435**

Notes: The sample for this table includes all responding district special education directors responsible for school-age children and youth (n = 438). Differences between the sample and number of districts reported in the table are due to item nonresponse. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey focused on the IDEA program for school-age children (questions B2 and B4).

APPENDIX B - SUPPLEMENTAL TABLES THAT SUPPORT FINDINGS ABOUT EVALUATIONS TO DETERMINE WHETHER REFERRED CHILDREN HAVE DISABILITIES

Exhibit B.1. State policies related to using data on performance gaps and progress in response to intervention for determining eligibility for special education under specific learning disabilities

Response category	States (number)
Using data on performance gaps is prohibited	**11**
The use of an IQ-achievement discrepancy model is prohibited, and MTSS data are explicitly required in determining eligibility	5
The use of an IQ-achievement discrepancy model is prohibited, and an alternative method (not specifically MTSS) is used to determine eligibility	6
Using data on performance gaps is permitted	**29**
The use of an IQ-achievement discrepancy model is permitted, and MTSS data are explicitly required in determining eligibility	1
The use of an IQ-achievement discrepancy model is permitted, and MTSS data may be used in determining eligibility	14
The use of an IQ-achievement discrepancy model is permitted, and an alternative method (not specifically MTSS) may be used to determine eligibility	14
Other	**8**
None of the above	**3**
Number of states	51

MTSS = multi-tiered systems of support.

Notes: The sample for this table includes all state special education directors responsible for school-age children and youth. The survey question asked about “use of an IQ-achievement discrepancy model,” which is equivalent to the use of data on performance gaps.

Source: 2019-2020 state survey on IDEA programs for school-age children (question C4).

Exhibit B.2. Whether state agencies have a plan to stop using data on performance gaps for determining eligibility for special education under specific learning disabilities by the 2020-2021 school year (school-age children)

Response category	States (number)
No	35
Yes	4
Number of states	39

Notes: The sample for this table includes all state agencies that reported having a state policy that permits the use data on performance gaps to determine eligibility for special education under specific learning disabilities (n = 40). This excludes the 11 states in which data on performance gaps are already prohibited. Differences between the sample and number of states are due to item nonresponse.

Source: 2019-2020 state survey on IDEA programs for school-age children (question C6).

Exhibit B.3. District use of data for determining special education eligibility for elementary students with specific learning disabilities, 2019-2020 and 2008-2009 (percentages of districts)

Type of data used	2019-2020	2008-2009
Response to intervention data	**84**	**65**
With discrepancy data	71	53
Without discrepancy data	14	12
Discrepancy data without response to intervention data	**15**	**35**
Data from other, research-based procedures only	**1**	**1**
Number of districts (unweighted)	413	1,107

Notes: Response to intervention data come from a process of delivering research-based interventions to students and monitoring their progress in response. Discrepancy data are data from cognitive and academic assessments that demonstrate a discrepancy between expected and actual performance (such as an IQ-achievement discrepancy). The sample for this table includes all district special education directors responsible for school-age children and youth and whose districts served elementary students (n = 413). Percentages do not sum to 84 and 100 due to rounding. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (question B15); IDEA National Assessment Implementation Study report (Bradley et al. 2011, Exhibit C.24).

Exhibit B.4. Special assessments districts used to determine eligibility for special education for school-age children with autism

Response category	Districts (percentage)
Teacher ratings of students' communication, behavior, and functioning in the classroom	92
Parent/guardian ratings of students' communication, behavior, and functioning at home	92
Systematic observations of students in the classroom by a specialist (psychologist, occupational therapist, etc.)	85
Collection of pediatrician referrals and/or medical information	79
Verbal cognitive assessments	72
Nonverbal cognitive assessments	70
Collection of information from students about their communication, social interactions, functioning	69
Other	14
Number of districts (unweighted)	363

Notes: The sample for this table includes all districts that reported requiring or recommending a special type of assessment when determining eligibility for special education for school-age children suspected of having dyslexia (n = 363). Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (question B9).

Exhibit B.5. Special assessments districts used to determine eligibility for special education for school-age children with dyslexia

Response category	Districts (percentage)
Phonological assessments, including measurement of awareness, memory, phones, and decoding	85
Reading fluency assessments	85
Reading comprehension assessments	75
Spelling assessments	66
Writing assessments	66
Vocabulary assessments	56
Rapid automatic naming assessments	55
Verbal cognitive assessments	55
Visual memory assessments	51
Visual perception assessments	51
Auditory processing assessments	48
Nonverbal cognitive assessments	43
Developmental vision assessments, in addition to routine vision screenings	28
Psychomotor assessments	25
Other	10
Number of districts (unweighted)	**209**

Notes: The sample for this table includes all districts that reported requiring or recommending a special type of assessment when determining eligibility for special education for school-age children suspected of having dyslexia (n = 210). Differences between the sample and number of districts are due to item nonresponse. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (question B7).

Exhibit B.6. District use of special assessment approaches to determine eligibility for special education for school-age children suspected of having autism and dyslexia, by district size

Response category	Autism (percentage of districts)	Dyslexia (percentage of districts)
Yes, required or recommended	**83**	**48**
Required	52	25
Recommended but not required	31	22
No, not required or recommended	**17**	**52**
Number of districts (unweighted)	**438**	**438**

* Statistically significant difference (*p* < .05).

Notes: The sample for this table includes all district special education directors responsible for school-age children and youth (n = 438). Percentages may not sum up due to rounding. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 state survey on the IDEA program for school-age children (questions B6 and B8).

Exhibit B.7. Supports districts and states provided to help staff apply IDEA's 'special rule' during the eligibility determination period

Response category	Districts (percentage)		States (percentage)	
	Preschool-age	School-age	Preschool-age	School-age
Develop procedures for application of exclusionary criteria	35	37	30	40
Provide professional development for school staff	58	52	53	65
Provide written materials to school staff	43	36	51	73
Provide guidelines for staff to follow before screening children who are English learners	50	50	60	60
Other	12	8	17	17
Number of districts (unweighted) and states	**320**	**437**	**47**	**48**

Notes: The purpose of this special rule, called the exclusionary clause, is to help prevent the improper determination of eligibility of children for special education services, especially those from distinct cultures who have acquired learning styles, language, or behaviors that are not compatible with academic requirements of schools in the dominant culture. The most common responses to the "Other" category included following federal/state or other local area criteria checklists and involving other specialists (for example, English as a Second Language specialist, school psychologist).

The sample for this table includes all district special education directors responsible for preschool-age children (n = 320) and school-age children and youth (n = 438), and state special education coordinators responsible for preschool-age children (n = 51) and school-age children (n = 51). Differences between the sample and number of districts/states are due to item nonresponse. District findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district surveys on the IDEA programs for preschool-age children (question B4) and school-age children (question B18); 2019-2020 state surveys on the IDEA programs for preschool-age children (question B5) and school-age children (question B15).

Exhibit B.8. Activities states perform to ensure referrals and evaluations are linguistically and culturally competent

Response category	States (number)
Include parents/guardians on state advisory committees, task forces, or work groups representing diverse populations	40
Work with the state's Parent Training and Information Center(s) to ensure materials and processes are appropriate	37
Solicit periodic feedback from stakeholders and families representing diverse populations	31
Provide professional development on culturally competent practices	**29**
Monitor how interpreters and translators are used	11
Provide guidance specifically designed to support the use of linguistically and culturally competent practices (for example, written guidance or webinars)	24
Monitor the use of culturally competent practices	6
Number of states	**50**

Notes: The sample for this table includes all state special education directors responsible for school-age children and youth (n = 51). Differences between the sample and number of states are due to item nonresponse. Linguistically and culturally competent practices include understanding and honoring differences in customs, beliefs, values, and language preferences among families from different ethnic, socioeconomic, religious, cultural, or linguistic groups.

Source: 2019-2020 state survey on IDEA programs for school-age children (question L2).

Exhibit B.9. Activities or services that districts and states offered to ensure non-English speaking parents and guardians understood their role in referral and evaluation processes

	Districts (percentage)	States (percentage)		
Response category	**School-age children**	**Infants and toddlers**	**Preschool-age children**	**School-age children**
An interpreter is provided for parents/guardians as needed	89	92	75	76
Parents/guardians are asked to state their primary language as part of standard procedure at intake	83	96	75	75
Parents/guardians are provided with translated written resources	71	84	61	82
Parents/guardians are encouraged to bring someone to interpret for them	33	33	29	20
A toll-free vendor interpreter service is used as needed	14	57	22	18
A toll-free phone number staffed by early intervention multilingual staff is provided for non-English speaking parents/guardians	6	20	10	20
Other	4	8	14	12
Number of districts (unweighted) and states	**437**	**51**	**51**	**51**

Notes: The district sample includes all district special education directors responsible for school-age children and youth (n = 438). Differences between the sample and number of districts are due to item nonresponse. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (question B12); 2019-2020 state surveys on the IDEA programs for infants and toddlers (question E1), preschool-age children (question J1), and school-age children (question L1).

Exhibit B.10. Challenges districts and states experienced in ensuring that referrals and evaluations were linguistically and culturally competent

	Districts (percentage)	States (percentage)		
Response category	**School-age**	**Infants and toddlers**	**Preschool-age**	**School-age**
Challenges assessing students (any of the following)	**59**	**69**	**71**	**72**
Having assessments for evaluation that are not normed for other languages	37	63	57	58
Difficulty determining if eligibility for services is due to lack of skills in native language, rather than a disability	51	35	51	68
Challenges with an insufficient number of staff and resources (any of the following)	**57**	**82**	**82**	**92**
Having an insufficient number of multilingual professionals	44	76	73	80
Having an insufficient number of interpreters	35	65	73	66
Having limited resources for staff training on linguistically and culturally competent processes	30	35	45	56
Challenges related to family reluctance (any of the following)	**42**	**63**	**39**	**54**
Addressing family reluctance to engage with schools around special education	38	37	31	44
Addressing family reluctance to engage with professionals due to concerns about legal status	22	55	31	44
Other	**3!**	**2**	**2**	**2**
None of the above	**20**	**2**	**6**	**6**
Number of districts (unweighted) and states	**437**	**51**	**51**	**50**

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

Notes: The district sample includes all district special education directors responsible for school-age children and youth (n = 438). The state sample includes all state special education coordinators responsible for infants and toddlers (n = 51), preschool-age children (n = 51), and school-age children (n = 51). Differences between the sample and number of states/districts are due to item nonresponse. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (question B13); 2019-2020 state surveys on the IDEA programs for infants and toddlers (question E3), preschool-age children (question J3), and school-age children (question L4).

APPENDIX C - SUPPLEMENTAL TABLES ABOUT SIGNIFICANT DISPROPORTIONALITY IN IDENTIFICATION BY RACE OR ETHNICITY

Exhibit C.1. Percentage of districts flagged for significant disproportionality in identification across states, by year

Year	Percentage of all districts nationwide that were flagged for significant disproportionality	Number of states that flagged at least one district for significant disproportionality
2012-2013	1.9	27
2013-2014	1.7	20
2014-2015	1.6	22
2015-2016	1.6	26
2016-2017	1.7	23
2017-2018	1.7	22
2018-2019	1.0	24
2019-2020	2.3	33

Source: IDEA Part B Maintenance of Effort Reduction and Coordinated Early Intervening Services 2009-2010 through 2019-2020. ED*Facts*. Washington, DC: U.S. Department of Education. Retrieved October 3, 2022.

Exhibit C.2. State's selection of parameters for measuring significant disproportionality by race and ethnicity and relationship to rates of significant disproportionality in identification, 2019-2020

Component	States (number)	Percentage of districts flagged (average across states)	Percentage of states that did not flag any districts
Risk ratio threshold			
2	2	28	0
2.08	1	0	100
2.25	1	0	100
2.45	1	5	0
2.5	4	4	0
3	25	3	29
3.5	8	2	25
4	6	1	67
5	2	2	50
7	1	0	100
Number of consecutive years a risk ratio must exceed the threshold for a district to be flagged			
1 year	1	0	0
2 years	2	22	50
3 years	48	3	34
Reasonable progress at reducing risk ratios considered			
No	15	4	27
Yes	36	3	37
Minimum cell size (numerator of a special education rate)			
5	3	22	0
6	1	0	0
10	46	2	38
15	1	1	0
Minimum N size (denominator of a special education rate)			
1	1	14	0
10	5	4	20
15	1	6	0
20	5	11	0
30	39	2	42
Number of states	**51**	**51**	**51**

Notes: When used for identification, a risk ratio compares a district's special education rate for a racial or ethnic group to its special education rate for all other students. The risk ratio threshold is the value above which disproportionality is considered significant. **Minimum cell size** refers to the minimum number of students experiencing a particular outcome. The minimum cell size is the numerator when calculating the risk for a particular racial or ethnic group. **Minimum N size** is the minimum number of students enrolled in the school district for each racial or ethnic group, and the denominator when calculating the risk for a particular racial or ethnic group.

Source: Significant Disproportionality Reporting Forms. ED*Facts*. Washington, DC: U.S. Department of Education. Retrieved October 3, 2022.

Exhibit C.3. Actions states took when districts were required to address significant disproportionality in identification based on race or ethnicity

Action	States (number)
Develops or reviews district plans (any of the following)	**48**
Reviews and approves a district-developed plan	44
Reviews and approves/revises (as appropriate) district policies, practices, and procedures	42
Develops or works with district to develop a plan to address the significant disproportionality	40
Provides or arranges for training or technical assistance (any of the following)	**45**
Provides or arranges technical assistance (specialized advice and customized support) for the district	42
Provides or arranges training for the district	42
Recommends how districts should use the funding they must set aside for CCEIS or provides additional funds (any of the following)	**17**
Recommends focusing funds on specific areas, such as literacy or comprehensive behavioral supports	11
Recommends focusing funds on specific interventions	9
Recommends focusing funds on elementary schools	6
Provides additional (beyond the 15 percent required by Part B) targeted monetary or staff resources to the district	5
Recommends focusing funds on middle schools or high schools	4
Other	**5**
None of the above	**3**
Number of states	**51**

CCEIS = comprehensive, coordinated early intervening services.

Notes: Districts with significant disproportionality must set aside 15 percent of their federal IDEA allocation to fund CCEIS to address the underlying causes of the disparity.

Source: 2019-2020 state survey on the IDEA program for school-age children (question D3).

Exhibit C.4. Actions districts with significant disproportionality in identification in the past five school years took to address or prevent it, across funding sources

	Districts reporting significant disproportionality in identification during any year 2014-2015 to 2018-2019 (percentage)		
Response category	**District took this action**	**Used CCEIS (required) funds**	**Used voluntary CEIS or other funds**
Training for school staff about referrals for evaluation (any of the following)	**92**	**6**	**90**
For general education teachers	84	.	81
For special education teachers	77	4	75
For school administrative staff	84	4	82
For other school staff	65	4	62
Provided or supported interventions (any of the following)	**91**	**41**	**64**
To address issues in literacy	83	31!	57
To address issues in math	54	.	42
To address issues in science	29!	2!	28!
To address behavioral support needs	69	.	51
Reviewed and revised policies, practices, and procedures (any of the following)	**89**	**41**	**70**
Reviewed and/or changed assessment/evaluation instruments	63	29!	40!
Reviewed and/or changed screening procedures	67	33!	43
Reviewed administrative and classroom staff effectiveness	59	.	44
Increased monitoring and analysis of school referral or assessment data	77	31!	52
Developed a specific plan for school staff to address significant disproportionality in identification	58	35!	32!
Technical assistance (specialized advice and customized support)	**82**	**.**	**74**
For general education teachers	80	.	73
For special education teachers	77	4	75
For school administrative staff	75	.	68
For other school staff	58	4	56
Provided support to schools (any of the following)	**81**	**47**	**52**
All schools	53	33!	29!
Schools with significant (or near-significant) disproportionality	64	39!	29!
Elementary schools	71	39!	38
Middle schools	54	27!	33
High schools	41!	.	30!
Other type of action	**n.a.**	**n.a.**	**n.a.**
Hired additional staff, such as reading or mental health specialists	60	32!	35!
Reduced class size	27!	.	19
Required progress monitoring	63	28!	41
Initiated multi-tiered systems of support	65	.	65
Initiated other specific interventions	.	0	.
Training about instructional strategies for meeting diverse needs	84	.	80
Other	20!	3!	19!
Number of districts (unweighted)	**42**	**42**	**42**

Exhibit C.4. *(continued)*

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

. Value not reported due to small sample sizes or because the standard error is more than 50 percent of the estimate.

n.a. = not applicable. Due to the varied nature of what is captured, an overall percentage under each column has not been computed for “Other type of action.”

Notes: The sample for this table includes all districts identified as having significant disproportionality in identification of school-age children with disabilities in the past five school years (2014-2015, 2015-2016, 2017-2018, and/or 2018-2019) (n = 42). Coordinated Early Intervening Services (CEIS) are services provided to students in kindergarten through grade 12 who are not currently identified as needing special education or related services, but who need additional academic and behavioral supports to succeed in a general education environment. CEIS can be mandatory (Comprehensive Coordinated Early Intervening Services, or CCEIS) or voluntary. Respondents were asked to include all actions that were used in the district, even if they were not used in all situations. Findings are weighted to account for survey design and nonresponse.

Source: 2019-2020 district survey on the IDEA program for school-age children (questions C2 and C3).

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DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

The research team for this study included staff from Mathematica, University of Maryland, University of Kentucky, and Walsh Taylor, Inc. None of the research team has financial interests that could be affected by findings from the IDEA State and Local Implementation Study 2019. No one on the Technical Working Group–convened twice by the research team to provide advice and guidance–has financial interests that could be affected by findings from the study.