UNITED STATE DEPARTMENT OF EDUCATION

PRESIDENT'S COMMISSION ON

EXCELLENCE IN SPECIAL EDUCATION

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RESEARCH AGENDA TASK FORCE

HEARING

Peabody College of Vanderbilt University

Wyatt Building

Nashville, Tennessee

Friday, April 18, 2002

8:00 a.m.

The hearing was held pursuant to notice, on Friday, April 18, 2002, at 80:10 a.m., Nancy Grasmick, presiding.

ATTENDEES:

KATIE WRIGHT

ROBERT PASTERNACK

G. REID LYON

JACK FLETCHER

ALAN COULTER

TERRY BRANSTAD

C. TODD JONES

LYNN FUCHS

DOUGLAS FUCHS

TROY JUSTESEN

TERRY BRANSTAD

PRESIDENT'S COMMISSION ON EXCELLENCE IN SPECIAL EDUCATION

DR. GRASMICK: Good morning. I'm Nancy Grasmick, and I'm the Maryland Superintendent of Education. I am chairing the research task force of the President's Commission on Excellence in Special Education.

I'd like to welcome all of you to our meeting here today. The focus of this hearing today is research in special education. Before we get started, I'd like to briefly provide you with some background information on the mission activities of this commission thus far. President Bush established this commission last October to collect information and to study issues related to federal, state, and local special education programs.

The commission's goal is to recommend policies to improve the educational performance of students with disabilities so that no child will be left behind, especially those with learning disabilities. The commission's work is not designed to replace the upcoming Congressional reauthorization

of the Individuals with Disabilities Education Act. Rather, the report we produce and issue this summer will not only provide vital input into the reauthorization process, but also into the national debate on how best to educate all children.

Over the past two months the commission and its task forces have held hearings in Houston, Denver, Des Moines, Los Angeles, Coral Gables, and New York City as recently as this week. The commission has looked at issues such as teacher quality, accountability, funding, cost effectiveness, parental involvement, and identification of children with learning disabilities.

Today, of course, we are turning our attention to research. Sound research should be the foundation for all teaching and learning especially in special education. Through effective research and dissemination, classroom educators and parents stand a much better chance of bringing successful practices into the classroom for the benefit of children with learning disabilities. This administration strongly favors the use of scientifically based research in

education, and that includes special education also.

2

Today we will hear presentations from experts detailing how quality research can provide us with important information so that educators can:

- Better identify children with learning disabilities.
- Assess the educational progress of each special education student to ensure that no child is left behind.
- Create successful transitions from school to adult life for students with learning disabilities.
- Evaluate infants, toddlers, and children for learning disabilities.
- Create the least-restrictive learning environments for special education students.
- Bridge the gap between research and practice.
- Create alternative models and programs for special education.
- Help states and school districts

determine whether special education programs are working. In doing so, research creates and supports vital accountability mechanisms for federal and local educational dollars.

Today we will hear from a variety of experts. We thank them in advance for their presence here. They can provide us with suggestions on how to create the best-possible research agenda for special education. We are also eager to hear from others gathered here today. We need the suggestions of educators and parents to accomplish our work. We will have a public comment period this afternoon to ensure that you have a chance to provide us with that vital input.

Thank you for your interest in this commission. We will now begin today's hearing. Before we do that, I would just like to ask the members of the commission who are gathered here today to introduce themselves following Governor Branstad's comments.

GOVERNOR BRANSTAD: Nancy Grasmick, thank you very much for chairing this research agenda task

force.

I'm Terry Branstad, former Governor of Iowa. I'm really honored and proud to be chair of this President's Commission on Excellence in Special Education. I'm especially pleased to be here at the Peabody College of Vanderbilt University because Lamar Alexander, one of your distinguished alumni, is a very good friend of mine.

My first trip to Tennessee as governor was to a Governors Conference that Lamar Alexander hosted here in 1985. He was the first governor to focus the National Governors Association of education. I had the honor of later chairing the Governors Association when we had the presidential summit on education with the president's father, President George Herbert Walker Bush. I think maybe that's why the president asked me to chair this commission.

We are encouraged about the progress that's been made in special education over the last 25 years. Yet we know that the president's goal of Leaving No Child Behind has not been met. There is a lot that can be done to improve and make special

education better. The focus today is going to be on research. We have already heard from some of your distinguished professors and researchers here about some of the exciting research and ideas that are coming out of Vanderbilt University in this area.

I'm excited about the opportunity for us to work with you, with parents, as well as with teachers and researchers because we believe this is how we can have an impact or an influence on moving education forward in a way that helps all children, especially children with disabilities who are the most vulnerable of our children.

So, thank you for coming and participating. I think as you get a chance to get acquainted with the members of the commission, you will agree with me that we have a very knowledgeable, experienced, and diverse group of commissioners who care deeply about this subject. Along with all the participation we've had from parents and from people in the community, I'm very hopeful we're going to see some good ideas come that we can submit to the president around the first of July.

Thank you very much.

DR. GRASMICK: Thank you. I asked Dr. Lyon if he will begin with introductions. Please introduce yourselves with your name and positions.

DR. LYON: My name is Reid Lyon. I'm the chief of the Child Development and Behavior Branch at the National Institute of Child Health and Human Development at the NIH.

DR. FLETCHER: I'm Jack Fletcher. I'm a professor in the Department of Pediatrics at the University of Texas Houston Health Science Center. I'm a neuro-psychologist.

MS. WRIGHT: I'm Katie Wright. I live in Illinois but I also work in St. Louis. I am thrilled. I am a former teacher and superintendent of schools, director of special education, college professor, the whole thing. But I am so thrilled to be on this commission because I think I know a lot.

But I have found that being on this commission that I really don't know enough. I am learning a lot, I'm learning what I don't know on this commission. It's just a thrill to be here with

you. Thank you, Madame Chair.

MR. PASTERNACK: Good morning. I'm Bob Pasternack. I'm the assistant secretary at the Office of Special Education and Rehabilitative Services at the United States Department of Education.

MR. JONES: I'm Todd Jones. I'm deputy assistant secretary for enforcement in the Office for Civil Rights at the United States Department of Education. I also serve as executive director of the President's Commission on Excellence in Special Education.

MR. COULTER: I'm Alan Coulter, director of School-Age Services at the Human Development Center, LSU Health Sciences Center.

DR. BERDINE: I am Bill Berdine. I'm professor of special education and chair of the Department of Special Education and Rehabilitation Counseling at the University of Kentucky. Also, the person who will be joining us here momentarily and who is still working on some things behind the scenes is our deputy executive director, Troy Justesen, who

is also a distinguished alumnus of Peabody.

DR. GRASMICK: Thank you. We will now begin. Our first topic is assessment. But we are going to take a photo first.

(Pause.)

DR. GRASMICK: Our first topic is assessment. The researchers will discuss what research shows about assessment measures in students with disabilities. The presentation will include suggestions for future research effort by OSEP and other federal agencies to increase the knowledge base concerning assessment measures.

Initial presenters are Dr. Lynn Fuchs of Vanderbilt University, a professor of special education and co-director of the research program on learning accommodations for individuals with special needs at the John F. Kennedy Center.

Joining her is Dr. Douglas Fuchs of Vanderbilt University, a professor of special education and co-director of the research program on learning accommodations for individuals with special needs at the John F. Kennedy Center.

Both of them have conducted extensive research. We would ask them to begin their presentations at this time.

DR. LYNN FUCHS: Thank you. Doug and I thank you for the invitation to speak before the commission this morning. You requested that we speak about progress monitoring. So the focus of our testimony is necessarily narrow, confined to the role of progress monitoring in a special education research agenda.

We are offering three recommendations. First, that procedures for monitoring students' development of academic competence be used for two purposes, to improve special education accountability and to identify students with LD within a response-to-treatment identification model.

Second, that research programs be conducted to answer key questions about using progress monitoring for these two purposes. Third, that Part D of IDEA be kept tightly aligned with Parts B and C so that special education research may continue to support and strengthen practice on behalf

of individuals with disabilities.

Our testimony focuses on curriculum-based measurement or CBM, a standardized progress monitoring system developed by special education researchers over the past 25 years with funding from the Office of Special Education Programs. More than 200 empirical studies published in peer-review journals provide evidence of CBM's reliability and validity for assessing the development of academic competence in reading, math, spelling and written expression.

This research also documents CPM's capacity to help special educators improve student outcomes at the elementary grades. At present CBM is the most conceptually sophisticated, technically sound, and thoroughly researched progress monitoring system available.

In our comments we discuss CBM's potential to address two pressing problems. The first is how to measure the learning of students with disabilities and more generally the effectiveness of special education. The second problem is how to identify

students with LD in a response-to-treatment-identification process. We describe each problem, discuss CBM's role in addressing that problem, and identify critical topics for research.

We begin by briefly explaining what CBM is. Most progress-monitoring systems rely on mastery measurement where teachers test for mastery of a single skill. After mastery is demonstrated, move on to assess the next skill in a presumed hierarchy. Mastery measurement presents serious technical problems that limit its utility for quantifying learning outcomes.

For example, because objectives are not equal interval units, a teacher can report better outcomes simply by subdividing objectives into smaller units, thereby showing mastery of a greater number of objectives. With CBM instead of measuring mastery of short-term objectives, each test assesses performance on all the skills covered in the annual curriculum in such a way that each weekly test is an alternate form of equivalent difficulty.

Scores achieved in October can be compared

directly to scores achieved in November or May. Each weekly test is graphed against time, and an individual's data path represents progress toward achieving competence in the annual curriculum. Slope, expressed as the student's weekly rate of improvement, is used to quantify the data path.

With that introduction to CBM, we turn our attention to how CBM might be used to address the problem of special education accountability. When talking about accountability we address the needs of all students with disabilities for whom academic goals are appropriate. This is the vast majority of students with disability.

Discussions about accountability for these students with high-incidence disability typically focus on participation in the general education accountability system. Although most agree on its importance, such participation is unlikely to promote challenging goals and stronger outcomes for these students. This is due to the large gap between the level of achievement required on the state tests and the actual performance levels of these students.

This gap creates two problems. First, such distal goals are perceived as beyond reach. Second, many students' skill levels fall below the range of items on a state test so that students can earn scores of zero in successive years despite academic growth. It's, therefore, critical to supplement general education tests with an accountability system that provides a more proximal and sensitive framework for indexing learning.

In fact, a second approach to accountability already exists in the IEP process. But for years IEP's have been based on a mastery measurement framework which creates onerous paperwork while failing to provide a basis for quantifying outcomes. Most agree that the IEP system requires revamping. We argue that CBM should become an important part of a revamped IEP process.

With a revised IEP process a student's initial CBM score is the current performance level. The student's year-end goal is also a single CBM score established using normative data about appropriate expectations for student growth. A line

connecting the child's current performance level with a year-end goal represents a desired rate of progress, and the student's actual rate of progress is monitored weekly with CBM to determine whether year-end mastery is predicted. If not, the teacher modifies instruction in hopes of accelerating learning.

In this way for any domain all IEP components are represented on a single graph. The teacher uses this graph as a living document to derive effective programs inductively and to ensure goal attainment. In addition, CBM slopes can be used to document how well special education is working as a larger system to accomplish special education accountability.

For example, CBM slopes under special education can be compared to slopes when those same students are served by general education. In this way Doug Marsten, for example, documented special education effectiveness as he followed students from general to special education and showed higher CBM slopes in special education.

CBM for students with disabilities can also be compared to slopes associated with typical development. Slopes can be averaged across students for a given special educator to quantify that teacher's effectiveness. Slopes can be averaged across special education teachers to quantify special education effectiveness for a district and so on.

But to bolster the meaningfulness and usefulness of CBM as an accountability tool, investigation is required. Our written testimony identified six important issues. But given the time limitations of oral testimony, we highlight three.

The first concerns the need for national norms which would help teachers determine how much progress typically-developing children make at different grade levels. With this information teachers could establish IEP goals that specify acceptable rates of progress, and teachers, administrators and policy-makers would have the necessary yardstick by which to judge special education effectiveness.

Currently the best normative profile is

inadequate. It addresses grades two through five. It incorporates information from just four to eight districts in five western states using basal programs no longer available. It provides information about level, not slope, and focuses exclusively on reading. Research is needed to establish current comprehensive and rigorous CBM norms.

A second research topic concerns consequences, intended and unintended, of infusing special education with a reformed IEP process based on CBM. Studies should examine effects on the ambitiousness of goals, the quality of instruction, and the extent of student learning.

Studies should also identify how aggregating data by teachers, service-delivery arrangements, instructional methods, curriculum packages, and types of disability and how that affects decision-making at the school, district, state, and federal levels. Studies should assess how outcomes-based accountability affects the content of teacher-preparation programs.

The third critical research need is to

expand CBM's focus. Most research conducted on CBM concerns the acquisition of basic skills at the elementary grades. CBM must expand its focus to include more-complex skills and to span the secondary-level curriculum.

In our written testimony the three additional areas we identified were identifying how a revamped IEP process used for accountability interacts with student participation in a general education accountability system, questions about aggregating CBM data, and questions about teacher training and support needed to ensure accurate CBM use.

At this point I am going to turn the floor over to Doug who will discuss a second problem for which we are recommending progress monitoring, the identification of students with LD, and a response to treatment-identification process.

DR. DOUGLAS FUCHS: Good morning and welcome to Peabody College of Vanderbilt University in Nashville, Tennessee.

I would like to echo Lynn's sentiments

that it's a privilege and honor to appear before this commission. Without further ado, permit me to take up the issue of whether and how progress monitoring can help us think about identifying children with learning disabilities.

Few would disagree that the current psycho-metric approach to LD identification has technical difficulties and conceptual problems. The public has become increasingly aware of the controversy over methods of LD identification as more and more children are given the label and given access to relatively costly education services.

Policy-makers, politicians, school administrators, and scholars seem poised to consider alternative frameworks for defining the construct. One alternative receiving attention over the past several years is to re-think LD as an inadequate response to treatment. CBM is often mentioned in this context because it's a progress-monitoring system with the technical properties to reliably and validly determine who is responsive and who is not.

Within a response-to-treatment model LD

identification occurs after two distinct stages. In stage one a student is identified as at-risk for poor academic outcome using either cutpoints on traditional academic measures or CBM slope and performance level. Once a student's risk status is established, she's placed in a time-limited, diagnostic intervention stage of decision-making.

During this stage two, validated instruction is implemented as CBM data are collected to assess the child's response to instruction. Students who respond inadequately are identified as disabled and requiring more long-term and intensive special education instruction. Thus, according to this alternative method of LD identification, non-responsiveness to presumably effective instruction -- not a large IQ-achievement discrepancy -- is the litmus test for whether a child is determined as LD.

The response-to-treatment model has a lot going for it. I want to underscore that point. First by basing LD identification on the failure to respond to validated effective instruction, this alternative identification model eliminates poor

instruction as an explanation for inadequate learning.

Second, for many at-risk children who are simply the victims of poor teaching in regular classrooms, the diagnostic intervention stage may re-mediate their academic problems. Third, the CBM data collected in this second stage may be understood to constitute a baseline against which growth in special education can be compared and by which judgments about its effectiveness can be made.

Despite these and other promising features of a response-to-treatment model, there are important assessment-related questions that require answers. I'll discuss two of these from a larger set of issues addressed in our written testimony. The first issue addresses the major decision points implicit in a response-to-treatment model. A two-stage response-to-treatment model incorporates two pivotal decision points, one for determining at-risk, that is, who enters the diagnostic intervention; the other for determining non-responsiveness to treatment, that is, who enters special education?

For each of these decisions the normative framework and the cutpoint used in that framework must be established. Different normative groups and cutpoints can result in very different numbers of identified students, different types of students, and not surprisingly, different demands on school services.

Guidelines for determining at-risk status and non-responsiveness to treatment have been previously offered, but few have been studied systematically. In thinking about these critical decision points there are at least two broad assessment questions requiring further investigation.

The first is whether local or national norms are better suited for designating risk status and responsiveness to treatment. Local norms offer the advantage of referencing learning in a child's own school or classroom to evaluate whether she's performing with levels commensurate with her classmates. On the other hand, local norms are very difficult for schools to establish and maintain.

There is also an associated danger that

ineffective schools will fail to identify children with disabilities because of a poorly achieving peer group. Research is needed to explore the pluses and minuses associated with using local versus national norms.

A second assessment question corresponding to stage two of the response-to-treatment model is what should be the criteria for judging responsiveness to treatment? Velatino and colleagues conducted a simple median split on slopes indexing treatment responsiveness for a group of very poor first-grade readers. Velatino et al decided that the lower half of the group was non-responsive and probably disabled.

Working with older students, Torgeson and Associates defined non-responsiveness in terms of a post-treatment standard score of less than 90. Both of these methods for specifying unresponsiveness and assigning disability status are problematic and are recognized as such by their authors. Velatino et al's median split is arbitrary because it simply designates failure as below the middle level of

response within a normative framework limited to very poor readers.

Torgeson et al's strategy is insensitive to the possibility that some students failing to reach a post-treatment score of 90 will nevertheless exhibit a better growth than some of their classmates who score 90 or better.

To provide a more defensible basis for identifying students who perform poorly in response to diagnostic intervention, one would need growth norms on the full range of the population. This would be expensive because it would require providing diagnostic treatment to a large representative sample of the school-age population. An alternative solution would be to establish a criterion-reference framework that provides cutpoints of growth below which meaningful, long-term competence would be unlikely.

There are additional concerns about the diagnostic intervention stage. If schools operationalize treatment using current, pre-referral intervention processes, then the response-to-

treatment model will fail to realize its potential. In many districts pre-referral intervention lacks substantive focus and intensity and specificity of effort, and it lacks direct evidence of improving students' behavior or academic performance.

Typically it is based on an ill-defined model of teachers helping teachers which itself has never been validated with student-outcome data. Moreover, extant research offers few alternatives of pre-referral intervention that had been validated in terms of improving children's academic performance. A research program is very much needed to establish appropriate methods for designating at-risk status and treatment-responsiveness status in a response-to-treatment model of LD identification.

A second set of research questions concerns unintended consequences. As with any relatively untested innovation, unanticipated and undesirable consequences of a response-to-treatment model of LD identification may occur. Research should be conducted so that these consequences are foreseen and action is taken to blunt their impact.

Some areas of concern: First, without including the measurement of intelligence in the LD identification process, it's unclear whether and how schools will distinguish students with mental retardation from students with learning disabilities. We need to know more about how a response-to-treatment model affects the mild MR category.

Second, delivering diagnostic intervention to large numbers of at-risk students will require numerous instructional experts. Questions about how to train school personnel to expertly deliver diagnostic intervention need attention.

Third, there has been insufficient discussion about the LD identification process beyond the earliest grades. Procedures need to be developed for grade three and beyond.

A final comment. During the past 20 years the Office of Special Education Programs has sponsored a body of work that provides very important information about how to enhance general-education practice, how to design diagnostic intervention, and how to improve outcomes for students with

disabilities.

These instructional practices include, but are not limited to, self-regulated learning strategies, mnemonics, classwide peer tutoring and peer-assisted learning strategies, reciprocal teaching, Ladders to Literacy, Sound Partners, curriculum-based measurement, direct instruction, and strategy instruction.

Contributing to the impact of this research on practice are the close connections among Parts B, C, and D in IDEA. The deliberate alignment of Parts B, C, and D does much to close the gap between research and practice. We urge the commission to support a version of IDEA that continues to ensure that the research and service components of the law remain together with one informing the other.

Thank you.

DR. GRASMICK: Thank you very much. Now I would like to ask our commissioners to engage in a question-and-answer period. We are cognizant of the time constraints we have for this. So I will ask the

commissioners to be sensitive to that point.

Dr. Fletcher, would you like to begin?

DR. FLETCHER: Thank you. On behalf of the commission, I would like to thank you for your commitment to special education research and the wonderful contributions that the two of you have made over the past 25 years not only in the area of progress monitoring, but in many other areas on behalf of children with disabilities.

I am going to ask you some questions that are probably a little unfriendly. I'm sure that you know, based on interactions in the past, why I am asking these questions. The first question that I have -- and I have to be quick -- is to simply ask if we know anything about normative cutpoints on achievement tests that would indicate when a person has a disability. What score on a norm-reference test tells us that somebody has a disability?

DR. LYNN FUCHS: Well, I would say traditionally it depends on the achievement test. I would say that the 15th or 25th percentile is what people generally use for risk status. I would say

for disability status it's below the 10th percentile.

DR. FLETCHER: But would you agree that that, in fact, is not something that has been validated through research and that we don't have criterion-validity research that would establish such a cutpoint?

DR. LYNN FUCHS: Yes, I think that's correct.

DR. FLETCHER: I guess I'm wondering why -- given that we've placed children in special education for the past 25 years in the absence of this sort of information -- we suddenly need new research to establish this for a particular model before we might consider implementing it?

DR. LYNN FUCHS: Well, I think that traditionally we are talking about the Bell Curve, the normal distribution. So in the traditional model we are using cutpoints that are simply identifying the very lowest students in the normal distribution.

If we are looking for a response-to-treatment model for a new identification procedure in order to distinguish ineffective instruction from

disability, then I think that we could use the same framework. But we would need norms for the range of population's responsiveness to the kind of validated treatment protocols that would be used in the response-to-treatment model. So I think we could use that, but I think that would be very costly to collect.

DR. DOUGLAS FUCHS: Plus, if I could just add.

DR. FLETCHER: Surely.

DR. DOUGLAS FUCHS: The reason why we are advocating research on the cutpoints is because we are hoping that a more-rational decision-making process can be put in place. As you know, in the past -- and there are people in this room who have done research to demonstrate -- that many schools and schools systems use non-scientific procedures and are motivated by other considerations for identifying the kids that they are placing in special education.

DR. FLETCHER: There is, for example, a framework, and there are alternative approaches to implementing, say, a response-to-treatment model.

The commission heard testimony from Sharon Vaughn in which she implemented a response-to-treatment model that was based on pre- and post-testing using norm-reference measures of fluency that would not, for example, require new collection of norms, given that these are well-established, norm-reference tests that simply measure fluency that could be done on a before-and-after basis.

DR. LYNN FUCHS: Well, I think that that framework is similar to the one that Torgeson has used.

DR. FLETCHER: Right.

DR. LYNN FUCHS: It relies on post-treatment status at a certain cutpoint. But the problem with that in our own work that we've observed is that there are children who make progress and do not complete treatment at the designated post-treatment status. So if you are looking at response to treatment, post-treatment status method does not necessarily identify the children who are low but nevertheless learning.

DR. FLETCHER: But to correct the record,

Dr. Fuchs, this is before-and-after intervention. There was a pre-test and a post-test. The difference in that model versus your model is that it didn't include the weekly probes.

DR. LYNN FUCHS: I'm not familiar with what kind of standard for progress Dr. Vaughn would have been using.

DR. FLETCHER: Well, it was both growth as well as a series of exit criteria.

DR. LYNN FUCHS: Yes, but I don't know how she established the norms for growth from pre- to post.

DR. FLETCHER: In growth, no, but she essentially used the existing norm-reference data to establish --

DR. LYNN FUCHS: A level of post-treatment?

DR. FLETCHER: Yes, as well as a different score between pre- and post-treatment.

I have to be quick, and I want to ask one other question that we have been asking many of the witnesses. That is, do you think that there is a

role for the use of IQ tests in the identification of children with learning disabilities based on what you know from research, not in the identification of children with mental retardation, but specifically in the identification of children with learning disabilities based on research?

DR. DOUGLAS FUCHS: I think that in terms of research context it's important to use IQ achievement discrepancy as a comparison. As we explore alternative models, we need to know how many children, what kinds of children are being identified by alternative models in comparison to procedures that use IQ achievement discrepancies.

So if you are asking is there a role for IQ achievement in research --

DR. FLETCHER: That's not my question. My question was essentially -- and it wasn't about research -- I was asking if research supported the use of IQ tests for the identification of children with learning disabilities. How does IQ contribute to either identification, assessment-planning, and so on?

DR. DOUGLAS FUCHS: I think that there is research to very seriously question the use of IQ achievement discrepancy as it's used with young children and in the area of reading. It's unclear to me -- to me the jury is still out in terms of when we are interested in and concerned about kids who have reading difficulties that go beyond the individual word level.

DR. LYNN FUCHS: I think also that additional research is needed that extends IQ below 90 and below 85 when looking at that question.

DR. FLETCHER: Thank you.

DR. GRASMICK: Dr. Pasternack?

DR. PASTERNACK: Hi. Thank you for your fine testimony and your fine work. I've got many questions but, in the interest of time, I'm going to ask you a couple.

What do you know about the achievement of students with disabilities in the State of Tennessee based on the fact that you are training teachers in this model? In other words, are students with disabilities who are recipients of services provided

by the teachers that you train different from surrounding states?

DR. LYNN FUCHS: Most of our graduates from Vanderbilt don't stay in Tennessee. So we don't have data aggregated by those teachers in Tennessee who have provided services to children in the state. So I don't know the answer to your question.

DR. PASTERNACK: If we know that this model works and we have sound research to suggest that it works, why aren't universities training teachers to use the strategies in the education of students with disabilities?

DR. DOUGLAS FUCHS: You are referring to the response-to-treatment model as this approach?

DR. PASTERNACK: CBM, sure.

DR. DOUGLAS FUCHS: Well, we do train students at the undergraduate and graduate levels in the use of curriculum-based measurement but we have not pushed it, we've not taught it as an alternative method of LD identification because -- well, for the reasons that we've talked about in our testimony.

DR. PASTERNACK: I guess I'm less

interested for the moment in the LD identification issue and more interested in the instruction of all students with disabilities.

DR. LYNN FUCHS: I think that more specific incorporation of validated research procedures needs to be incorporated in the professional standards that organizations and certifying bodies --

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(Tape 2)

DR. LYNN FUCHS: (Continuing.) Nowadays research procedures need to be incorporated in the professional standards that organizations in certifying bodies use. I think there is a tendency in those organizations toward broad statements rather than specific validated processes. So I think that is one deficit that could be addressed, having professional organizations actually adopt into their standards specific validated practices.

DR. PASTERNACK: I'm glad you brought that up because another question I'm interested in hearing

about is something that you didn't testify about this morning, but some of you work on peer-assisted learning strategies. If we know that certified doesn't mean qualified -- and you all have demonstrated that yours can achieve progress by teaching other kids with disabilities -- then what does that tell us about the fact that adults are not accomplishing that with the kids that they're teaching?

DR. DOUGLAS FUCHS: Well, our use of peer-assisted learning strategies, which is a peer-mediated approach to reinforcing basic skills in reading and mathematics, is never used in isolation. In other words, it is always combined with -- it's not a substitute for but a supplement to teacher instruction.

So we don't know what the effect of peer-assisted learning strategies or classwide peer tutoring or other permeated efforts are apart from teacher instruction. We know that when it is used appropriately, it can be a wonderful adjunct to teacher-directed instruction.

DR. PASTERNACK: Let me ask you the question a different way. One of the things that we have heard, not only in this commission, but I have heard as I've gone around the country gathering input towards the reauthorization is incredible frustration on the part of thousands of parents that their kids are not making progress in special education.

So my question to you is why aren't teachers trained to go ahead and make sure that kids are making progress in special education?

DR. LYNN FUCHS: Peer-assisted learning strategies and classwide peer tutoring are not designed to be used in special education. They are designed to be used in general education. Our non-responsiveness rates run between 10 and 15 percent in general education classrooms. So there is a portion of students in general education classrooms who don't respond to peer-assisted learning strategies.

We consider peer-assisted learning strategies to be a validated practice for use in general education classrooms. We have actually run studies using peer-assisted learning strategies in

special education with low-achieving students working with low-achieving children. We have found that not to be effective.

DR. PASTERNACK: So those 10 to 15 percent of kids would sort of equate to the percentage of kids we have identified with disabilities placed in special education?

DR. LYNN FUCHS: Yes, I think there is also a role for some secondary level of intervention with students who don't respond to the general education program using peer-assisted learning strategies to further distinguish disability from children who could make progress when instruction is delivered by adults.

We've never assumed that children are a replacement for trained professionals. Although we can effect better progress in general education using PALS, we don't recommend or ever speak about it as a replacement for teachers.

DR. PASTERNACK: Okay, thank you. In the interest of time, just one other question although there are many. Could you talk to us a little bit

about how CBM could help us address the issue of defining AYP for SWD's. To translate all those initials, we have the mandate, as you know, in the legislation signed by the president, No Child Left Behind, to define in the first time in the history of this country adequate yearly progress for students with disabilities.

How would the work that you're doing in CBM help us make that sort of determination for kids with disabilities?

DR. LYNN FUCHS: Well, I hope that my testimony tried to address that. I think that slope provides a good basis for quantifying growth for individual students. I think slope is a metric that can be averaged across children and teachers and even districts to provide a quantifiable index of learning.

I think there are questions that still remain unanswered about how to aggregate slope across grades, across academic areas. I think those are important technical issues to address. But I do think that slope is the best available index for

providing a quantitative index for learning for students for whom academic goals are appropriate.

Does that answer your question?

DR. PASTERNACK: I think it's a step in that direction. It seems like what you're suggesting is that we have a body of work that we can use, but we need more research in order help us define -- I don't want to put words in your mouth, but that seems to be what you are recommending to the commission.

DR. LYNN FUCHS: Yes, I think that we have the technical basis for even moving forward while additional information on CBM as a method to promote special education accountability. I think things can move forward but, for example, I think that without having a good index of how much progress typically-performing students make using CBM, that CBM data for the use of accountability, how to interpret those data remains open.

So I think that a technology is there that teachers can use and districts can use. But I think the interpretation of the outcomes is jeopardized without additional information about how to aggregate

slopes in technically appropriate ways and having normative information that's broadly based.

DR. PASTERNACK: Getting back to my earlier question that I don't think I got an answer to which is why are we scaling it up? If we know what works, why aren't teachers using those strategies across the country? Why don't we see better results for kids with disabilities?

DR. DOUGLAS FUCHS: Well, we have tried and not only us here at Vanderbilt, but other folks in other states have tried hard to scale up use of CBM. Quite frankly, one of the reasons why it hasn't gone to scale is because of disinterest in lots of places across the country.

A notable exception, by the way, is the State of Iowa where we and colleagues have worked with literally hundreds and hundreds of teachers who are using curriculum-based measurement to measure individual students' progress and using it as a means of accountability. But, you know, you can lead a horse to water. That's been sort of our experience with a lot of folks.

DR. LYNN FUCHS: I think there hasn't been the national press for accountability for student learning in special education. So I think that's part of the problem. I think teachers haven't felt the need to use CBM because policy-makers, state departments of education, even central district school administrations have not been asking for those kinds of outcomes. I think it's kind of understandable that teachers are not necessarily interested in using CBM if there is not an external press for accountability.

DR. PASTERNACK: Thank you. I can just promise you that that's going to change under this administration. Thank you.

DR. GRASMICK: Dr. Wright?

DR. WRIGHT: Thank you, Madam Chair.

I am just so thrilled to get a chance to dialogue with the Fuchs. I've gone to the Internet, and your work is fabulous. In the current issue of Accounts of Exceptional Children, The Journal, I like those articles, too.

My question is not a research question.

It's just a personal question, and I want your personal opinion because I'll it to the researchers to ask you all the research questions. But I know that there are people even in this audience who want to know how on earth can we get general education and special education colleagues to work together in peace and harmony?

I am a teacher and I've been there. How can we get special and general -- I know you mentioned this in your testimony somewhat, but how can you get us to work together for the benefit of these children in peace and harmony? Do you have opinions and things that you can tell us as to how special teachers and regular teachers and staff can work together? Am I making sense?

DR. DOUGLAS FUCHS: Yes, you're making sense, and I think you're bringing up a very important issue in education. I think there is a kind of fundamental tension between generalists and specialists. If generalists are doing their job and specialists are doing their job, there is always the potential for not necessarily division, but

separateness where the right hand doesn't often know what the left hand is doing.

The real challenge, I think, is to -- as I view it -- is to encourage special educators to provide expert, intensive, relentless instruction to the children who truly need it, and at the same time encourage special educators and general educators to communicate frequently.

I've been a classroom teacher, a school psychologist. I've spent a lot of time in the public schools, and folks are very, very busy. It becomes all too easy for special educators to do their thing and general educators to do their thing. Collaboration and communication often suffer. So I don't have a pat answer. I think you've identified a very important issue that needs to be addressed.

DR. WRIGHT: Probably part of it is to talk with general educators in layman terms and not in the alphabet soup that they don't know and often we don't know. They should respect general educators.

I was trained under Sam Kirk and Jim

Gallagher as an elitist, that only special educators knew all of this and could do all of this. Of course, now I know better. I just wanted to know what the Fuchs thought about it. I know you are great educators and great researchers. How on earth can we bring this down to the level of the teachers who have to work in the trenches and who have to work with these children? Thank you.

DR. GRASMICK: Dr. Lyon?

DR. LYON: Just to echo everyone else's comments to you all, thank you so much for the wonderful work you have done over the years and this very compelling testimony.

I have two questions. Given that your work appears extremely solid scientifically and it can be used to move policy in fundamentally more positive directions with respect to kids with disabilities, why aren't we making changes in regulations that will drive the concerns, Lynn, that you just indicated seem to impede teachers around the country using your procedures?

Why are we hesitating to change

regulations when, in fact, I think we have enough data to suggest that what is in existence now is not effective and possibly invalid and while your work and those working in a similar area has to obviously be continued? It does seem to be at a level where application appears appropriate. I think part of the problem with the issues that Dr. Pasternack brought up, that is, people not being motivated to use different practices, is because they don't have to.

DR. DOUGLAS FUCHS: In all honesty, I don't think I can answer your question directly. I don't know why the regulations don't reflect. Let me answer it somewhat obliquely, and it may not even be an answer, but I think you might be interested.

As we've worked on curriculum-based measurement and with many, many schools and school systems over 20 years, one of the concerns that people have about curriculum-based measurement -- and I think it's a legitimate concern -- is that despite that CBM as a technology was developed for teachers to use with students to better effect student learning, there has often been concern that it would

be used instead as an instrument to judge teachers.

That was never our intent or that of any of the other people who developed it. But there has been a reluctance, I think, some reluctance to take it on in part for that reason. In part, too, because it requires more work. As Lynn said and Dr. Pasternack suggested, it really requires leadership at all levels to encourage teachers to use data-based instruction for moving kids forward.

DR. LYON: This commission heard compelling testimony from Dan Reschly earlier that addressed the scaling issues that you indicated are possible. It seems to me that if Kansas can scale a system that, in fact, has significant positive effects on student populations, we can do that nationally.

The second question I have is related to your appropriate call for more research. There is no doubt that that needs to be done. The question I have to both of you is, given the existing peer-review system within OSEP, how can we make sure that the products of funded research from OSEP are more

uniformly rigorous and robust? How would you suggest we begin to look honestly and directly at the system that vets and evaluates the quality of fund applications?

DR. LYNN FUCHS: I think the OSEP review process is an evolving one. I think that recently with the new administration and changes in the office that OSEP has been permitted to make some changes that actually do improve the process. I think that all funding agencies suffer from inexactness in terms of being able to predict what proposals will yield important contributions.

I do have to say that in my participation in the OSEP review process and on my end of receiving reviews that I've always -- well, not always, but I have almost always felt that the review process is fair, instructive, and funds good proposals. That is not to say that all funded proposals end up producing good knowledge. I think that is a general problem for agencies.

So I think there is a tendency in the field -- and I'm guilty of this myself -- to focus on

the bad review that you as a researcher occasionally receive. But when I look at the range of proposals that I've submitted over the years, I would say that the better ones have been funded. The less-compelling ones have not.

DR. DOUGLAS FUCHS: If I could just add this quickly. People who read and know special education research, I think, are united in the perception that there has been a tremendous amount of excellent research done across this country. I would suggest that that's an indirect reflection that the system over the past 20 years has tended to work more often than it hasn't worked.

DR. LYON: I didn't want to in any way compete agencies or different systems. Peer review is peer review. It's not perfect review. But if you look at the conditions under which sustained quality in research evolves, those conditions seem to be that, Number One, it is, indeed, an honor to serve on peer review groups. I'm not sure that's the case or that's the way it's perceived in some areas of science.

Number two, there is a consistency of membership, of people developing a culture on a review group that has brought about obviously some longitudinal sway on a study section. Most importantly those two factors -- that is, that it is something you give to your science and that you work consistently with people over years and so forth.

The benefit to the field is a recursive one, an educational one, such that when applications come in that may not be that strong, the feedback is extraordinarily detailed and positive and productive and so forth. That's more what I was trying to get to. What are the conditions under which OSEP can begin to take what it's done well and to bolster that?

DR. DOUGLAS FUCHS: Well, I think you've just suggested some future direction that OSEP can think about going.

DR. LYNN FUCHS: I'd like to add one additional idea. I think that the review process through the U.S. Department of Education could be improved by putting a little bit more focus on track

record of knowledge production on previously funded grants.

DR. LYON: Thank you very much.

DR. GRASMICK: Thank you so much for your excellent testimony and to our commissioners. I know there are other questions but in respect for subsequent presenters, I'd like to stay on schedule.

The next area we will be dealing with is transition services. The researchers who will be presenting will discuss the current status of what is known about how to increase the successful transition from school to adult life for students with disabilities. I would like to invite Dr. Susan Hasazi, who is a professor in the department of education and director of the doctoral program in education, leadership and policy studies at the University of Vermont, to join us at this time.

She is currently coordinating a collaborative research effort related to improving the health and well-being of children, youth, adults in Vermont among the Vermont several agencies such as human services, education, and the University of

Vermont.

Also, Dr. Paul Wehman of the University of Virginia Commonwealth is a professor of physical medicine and rehabilitation with joint appointments in the department of curriculum and instruction and the department of rehabilitation counseling. He has pioneered the development of supported employment at VCU in the early '80s and has been heavily involved in the use of supported employment with people who have severe disabilities.

I would like to welcome both of you and ask Dr. Hasazi if she would begin.

DR. HASAZI: Thank you very much. Thank you for providing me with the opportunity to testify before you this morning on research and policies designed to promote more positive school and post-school outcomes for youth with disabilities.

Given the enormous investment that families, educators, and policy-makers have made in the education of children and youth with disabilities, it's essential that we promote the use of research-based practices related to transition in

order to increase the likelihood of ensuring positive post-school outcomes.

As you know, the transition mandates of IDEA were established in 1990 and reauthorized in 1997 as a result of broad-based concern about the future of students with disabilities following their graduation or completion of high school. Follow-up studies on students conducted during the 1980s found that approximately 36 percent were dropping out of school, 82 percent were living at home with their families, 14 percent attended some form of post-secondary education or training, and about 45 percent were employed.

More recent data collected in the early to mid-1990s suggests a more positive trend with about 20 percent of students with disabilities attending post-secondary institutions, 59 percent being employed, and fewer students dropping out of school.

In the interest of continuing these more-positive trends, I would like to offer six recommendations related to research and policy that will enhance the school and post-school transition

outcomes of youth with disabilities. First, implement effective practices and develop policy for more closely linking the IEP and transition plans. IDEA currently requires, quote, a statement of transition service needs for all students with disabilities at age 14. Then at age 16, quote, a statement of needed transition services.

In order to learn about how these requirements related to the transition planning process were being implemented, my colleagues, Katherine Furney, Liz Anne DeStefano, David Johnson, and myself conducted a series of studies funded by OSEP which explored the implementation of the IDEA transition mandates at the local level.

We visited nine school districts, three of which were among the largest in the country. Some of the nine sites were engaged in exemplary practices, and others were trying their best to meet the requirements of the law. As part of our study, we reviewed many IEP's and transition plans and found that the long-term transition goals were, for the most part, not related to the annual goals on the

IEP.

For example, we reviewed a transition plan of a junior in high school who had a moderate hearing impairment. His long-term vocational goals were to become a merchant marine. However, when we reviewed his IEP, there were no goals, objectives, or activities related to his career aspirations. Instead, his goals were all focused on improving articulation and offered little in terms of helping him achieve his career aspirations.

In many of the sites we visited we observed similar problems associated with a lack of understanding about how to integrate the required transition planning process with the IEP. During the past decade there have been many research and model demonstration projects funded by OSEP which have validated effective transition practices. From a research perspective we need to identify strategies that can be utilized to promote wide-scale use of what we've learned about effective transition planning.

In addition, given the current focus on

school reform, we need to explore how state standards in general education affect transition-related planning and instruction. Related to policy, I believe that new language is needed, too, in IDEA which clearly links students' long-range transition goals to the development of the annual goals, objectives, and activities specified in the IEP.

Second, promote research and policy that will enhance the participation of students with disabilities in the design and implementation of their IEP's and transition plans. Current language in IDEA requires participation of students with disabilities at transition planning meetings whenever appropriate.

In my opinion, it would be difficult to identify a situation where a student should not be present in their transition-planning process. Given the importance of understanding the aspirations and preferences of students in order to design transition services linked to their post-school goals, it seems essential to include students in all transition and IEP meetings. Students need to have the opportunity

to share their hopes and dreams and advocate for themselves.

Additional research is needed on how skills and knowledge related to self-advocacy and self-determination can be taught and included within the context of state standards, assessments, and curriculum reform, and how and to what extent students with disabilities are participating in the development of IEP's and transition plans.

In addition, teachers and administrators need to acquire the skills, knowledge, and attitudes to promote the participation and empowerment of students. In our national study we found that high schools that employed special educators trained to facilitate transition planning and services achieved more favorable post-school outcomes for students.

In these sites the quality of the transition plans and the supports available were vastly better than in districts without transition specialists. More research needs to be conducted on the specific skills and knowledge needed by high-school-level special educators and transition

specialists. In a related area, we need to know more about the nature and extent of pre-service programs across the states that prepare high-school level special educators and transition specialists, counselors, and related services personnel.

Third, expand the definition of transition services contained in IDEA to include an outcome-oriented process which focuses on post-school and in-school outcomes including academic and non-academic domains. The present definition of transition services provides a listing of programs and services that are considered appropriate under the law including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living or community participation.

While the above transition areas are of obvious importance, I believe that several in-school areas need to be listed as well in order to promote successful post-school outcomes. These include adolescent literacy instruction, self-determination and self-advocacy training, drop-out reentry

programs, and service learning. All of these options will increase the likelihood that students with disabilities will remain in school and acquire the skills needed to become successful adults.

In the area of adolescent literacy, arguably one of the most important and least-recognized areas of transition need, there is much we already know about effective practices. The challenge in this area is how to incorporate the research knowledge on adolescent literacy into the organizational structures and cultures of high schools and the daily instructional practices of teachers and administrators.

Later on, Dr. Deshler from the University of Kansas will describe some of his very-impressive research. So, again, the issue here is how do we move what we've learned from research into daily practice within high school settings?

Fourth, prepare general and special education and human service leadership personnel with the skills, knowledge, and dispositions to advocate and enhance the transition experiences of students

with disabilities. A distinctive finding from our national study which I noted earlier was the important role of both general and special education administrators in assuring effective transition services.

In the school districts where the use of effective transition services were evident, general and special education administrators collaborated to involve the broader community and human services agencies in the work of the school. For example, in several schools both in rural and urban areas, administrators had developed community-based learning programs and articulated agreements with community colleges that were available and sometimes required for all students with and without disabilities.

It was in these schools where the combined leadership of general and special education and human services administrators came together to make a difference in the breadth of opportunities that students with and without disabilities enjoyed.

The definition of transition services assumes an inter-disciplinary, inter-agency, and

community focus that requires leaders who are willing and able to look beyond the school campus and involve the community at large. In this regard, I would hope that OSEP continues to fund personnel preparation grants and leadership that include both general and special education administrators and relevant human services leaders who can collaborate with colleagues both within and external to the school.

Research in this area should include identification of the skills, knowledge, and attitudes that general and special education and human services administrators need to learn to promote inter-agency and community collaboration in development of strategies for schools to engage human services agencies and students, IEP, and transition planning.

Fifth, support the development of strategies for enhancing parent participation in the transition-planning process. Parents often lack the needed information regarding the purpose and processes associated with transition planning including knowledge related to community agencies and

resources.

In addition, effective strategies for increasing parental participation have not been routinely implemented. Relatively simple strategies such as providing information on the IEP transition process prior to meetings, maintaining open and frequent communication among parents, school, and agency personnel and formally acknowledging the critical role that parents and students play in the transition process can help build more-trusting relationships between parents and teachers.

The work of OSEP-funded parent centers has played an important role in advancing the skills and knowledge base of parents throughout the country. Several centers have received competitive grants from the Federal Rehabilitative Services Agency to develop and disseminate training materials and strategies for increasing the involvement of parents, especially those with diverse cultural backgrounds.

In addition, OSEP-funded National Center on Secondary Education and Transition has collaborated with the Pacers Parent Center in

Minnesota to develop documents on transition that are parent-friendly and grounded in research-based practice. Research in this area should be directed at evaluating current efforts and identifying new ways to promote wide-scale implementation of effective practices for engaging parents in the transition process.

Lastly, develop a research agenda for studying the impact of various credentialling approaches on the school and post-school outcomes of students with disabilities. There has been considerable discussion over the past year about the effects of high-stakes assessment on graduation rates and policies associated with exit credentials.

Currently there are varied approaches to graduation and credentialling policies across the states. Some states that have planned exit examinations have delayed implementation of their policies because of concerns about the number of students who may not pass the exams. Families and educators have questioned the practice of using differentiated diplomas because of the potential use

of these diplomas as a screening tool to limit future opportunities following graduation.

Others have suggested that there should be one diploma for all students with differing supportive evidence rather than a series of alternative exit documents that will have less perceived value than the higher-status diploma. As such there is a need to study the differential impact of various credentialling approaches on the school and post-school experiences of students with disabilities.

Importantly in 1990 OSEP funded a decade-long study to track the school and post-school experiences and outcomes of a large national sample of students with disabilities across the country. This study, known as the National Longitudinal Transition Study II, will provide important information on factors related to school and post-school outcomes such as high school course work, placement, academic performance, post-secondary education and training, and independent living.

This study should provide information that

has enormous potential for influencing policy, research, and practices associated with the transition from school to the adult community. Knowledge generated through a comprehensive transition-research agenda can inform all of the other national programs contained in Part D of IDEA and enhance personnel preparation, parent involvement, evaluation studies, and model demonstration projects.

Thank you very, very much.

DR. GRASMICK: Thank you.

Dr. Wehman?

DR. WEHMAN: Thank you very much for the privilege to present to you this morning regarding my recommendations on transition research for youth with disabilities. I would also like to thank my colleague, Dr. Hasazi, who was kind enough to comment on and help me with some of these comments.

I am a parent of a daughter, Kara, currently in high school now who had five open-heart surgeries in her first five years of life. She has been diagnosed with a learning disability. I am also

a stepfather to a son, Payton, with ADHD. Hence, I have been active in IEP development, standardized testing issues, and transition planning for each child.

I approach this testimony not only as a professional for 30 years, but also as somebody who is living it every day in my home environment. As you are aware, youth with disabilities are significantly unemployed or under-employed compared with their non-disabled peers. There's nothing new there. They tend to drop out of school more and go to college less.

There is a strong need for evidence-based practices of transition-related activities, specifically as they relate to vocational competence, career preparation, and competitive employment. Therefore, I would like to address two broad categories in transition. These are competitive employment and post-secondary education, simple but basic outcomes.

Both of these are areas where substantial progress has been made since 94142 in 1975, but so

much work does remain. I would like to first address three key points that I hope the commission can consider in the area of employment and career building. These are pretty simple but if they were that easy to do, they would have been done by now. Number one is that students need to attain competitive employment before leaving high school through assistance from school personnel in conjunction with state, federal, local rehab programs and other community agencies. Emphasis is on before. One of the most powerful ways to interfere with the progression of large numbers of youth onto SSI long-term benefits is to create a competitive employment work history. We know that they are going on to SSI very quickly. Just check The Wall Street Journal the last two days.

This could be done by strengthening IDEA to provide stronger language, supporting LEA's responsibility to provide employment and career-building services. It could also be done by establishing a grant authority in IDEA for states to earmark dollars strictly for funding LEA competitive

employment initiatives including support of employment.

Number two, one-stop career centers supported through the Work Force Investment Act need to accommodate students with disabilities. While recent efforts have improved architectural accessibility, invisible walls remain that restrict access to and prevent coordination of services. Federal and state policies should be amended to require inclusion of students beginning at age 16, or 14 when appropriate, in the one-stops while they are still in special education.

Number three, Congress and the administration should work to ensure that federal monies appropriated through the Work Force Investment Act, Titles 19 and 20 of the Social Security Act, the Rehabilitation Act, and IDEA are used to support competitive employment and career-development alternatives for students. In other words, working together with one policy toward the same outcome.

For example, federal and state agencies should expand the use of funding mechanisms that

encourage joint funding of career development and work experience that begins early in the educational process for youth with disabilities. Some examples: Local school districts and developmental-disability agencies could jointly fund job placement and ongoing support service for students with significant disabilities who are already receiving SSI benefits.

Local school districts and VR offices could jointly fund the development of apprenticeship or mentor programs. Vocational rehabilitation needs to participate more fully and sooner in the transition process. Many, if not most, state VR agencies follow a policy of not providing rehab placement services until a student is within six months of graduation.

Some of the primary research needs in this area: Longitudinal research needs to be conducted on the benefits experienced by students who have had real work experiences before graduation versus those who have not. Research needs to be conducted on how to include youth with disabilities into the one-stop career centers and how to help the one-stop career

centers to work effectively with youth with disabilities.

As many of you may be aware, the one-stops are growing very rapidly all around the country. Persons with disabilities need to be involved in these. Research needs to conducted in how businesses and schools can work more closely together in order to facilitate employment outcomes for youth with disabilities. My addendum to the side on that is business is ready? Are we ready?

Research needs to be conducted to determine the effects of participation in the SSA Ticket-to-Work program, so-called TWIA, for students 14 to 18, as well as the effects of SSI redetermination at 18.

I would now like to turn my attention to the second big cornerstone, and that is post-secondary education. Many parents have hopes and aspirations for their children to go on to some form of higher education because they know that in this increasingly competitive work force our children need every bit of education and training they can get.

On a positive note, we know that the representation of students with disabilities in higher education has risen to about 20 percent, a dramatic increase since 1978. However, enrollment rates of these students are still 50 percent lower than the enrollment among the general population.

We also know there is a positive relationship between disability level of education and adult employment. Earning a college degree does not guarantee post-graduation employment. However, on the average it takes students with disabilities approximately five years longer after college to obtain a position in their chosen career.

We also know that students enrolled in post-secondary education experience difficulty staying in and completing their programs of study. No surprise there. Any of us who have children who have started in college know that after the first year, if we can get them through the first year, then we probably are looking at another three or four years of paying their college tuition. It's that first year that is that critical year.

So there are two areas that I think require serious consideration in helping students gain access to college and ultimately to graduate. These are professional-development training for faculty and administrators. There remains a critical need for training and technical assistance for faculty and administrators to ensure a quality post-secondary education for students with disabilities.

A quick sidebar. Many faculty that are teaching geology or psychology or physical therapy don't have the first clue about what learning disabilities or ADHD or how to deal with somebody with spinal cord injury. But they are willing to learn.

Current issues in higher education are professional development activities that focus on concepts such as incorporating universal design techniques into course work, using technology to enhance learning. Providing accessible distance education courses for individuals with disabilities is a powerful means that could be used. To encourage the development and implementation of these

innovative techniques strategies it is recommended that funding of demonstration projects to ensure quality education for students with disabilities continue through the Higher Education Act.

Secondly, financial incentives. The selective use of financial incentives to public and private colleges for enrolling, supporting, and graduating students with disabilities could possibly be a highly-effective strategy through an amendment of the Higher Education Act. Issues such as flexible admissions policies, eligibility for receiving services, expanding use of technology and benefits counseling for students. Many students don't even know about the student earned-income exclusion which can be a very powerful.

These need to be examined in the reauthorization of the Higher Education Act. Many of these areas could be studied in more depth through an expanded number of the post-secondary education model demonstration projects, as well as earmarking post-secondary as an area of emphasis within the IDEA Part D Model Demonstration for Children Projects.

Some of the specific post-secondary research areas: We need research to determine the effectiveness of these strategies and academic-support techniques on student access, performance, and retention in higher education. We need research on the current models of service to learning for students with disabilities in higher education to determine what models encourage the self-identification of a disability and use of accommodations provided.

You realize that in college if they don't self-identify, they don't necessarily get access to accommodation. There needs to be research on the barriers to and supports for succeeding in post-secondary environments as perceived by the students with disabilities --

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(Tape 3)

DR. WEHMAN: (Continuing.) -- and strategies or accommodations these students believe work in overcoming these barriers. This is as Dr.

Hasazi talked about in terms of self-advocacy and self-determination, teaching kids at an earlier age about how to advocate for themselves. This can carry over in the post-secondary environment.

Research on the differential effects on students with disabilities who have utilized accommodations in high schools compared to those who have not, the college admission rates, as well as employment rates. In other words, how much are the different types of accommodations being used and how effectively are they being utilized?

In closing, the United States taxpayer has invested billions of dollars in special education for the youth of America in the past quarter century. We have been very excited about what's happened in the last 25 years. There is tremendous hope that is out there. The taxpayer, however, expects schools and the federal government to be cost-effective and accountable for positive long-term results and outcomes associated with the special education investment.

We hear about it at 18, 19, or 20 years

old after 10 or 15 years of, What is there for my kid now? Tremendous strides have been made, but in order to maintain this covenant that is made to parents, students, and school districts, we must provide students with the best-possible opportunity to not only go to work and build careers but to be able to go to college. Full implementation of IDEA cannot be complete without this covenant being honored.

Thank you very much. I apologize for some of those little quick sidebar comments but I couldn't resist.

DR. GRASMICK: Thank you both very much for your excellent testimony. Given the restricted time we have for questions, I'm going to begin with those who have not had an opportunity to ask a question.

Governor Branstad, I think we cut you off last time.

GOVERNOR BRANSTAD: Thank you very much. First of all, I want to thank you for your research and your excellent presentation. I just also want to our previous presenters to indicate that I see a real

linkage between the discussions that you had about curriculum-based measurement and achievement. The task force on achievement which met in Des Moines heard from some of the people that have been in some of the implementation of the research that you have been talking about.

I am excited about how we might be able to move that agenda forward. In this area I am really interested in the whole transition. When we were down in Houston, one of the things I did was I went to the high school, and what really concerned me was that there was no mechanism for determining what was happening to the kids with disabilities that had gone through the special education program, tracking after they had completed it.

Do you have some suggestions or ideas on how we can have more accountability in tracking to see that transition is, indeed, working? I think you've come up with some really good recommendations here. I'm interested in how we can have a mechanism for tracking to see what kind of results we are getting.

Maybe this longitudinal study that you've talked about is part of it. I'd be interested in your comments about how we track and be able to see what the outcomes really are.

DR. WEHMAN: One of the pioneers in doing the follow-up studies is sitting to my immediate left. She did one of the very first studies. I'm going to defer to her in terms of commenting on some of the mechanisms that would be involved at the LEA level to provide those outcome measures.

You are absolutely right. One of the beautiful things about exiting from school is the transition areas that you really can measure very easily what's happening. You either have an occurrence of work or a non-occurrence of work. You have an occurrence of participation or not. On the other hand, knowing what's happening requires some mechanisms by the LEA.

DR. HASAZI: I think that you're correct in your assessment of the evaluation study that I talked about and the kind of data that will be available on a national scale. I think you are

absolutely correct about the needs of school districts to begin to conduct follow-up studies in their own districts to determine what has happened to these young people in terms of employment, independent living, connections with their community and so on.

It needs to be used for program improvement. We need to ensure that we can understand from the perspectives of students and families and employers about what worked and what didn't work and how we need to use that data to inform practices in the schools.

GOVERNOR BRANSTAD: Dr. Wehman, you mentioned about starting the transition in work before they ever get out of school.

DR. WEHMAN: Yes, sir.

GOVERNOR BRANSTAD: I have a son that's a senior in high school and he's working. My sense is there is that a vast majority of general education students are employed before they ever get out of high school. What is the situation in special education and how can we move that forward to get a

much higher percentage of those kids involved in employment before they ever school?

DR. WEHMAN: You are so on the money with this. Work is my passion. I fully believe -- we have five children in our house. Everybody works by the time they are 15 whether they have a disability or not, whether it's Ponderosa or King's Dominion or, you know, part-time at -- my daughter, Kara, is working at a furniture store.

The issue is what you get out of employment is you get so much more than just the work. You get learning how to be dealt with when you're yelled at or you are made fun of. You want to talk about what the problems are in terms of learning reading and math and language arts and oral expression. Those things come flushed right out in a work environment, don't they?

So the struggle that we've been in in recent years related to work is the struggle where so many of the so-called higher-incidence kids, the kids with learning disabilities are being tracked down a line of pure academics. They are not getting the

opportunity to maybe have some work experience along the way.

I don't think it has to be either/or. I think it can be both. It can be an after-school job, it can be a weekend job. I just -- everything that we have seen clinically and anecdotally but not in a national aggregate type of study that needs to be done is that those kids that have those work experiences early on tend to be able to deal much better with work experiences after they .

So the recommendation is clearly within IDEA to emphasize employment outcomes and work experience before the kids school. I had this discussion with former Secretary of Education William Bennett in 1983. This is not the first time that we have discussed this. This is a golden opportunity for the commission to move on this aggressively. Thank you.

DR. GRASMICK: Thank you.

Dr. Berdine?

DR. BERDINE: Thank you, Madam Chair.

Paul and Susan, thank you. That was

excellent testimony. I think the written record will serve us very well as we get into our deliberations. They were succinct, cogent, to the point, and current.

Paul, you know particularly that I am very interested in post-secondary issues with students with disabilities at the post-secondary level. Just yesterday -- I don't know if you've received your copy of the Committee for Education Fundings 2003 Report -- I was leafing through this last night. I would like you to comment on something.

The quality of higher education for students with disabilities provision of the Higher Education Act you will notice has been zero-funded for 2003. Under that act, as you probably know, it specifically addresses the issues on campuses for providing quality services for students with disabilities.

What evidence -- and, Susan, you also -- what evidence would you be able to provide the commission to make a case to strengthen funding legislation for these quality demonstration projects

on campuses that specifically target instructional personnel, administrators, and auxiliary services providers? They have historically not been a part of the funding picture.

So the infrastructure in post-secondary settings is in many cases just absent or very poorly situated. So what evidence -- we need to have some evidence that this kind of funding would make a difference.

DR. WEHMAN: I could take a first shot at that. Over the last four years there have been 21 or 22 post-secondary education projects that have been funded from places like the University of Washington, Virginia Commonwealth University, the University of Arizona, and Buffalo that have really done some exciting things demonstrating and collecting data on the different types of intervention strategies that can be utilized to help persons with disabilities, but specifically learning disabilities tends to be the focus in the majority of them in achieving gains in four-year colleges for the most part.

In some of the comments I made about

universal design, for example, we're getting evidence that suggests that the way to really approach the whole way of getting four-year colleges -- small, medium and large -- ready for students with learning disabilities, bi-polar disorder, ADHD, whatever labels you want to use is not just to train the disability service offices or the disability student coordinator in disability, but rather to train all of the university.

That means the faculty, the administration, residence life. The 22 projects that have been funded for the last several years have given us a number of excellent preliminary evidences to show how efficacious those interventions can be if they are done directly in the college and across the college.

Unfortunately neither IDEA or the Higher Education Act really puts a heavy emphasis on service delivery, accommodations, eligibility. One of the first things we learned in trying to get my daughter into college this next year is the importance of looking at the curriculum modifications, the ability

to maybe substitute math for a computer science class or substitute foreign language for something else.

As I was telling a doctoral student the other day, I consider research in the post-secondary education area to be virgin area. To me, you are in the second inning or the third inning. If you want to really build a career or research career, this is where I would go.

DR. GRASMICK: Dr. Coulter?

DR. COULTER: Once again, we want to thank you for your testimony. I also appreciate the fact that you recognize that in terms of special education, the area that you are talking about really holds the end of the line, the promise that's made to families at the earliest possible age. This is what we all work so hard for.

I'd like you to comment on the fact -- we have heard testimony in the past about that as it relates to transition, as you well know, the requirements now are to invite agencies to participate, et cetera. We've heard a lot of public testimony about the fact that other agencies are not

as on board, so to speak, as public schools might be in trying to collaborate on planning for the futures, certainly for those students who are about to become adults with disabilities.

I'd like for you to comment. I know this hearing is on research but what are the policy implications or policy recommendations that you would make relative to transition and the collaboration of cross agencies?

DR. HASAZI: One of the things that we've learned is that relationships make a huge difference, the kind of relationships among leaders in these various agencies external to the school with the school leadership. That gets back to our recommendations around the importance of preparing leaders in doctoral programs, masters programs in leadership that include not just special educators and general educators, but human services providers, as well. That is the only way it is going to become a common language between schools and post-school services.

In addition, I think that that will go

only so far. Many of the post-school agencies that we need to help with the transition are overloaded. Their waiting lists are enormous, thousands and thousands of young people. I think to get rehab counselors to the table, to get folks from our developmental disabilities agencies to the table we are going to need some incentives in policy to make that happen.

I think, you know, we have tried all kinds of things over the past few years, and people of goodwill have attempted to make efforts but it just isn't happening. I think we need some policy interventions mostly that relate to some kind of incentive for participation.

DR. WEHMAN: I'd really like to comment very quickly on that. You've really put your finger on the point. Why is it that you can go one place and everything is clicking and looking great, and you go 50 miles away and it's not? It's about money.

DR. BERDINE: Or five blocks away.

DR. WEHMAN: Or five blocks away. It's about money. We have a grotesque two-tier system

going on here, okay? It's called the squeaky wheel gets the grease. Intelligent, well-informed parents know how to advocate very strenuously. They are able to get different agencies locally to the table and to squeeze to get what they need whether it is a waiver for personal assistance services or it's help with a 504 plan.

Then we have a much larger group that doesn't know how to do that. In fact, we do have evidence as to what works, and it is money. If, in fact, there are financial incentives to do competitive employment and do career building and really do that and not just process -- you know, we've seen this is the past 10 to 15 years.

States and localities that put money out and they tie the money to the outcome -- not just an inter-agency agreement. There has got to be money tied behind it as to who is going to do what. You will get your outcome. If you do not put the money there, you will get people going to meetings. That's unfortunately been the tragedy with the thing.

DR. GRASMICK: Dr. Justesen?

DR. JUSTESEN: You touched, Dr. Wehman, a little bit about an important issue that I have a question on for both of you. That is, has anyone looked at states that have inter-agency agreements between rehab and special education programs? Is there that sort of policy incentive and is both a requirement in both statutes? Has anyone examined how helpful these IA agreements actually translate to for kids with disabilities?

DR. HASAZI: We actually conducted a national study with some colleagues at the University of Vermont, as well as the University of Minnesota, where we examined inter-agency agreements at the state level related to transition. We found that most states had inter-agency agreements across the various agencies. But, in fact, there wasn't necessarily a relationship between the agreements and what actually happened at the local level.

So, much of it depends on the context of the state, on who the people are at the local level that are working together representing those agencies, and whether or not -- as Dr. Wehman

suggested -- there were financial incentives.

What we did find was that in states where there was joint funding of positions of transition specialists both during school and after school by rehab, special education and MRDD, that there was much more likelihood for students to make a smoother transition from school to adult life. But the money had to be there to fund the positions.

DR. JUSTESEN: Did you look at all 50 states?

DR. HASAZI: We did, we looked at all 50 states.

DR. JUSTESEN: I have a follow-up question. Most of the discussion has been about students who are eligible for special education. I am part of the group of students with disabilities who did not require special education. It is what is commonly referred to as a 504-eligible person. Speak to any separate work you have done or other colleagues with respect to this group of children with disabilities.

DR. WEHMAN: I can't specifically identify

studies that have done that. Although what I would say is that, as we open up this new frontier into post-secondary education research, I think that there is going to be a plethora of studies that are going to be looking at, quote, 504 situations because that's where a lot of that is coming from. That is an excellent question but it is not an area that I can point to in the literature where there has been a distinct separation.

DR. GRASMICK: Thank you very much. I know there are other commissioners who have questions. I would hope that we could perhaps submit those to you for a response given the restraints of our time. Thank you so much.

DR. WEHMAN: Thank you very much.

DR. HASAZI: Thank you.

DR. GRASMICK: Our next area is early childhood research. These researchers will be discussing the current knowledge base of research concerning infants, toddlers, and children with disabilities and discuss their recommendations for future research priorities for OSEP and other federal

agencies.

We have with us Dr. Don Bailey, the University of North Carolina at Chapel Hill, who is the director of the National Center for Early Development and Learning. Dr. Bailey's research has focused almost exclusively on the importance of the early-childhood period with special emphasis on families of infants and toddlers with disabilities.

Dr. Mark Wolery is a professor of special education at Vanderbilt University. He has received numerous awards. His studies laid the foundation for the field of understanding of the naturalistic context of inclusion at the early-childhood level. We welcome both of these presenters.

DR. WOLERY: Thank you for the opportunity to address the commission about research priorities and early intervention. We use the term early intervention to refer to services designed to enhance the competence and well-being of infants, toddlers, and pre-schoolers with disabilities.

Don and I will present together and use the organization of our written testimony. We will

not use PowerPoint because of the arrangement of the room, but we have given the commission the slides that we would have had.

I will begin with three broad recommendations. Research is needed to enhance our capacity to identify young children early, to improve the efficacy of early intervention, and to improve the measures of outcomes for children and families. Don will make recommendations regarding the infrastructure for intervention in the funding process.

Our comments are the consequences of our collaboration. I hope Don will agree with that when we are done. Our recommendations are made in a context that can be summarized as the field of early intervention is relatively new. There is about 30 years of activity and less than a dozen years of actual implementation on a broad scale. It has made significant strides in devising interventions and applying them. Research in the field has benefitted substantially from support from OSEP.

Now I will turn to recommendation one. We

are calling for more research to identify young children early, not for the sake of classification but for the initiation of services. This requires an understanding of the factors that cause variability in proportions of children served across states. Given a mobile society, it is unacceptable that a child's geography or the place he lives is the basis by which he receives services. We need to know the factors that produce the variability across states to initiate practices and policies to eliminate them.

We also need to identify more effective community models for identifying young children. Unlike school-age children, young children in the United States are rarely seen by professionals on a regular basis. Therefore, the individuals who do see them, the professionals, need effective ways to identify them often briefly and in the context of other interactions and to do that accurately.

We also need to use the earliest signs for certain selected disabilities. We have better practices in genetic testing that allow us to reduce the age by which certain diagnoses can be made.

However, families often report concerns and specific things that cause them to believe that their child was in trouble long before reliable diagnosis can be made.

With other conditions such as Fragile X where we have methods for testing at birth, this often is not done because universal testing is not available. With many conditions such as language and behavior disorders, the diagnoses are made through behavioral observations rather than biological markers.

Those children are only identified after the constellation of behaviors or deficits are sufficient to allow the reliable diagnosis. Certainly had we known about them earlier, prevention or perhaps intervention could have reduced the severity of the condition. We also need research to develop more accurate and efficient tools and to reduce any potential, unintended negative effects of early identification.

Our second recommendation is research is needed to improve the efficacy of early intervention.

Intervention can be conceptualized as a broad, organized set of services or as individual practices, with the former being much broader.

For intervention services research is need to evaluate the relative efficacy of certain approaches or models to others. Although we can argue about whether we are ready for such research, at some point we will need to understand whether and to what extent different approaches are more efficacious for some children and under what conditions.

We also need to evaluate the amount of intervention provided. We have some research indicating that amount or intensity is an important variable. We have substantial confidence that some children will need more intervention than others. Such research could guide decision-makers on organization of services. There is a common belief in early intervention that more is better, but in life that is rarely true and we need to understand dosage effects.

We need research also on the quality of

treatment. In regular early childhood better outcomes are consistently associated with higher-quality programs. A body of research with young kids with disabilities on this variable does not exist. We know the two types of quality are different, but we need efficient measures to reliably assess early intervention quality. Such studies should include an analysis of the nature and the amount of services as well as the degree to which treatment was implemented with integrity.

Also we need research on variables, factors, and circumstances that help an intervention work better at different level or impede an intervention's effectiveness. We have relatively little work on mediating or moderating factors, but that clearly is an area of future direction.

Related to intervention practices we have selected developmental and adaptive abilities for which we still do not have effective intervention. We have made great strides, but we continue to have difficulties around friendship formation, commenting, conversational skills, sustained play with peers, and

selected sleeping and eating disorders.

Also for children with significant behavioral problems we now conceptualize problematic behavior in terms of function. We have classroom-based treatments many of which are translated down from older children. We have many fewer treatments that are based on function that can be applied in the home or in the community outside the home.

We also recognize the importance of detecting early mental health problems in devising interventions in the classroom type area for addressing those problems.

We need more research on embedding interventions into the routines and activities of children's ongoing days. Young children learn from their interactions with the environment. They don't segregate intervention time from other times. Some of those lessons are adaptive, others promote a passiveness and maladaptive behavior. We need to understand how to devise interventions that can be implemented when we are not there.

A third area related to intervention

effectiveness is making recommended practice usual practice. We have some empirically supported practices that were developed in real places with real kids using real teachers, but those practices often aren't used on a wide scale.

Our research should focus on getting broad features of early intervention such as instructional program planning assessment and transition practices used with all young children who have disabilities because these practices have sound logic and supporting research. We need to get individual practices for specific skills used regularly with adequate intensity and frequency and fidelity.

Then research is needed to understand how to support child care providers who have kids with disabilities within their classes. There are practices related to families for which we need additional research. These include identifying those families for whom the birth of a child with disability or a diagnosis shakes their confidence in parenting. Many families do quite well, thank you, with having the birth or the diagnosis of a child

with disability. Others do not. We don't know how to separate them or support them differentially.

There are many daily routines and difficult developmental skills for which we still need practices for helping parents promote those skills and deal with those difficult routines, routines as simple as giving their child a bath without it being a major task and time-consuming endeavor.

Then there is a whole set of families living in very difficult circumstances in the United States including chronic unemployment, severe poverty, and low levels of education. The practices we have for working families of young children with disabilities in those contexts are yet to be well developed.

Our third recommendation is to improve the measurement of early intervention outcomes. We recognize and support the proposition that early intervention ought to be measured and evaluated but we also recognize the complexities of doing that. The measurement of family outcomes ought to address

both their perceptions of the intervention experience, as well as the impacts of that intervention on the family and the child.

Those measures should meet several criteria, and they are mostly absent in our existing measures. That is they ought to be family-friendly, non-intrusive, efficient, and technically adequate and capable of being used cross families with different linguistic and cultural backgrounds.

We also need research on improvement of child outcomes. There are some measures that exist, others are under development. For some areas, however, they are absent. Of critical importance is that outcomes of early intervention should be viewed broadly. That is, efficacy cannot be measured only on children's cognitive or academic abilities, but should address a wide range of abilities and usual interaction patterns within the environment.

Then we need research on the influence of risk and opportunity factors on child and family functions. For children without disabilities we know a number of risk factors can conspire to produce

decrements in children's developmental functioning. A similar body of work is emerging for young children with disabilities but it is fairly unsupported. We need to understand the effects of risk and opportunity factors and then how to incorporate those into our intervention practices.

I've hurried through these recommendations. I want to turn you now over to my good friend and esteemed colleague, Don Bailey.

DR. BAILEY: Thank you, Mark.

It is a tremendous honor to be here today and to present and talk with the commission on this very important series of topics. I wanted to echo Mark's comments. He and I have worked together over the years on many different things. We did collaborate in the preparation of our comments on both the focus of research and on the infrastructure.

We merged those two together in a single written report for you. The report is perhaps longer than you would like, and we apologize for that. In my presentation I will be maybe a little more informal than some of the others. I'll try to just

highlight for you what some of the things I think are really important in the context of infrastructure.

Before that let me just make a quick observation. First of all, unlike most of the other sessions, we are focusing on a particular age period as opposed to a particular content area. It's a unique aspect of the early childhood years. We are focusing on some of the questions, of course, around why those years are important.

A second comment has to do with the fact that each of the other content areas that you will be addressing today are directly relevant to early childhood. So those issues of least-restrictive environment, the issues of assessment, issues of intervention planning and transitions all are fundamental issues. So we tried to reflect those in our report. But, of course, you have full reports on each of those in the other sessions.

We understood part of our charge to be that of describing to you some recommendations with respect to infrastructure. We think this is important because federal infrastructure for early

childhood is a little bit different from the infrastructure discipline provided at school age. So instead of just talking about infrastructure for research, I want to briefly describe five areas of infrastructure but talk about research issues related to each of those areas. You should have a handout in front of you that provides PowerPoint slides for that.

There are five domains for federal infrastructure support:

- Direct allocations to states for services.
- Model demonstration programs.
- Technical assistance to states.
- Personnel development.
- Research.

In the direct allocations to states, just as with school-age children, money is given directly to the states on a per-child allocation for three- and four-year-olds. This is different from the infant and toddler program where money is given to states based on the state's population base, how many

children in that age range and not on a per-child kind of service.

This money has been very important and has helped to provide, of course, support for direct services. It has helped in the infant and toddler program. It has been very important, we think, in getting states into the service-delivery system and keeping them in. To some extent, it helps assure some accountability.

We think that there needs to be some research dimensions added to this particular component of infrastructure. First of all, we need research on determining the real cost of early intervention. I think we have some fairly good data about that for three- and four-year-olds. We have very little data about that, for instance, in toddlers primarily because the federal money is designed to help pull together sources from a variety of different resources from a variety of different areas.

We really don't have good data on what it costs to provide early intervention, especially for

infants and toddlers. We need data on the cost efficacy of different models. Not only what are the outcomes, but what are the costs of each model and how do those costs relate to outcomes?

Finally, there's need for research on the best ways to blend funds in order to maximize effective services. This is especially true in infant and toddler programs but it is also true for three- and four-year-olds. If you look at Head Start funding, there is child-care block-grant money, social services money, MedicAid funding, and Tanner funds.

Many states are moving towards what a variety of people are calling universal pre-kindergarten programs. There are many different early childhood initiatives, and they are very much state-based. There is, however, a federal role in each one of those initiatives. How those funding streams can interact to maximize effective services for children with disabilities is a research question and a policy question.

Second domain has to do with technical

assistance to states. The federal government very early in the 1970s decided that states needed help in implementing federal legislation. There's been a wide range of technical assistance and support activities provided on a continuous basis since then. We think that's very important. We, of course, urge that to be continued.

We do think there has been relatively little attention to evaluating alternative models of technical assistance, as well as to evaluating in a more rigorous sense the outcomes of these technical assistance efforts. We urge you to consider that as well.

Thirdly, a unique component of the early childhood system has been a series of model demonstration and outreach programs. These were started in 1968 in what was then called the Handicapped Children's Early Education Program. It has gone through a series of different names, but there have been literally hundreds of projects funded over the years since then.

The program has been generally considered

to be highly effective. Many of these projects are replicated in various sites around the country and are often continued beyond federal funding. There has been an evaluation requirement that has been included as a part of this funding.

We feel it has not been as rigorous as it could be. Part of the problem is that the funding amount and the funding period for these projects has not been sufficient to allow them to do the true kinds of experiments and evaluation studies that need to be done to clearly document efficacy. We would urge funding to be added during this model demonstration phase so that before projects move into the outreach phase, which is the phase when you are sharing this information with other projects, that funding and mechanisms are in place for a more-rigorous evaluation of these models.

Next I would like to briefly talk about personnel development. Of course, there has been a major federal role over the years in providing funds for both teacher training and therapist training. Here I would like to focus on funds for leadership

training for researchers. This has been very important as research in universities has been given money over the years through competitive grants to provide primarily stipends and fellowships for students who would ultimately be leaders and researchers in special education, including early childhood special education.

I'm quite sure that if that funding were not available, we would have a tremendous difficulty in recruiting the best and brightest individuals into special education to do the kinds of research we really need to understand what we need to be doing in special education in a truly efficacious kind of way.

Finally and perhaps the main reason we are here, of course, is the recommendations regarding the research infrastructure. The department has funded field-initiated research, student-initiated research, directed research, evaluation-studies programs, and a wide variety of research activities.

If I may digress and just speak personally for a minute, I've been funded through the field-initiated projects for a number of years since very

early in my career. I started out looking at studies of the efficacy of various environmental components, not necessarily direct-instruction techniques, but how the environment like the peers that are around you or the way that therapy is provided or the services are provided in an integrated model -- how does that affect student learning?

In the late 1980s we learned that my daughter has Fragile X Syndrome. So in the early 1990s I shifted my research career to focus on almost exclusively on this disorder. Even though that is something that would often be funded by NIH, we decided to focus on more applied issues related to this particular disorder. We got funding from field-initiated research program.

No one had ever studied the early development of children with this disorder before. So we had the first longitudinal study. Every series of studies ever published were funded by the Office of Special Education Programs. When scientists at the NIH discovered the protein that is influenced by Fragile X Syndrome, we, I think, got the first

supplement from OSEP to draw blood and actually test protein levels in children and look at the relationship between that and outcomes for kids.

So we feel like the office has been extremely supportive of often risky and ground-breaking work in a variety of different areas. We have been very appreciative of that kind of support. Having said that, though, I think there are a number of challenges. We have some specific recommendations that are related to that. First of all, NIH typically funds research usually from 15 to 25 percent. I would say about 20 percent of applications that are submitted are funded. In the field-initiated research program that is more on the order of 5 or 6 percent. So we are only able to fund a small proportion of the grants that are actually submitted in the field-initiated research competitions.

Also, the funding levels of those projects have been very stable over the last decade or so at around a $180,000 cap. That is including indirect costs. So we recommend appropriating new dollars or

reducing directed-research funding to allow more creative field-initiated funding.

In my reading of some of the figures it looks like the funds that go into directed research, which is research determined heavily by departmental priorities, is more than double the amount of funding that goes into field-initiated research. We very much encourage the department to think about redirecting some of these federally determined priorities to help encourage the creative field-initiated work that is so desperately needed by all of us.

We would encourage either the allocation of new dollars or redirecting funds so that the agency could be funding at about the 20-percent level of field-initiated funds comparable to what NIH is doing.

Secondly, raise the funding cap on those projects. Thirdly, allow for the submission of what NIH calls the program-project type submissions. The department has very few mechanisms for that. They used to fund some early- childhood research

institutes, but this notion of a collection of projects coming together to answer a larger series of questions that could be answered in a single individual project we feel is missing in the funding structure right now. We would very much encourage the agency to consider changing policies to allow for that kind of submission.

Thirdly, we do think that a lot of funds have been allocated for major national studies, often descriptive studies like the NEILS Project which I'm participating in as a consultant. We think those are very important projects, but sometimes they take away from the field-initiated funding again. So we would urge Congress to allocate more funds to the department to help them gather the kinds of descriptive data they need so that we can free up the other funds for the field-initiated research.

We don't think there should be a separate early-childhood competition, for example. The department would fund 16 to 18 field-initiated projects a year across all of special education. So there may be only two or three early-childhood

projects. So there is really a limited range of things that can be funded.

Consistent with our other colleagues speaking today, we urge the department to continue the excellent work it's doing in continuing to improve the peer-review process in the use of --

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(Tape 4)

DR. BAILEY: (Continuing.) -- standing review panels. We also recommend a twice-a-year funding cycle rather than once a year, again, encouraging resubmissions. We often get grants that are submitted that get good reviews that could be resubmitted with some improvement. Adding a standardized mechanism for that in the context of the standing peer review panel we think would be a good idea.

Thank you for the opportunity to share with you.

DR. GRASMICK: Thank you for your excellent presentations. I know there are a number

of questions. I'd like to begin with those who did not have an opportunity last time. I will begin with Dr. Lyon.

(Pause.)

DR. GRASMICK: You're deferring to Dr. Fletcher?

DR. FLETCHER: Dr. Bailey, I was very interested in your appeal for more field-initiated research and the generous nature of your request not to have early childhood targeted as an area of research. I thought that was very generous on your part.

There are also times, however, where national priorities do come in and are very important. I'm thinking about, for example, the president's initiative in the early-childhood area where the president's proposed that it's really very important to develop and evaluate programs that attempt to integrate the social behavioral and educational needs of young children.

I'm really sort of wondering how you think special education and OSEP should participate in that

initiative, given that it's not likely to happen through the field-initiated mechanism under the circumstances that you describe?

DR. BAILEY: Well, I certainly think that collaborative efforts among a variety of federal agencies are going to be critical. It's pretty clear to me that each agency has its own unique role and its unique way to approach research and a unique contribution whether it's applied research versus basic research, whether it's in genetics or whether it's in school reform and so forth. So to me a collaborative endeavor around thematic issues is the way to go.

DR. FLETCHER: I really appreciate that, and I would point out real quickly that, you know, even though you've described sort of the emphases of different sorts of agencies, there is also a lot of overlap. NICHD, for example, supports early-childhood research that is very practical, very applied, includes intervention studies, as well as other kinds of studies.

I think there is a tendency to view OSEP,

because of the way it's funded through Part D and the fact that it's tied to a piece of federal legislation, as something that should be kept separate and isolated from, for example, other federal endeavors. I gather that you're actually for more interaction of OSEP with other federal agencies that have similar interests?

DR. BAILEY: I am supporting collaborative interaction. I guess I do feel that OSEP still has a unique niche, that applications of educational research in the context of educational settings for kids with disabilities, to me is a unique OSEP role. I think if it were totally transferred to another agency, I think it would get lost. That may not be what you're asking.

DR. FLETCHER: Not at all, no. I'm simply suggesting that it's important to interact with other agencies so that we maximize our investment in research for people with disabilities.

DR. BAILEY: I would agree with that.

DR. FLETCHER: Certainly NIH supports research on children with disabilities since the

Mental Retardation Research Centers, of which I think at one point you were at least a co-director and actually benefitted from funding from both OSEP and from NIH.

DR. BAILEY: Absolutely.

DR. FLETCHER: Thank you.

DR. GRASMICK: Dr. Lyon, you've reconsidered?

DR. LYON: Just let me follow up on this. For both of you but, Don, I think you're closer to this issue. The president has asked the federal government to undertake a massive effort to figure out how kids from birth to school entry develop social, cognitive, and emotional capabilities; to figure out if, in fact, there are interventions already in existence that provide interactions that develop those in an integrated way. Frankly the review suggests there is not.

So what will have to be done is we are going to have to develop and then test a wide range of interactions across a wide range of setting. It is literally impossible to do if the NIH does not

collaborate with the Department of Education and all of its agencies and so forth.

One of the things that we've noticed over the years is every initiative we do at NIH we send to OSEP to collaborate. That has never happened, nor is it ever reciprocal. When we're talking about these areas of research, they need to be built and developed, for the capacity is actually very low, I have to be honest. When we reviewed the literature for the president in early childhood, we could basically count on one hand that which we could provide him the specific answers he needed despite millions of dollars of funding.

One of the reasons that is is I think we do become insulated as research agencies and groups. Again, I just appeal to you all to begin to -- it doesn't have a thing to do with territory or turf. It has everything to do with sharing concepts and methodologies. It has everything to do with providing, again, as we talked about earlier with Doug and Lynn, a recursive educational process for young investigators to figure out what's good

research, what's not good research, and so on.

There has got to be a way we can strengthen the national research effort in early childhood. That's got to go beyond just NIH or beyond just OSEP.

DR. WOLERY: I appreciate the need for collaboration across agencies at the federal level. I think I would step back and say that there are a number of investigators who have worked on specific problems, issues, practices or interventions that have gone to a number of different, as we call them, pots of funds across agencies to get that addressed.

Now, Don's Fragile X work, I think, is an example of that. Strain and Odom's peer-mediated stuff, some of that was supported by NIH, some of that was supported by OSEP. Some of the work in autism, the researchers have come from both places. So despite the fact that there may not be at the federal level integration across agencies, I think there is often -- not always -- at the individual investigative team level.

Now, if there are ways that the unique

mission that I think OSEP has can be preserved and facilitate collaboration, you know, I am very interested in that around autism. I have funding now from both places in that area. If there is a way to put a program project together that would include both of those, that's an appealing task. I'll let Don describe how the bureaucracy would have to make that occur.

DR. BAILEY: May I just make a quick comment, Reid?

DR. LYON: Sure.

DR. BAILEY: There is a huge national movement in early childhood at large, not just children with disabilities, as you know, but for all children. I think ultimately this will be a state-based initiative. That is, each state is going to determine how it is going to articulate programs and services. Clearly there are going to be very important federal roles in this. The president has articulated a number of possibilities for that already.

I feel like there are a number of lessons

that we can learn from how the federal government played roles in the initiation, implementation, and evaluation of early childhood special education programs that apply directly to a larger early-childhood initiative. So, for example, you were talking about a lack of validated models. Clearly we need something like the model demonstration program for kids with disabilities, but with a more rigorous evaluation component to it.

We need a ground-up, as well as a collaborative set of activities that would create a variety of these models and then evaluate them. We've learned a lot from that process in the disability arena that could be very helpful in the larger early-childhood arena.

DR. GRASMICK: Thank you.

DR. LYON: Just one other issue, though. I don't think early childhood will escape -- that's the wrong verb -- will not be part of the administration's emphasis on using that which works. Even if these are state efforts in early childhood, it hopefully will come to pass as soon as possible

that federal money can no longer be provided to states to support even the preparation of teachers or the purchase or training in programs that have not been found to be effective for those specific children they are being applied with.

I don't think early childhood will escape that. I don't think special education will escape that. That's the legislation in H.R. 1 at this time, that you can use federal money for that which does not work. I don't know how we are going to provide the capacity in the community in the early-childhood community to be able to base their practices on solid evidence unless we have a massive collaborative effort.

DR. BAILEY: Mark and I wrote a paper on just those four words, Is early intervention effective? We looked at each word in that. So what do we mean by early? What do we mean by intervention? What do we mean by effective? You are exactly right. It's a very complicated issue, and to answer it fully, it will take a massive research effort.

DR. GRASMICK: Dr. Wright?

DR. WRIGHT: Thank you, Madam Chair.

And thank you, gentlemen. I have numbered what I need to say, and I've timed it, too. The first thing that I want to say is at the reality level. My daughter is an early-childhood educator in the St. Louis Public Schools. So we know the need is there.

Also, a question that I would ask is, in research do we have to -- and I'm just saying this; I know the answer, I think. In research we do not have to reinvent the wheel, do we? No. You alluded to this a little bit, Dr. Bailey. You talked about the programs in Head Start. You didn't name Head Start but there's a body of research about Head Start. There's also a body of research about Follow Through. These are ESEA programs.

I would hope we would take into consideration the research that has already been done. That's my second comment. My first one was about my daughter. My second comment is about the Head Start and the Follow Through.

Now, my third comment is this. I feel -- we know there is not going to be enough money. Secretary Paige and I questioned him about this, questioned the president about it. We all say we need money, money, money. Secretary Paige has already stated that the president has said that we will not get full funding for special education. We are getting more money than we ever had but his panel, this commission will make recommendations, I hope, as to how the monies that we have will be spent. I would like to see us focus some of the funds on the para-educators, para-professionals, these teachers in the field, in the trenches with these little children like my daughter. They need para-professionals, para-educators.

Has any research been done on that? Has any research been -- I'm sure there has been -- on class size in working with what I call little-biddy, little-biddy children. So we need some money and some research for para-educators and how efficient that will be. Those are my comments, and I would like you to answer those. Thank you.

DR. BAILEY: Mark, did you want to comment on the para-professional training? I know you've done work in that area.

DR. WOLERY: Sure. There is a good body of work about how to train para-professionals, how to use them, how to deploy them within classrooms. A lot of that's been funded by OSEP. It's clear that it makes sense from a cost perspective to have para-professionals or para-educators in classes under the supervision and direction of a qualified teacher. I think that's established. I don't think we need more research on how to do that.

An interesting thing that happens is that different teachers use para-educators in different ways. But it's clear that they can be quite beneficial to children if they are used as an instructional assistant as compared to someone who is there for a given kid or is there to do administrative tasks.

DR. BAILEY: If I may comment on your Head Start. You're right. There's been quite a bit of work done in that context of Head Start. We've

actually done a number of those studies ourselves. One of the main areas of focus has been on quality. What we know first of all is that there is a relationship between the level of quality and the outcomes that you get for children.

Secondly, we know that in Head Start, we know that in day care, and we know that in schools there's an incredible range of quality. There are some settings where there is very poor quality, and there are other settings where there is very high quality. A lot of it has to do with the training of the teachers who are in that setting. Secondly, it has to do with the resources that are invested in that program. Thirdly, it has to do with the leaders and the philosophy of the leadership within those programs.

Clearly, we've done -- I don't think we've done as good a job as we should have of documenting what we mean by quality in early-childhood education assuring that every child not only has free, appropriate public education, but we ask what we mean by appropriate. Take that appropriate and equate it

with quality to make sure that children are getting not only basic services, but they're getting effective, high-quality services.

DR. GRASMICK: Thank you.

DR. WRIGHT: I would like to say that I really commend my fellow commissioners and the staff for bringing the best and the brightest presenters for this.

DR. GRASMICK: Thank you.

Dr. Pasternack?

DR. PASTERNACK: Thank you, Madam Chair. Again, many questions, little time. First question, should we expand Part C from zero to age five?

DR. WOLERY: This is the first opportunity that the commission has had to specifically address early-childhood issues. I really appreciate both of you being here. This is a question that not only the commission needs the answer to but I need the answer to.

DR. BAILEY: Well, it's hard for an academic to say yes or no to a question. But my feeling is that there are many positive aspects about

Part C that could be incorporated into the three- and four-year-old programs. Those have to do with emphasis on family support, that is the individualized family service plan as opposed to the individualized IEP. Families don't go away at age three. In fact, we are just beginning to see what the powerful effects -- the benefits of working with families in a positive and collaborative way.

Secondly, the task of pulling resources from multiple sources to support services is really what Part C is about. You've got a service coordinator, you've got people from multiple agencies trying to work together, you've got local inter-agency coordinating councils that are to facilitate that, and you've got some actual potential for family goals and outcomes as opposed to just child goals and outcomes.

So there are aspects of Part C that I think would be really very beneficial. Do you have a specific question, any more specific questions about that?

DR. PASTERNACK: Several, but I want to

make sure for the record that in response to the question, should Part C be expanded in your opinion from birth to age five, your answer would be?

DR. WOLERY: The answer would be that first there needs to be service for zero to five.

DR. PASTERNACK: I'm sorry, Dr. Wolery, just one second. I want to get Dr. Bailey's answer for the record.

DR. BAILEY: Would you restate the question.

DR. PASTERNACK: In your earlier research you were talking about every word except for the word, is. I know there is a great deal of interest in that word, as well. Should Part C be expanded to age five?

DR. BAILEY: I think several components of Part C should be, yes.

DR. PASTERNACK: Thank you.

DR. BAILEY: Part C in many ways has tremendous good parts to it. We have clearly shown -- - and the NEILS study shows also -- that the average amount of service that a child gets is around six to

eight hours a month. You know, we wouldn't want that model for three- to four-year-olds. I think we need to have a much-more-intensive set of services than can be provided currently through Part C.

So I think Part C provides the beginning framework. But do we want to have a model of six to eight hours a week of services for three- and four-year-olds that was primarily a home-visiting or a consultation type of service, I would say no.

DR. PASTERNACK: Thank you.

Dr. Wolery, your answer to that question?

DR. WOLERY: I don't know that I can add a lot to what Don said except a couple of things. One of the things that's always been a problem with B is that the schools alone were responsible. So only the schools were required to provide things, and others were invited. Part C is a step toward making multiple people responsible or multiple agencies. So part and the service coordination part, the family-friendly part, makes a lot of sense to me.

Having said that, I would hate in some ways to move three- and four-year-old services out

from under the schools. I would hate to put birth-through-three services under the schools. It's a different kind of thing. I fear it will lose its family focus, C would lose family focus if B was extended down.

DR. PASTERNACK: I know this is part of a larger discussion, and I appreciate the answers that you've provided so far. I guess in the interest of time, there are many things to say. The president, of course, in one of the many important statements he's made said that everybody is responsible and nobody is responsible.

But the issue about family involvement, what do we know from the research -- since we know that the parents are critically important to making education reform successful -- what do we know from the research about -- if the IFSP says Individualized Family Services Plan, what would you all would be the critical elements of parental involvement that we've learned from the research?

DR. BAILEY: Well, it's a complicated question, and there are two levels of responding to

that. One is, if you look at the actual IFSP's that are developed, by and large, the goals that are written are more -- there is much greater preponderance of child goals than family goals. So I think even though we have this philosophy and the whole family-center model and so forth, much of what's written in the IFSP still is very much focused on children actually in part because that's what families are wanting from professionals, direct services for children.

So there is a much broader set of literature, of course, about the effects on the family of having a child with a disability and the effects that parents can have on children's development. I don't know how to answer your question in a simple way except to say that that literature does show that one of the most powerful predictors of child outcomes and maternal education and maternal depression.

We know that children whose mothers are depressed are at risk for all kinds of poor developmental outcomes. We know that parents

children with disabilities are at risk for higher depression. But we also know that parents of children with disabilities can provide some of the most inspiring stories imaginable about how people can cope with incredibly diverse and difficult circumstances.

So it's not an easy question to answer but the bottom line is that parents exert an incredibly powerful influence on their children, probably more so during the early-childhood years than during later years. I'm the parent of a teenager now, and I know what I can't do. We do feel like family support during this period of time is especially foundational.

DR. PASTERNACK: Let me ask another quick question. From your research what would you suggest should be the percentage of infants and toddlers that we should be serving under Part C?

DR. BAILEY: It's certainly not going to be the 10 or 11 percent that are served in elementary school. That would be unrealistic. With the vast majority of children with learning disabilities it

would be almost impossible to identify them, and we wouldn't be sure what to do with them at one or two years of age.

I think there are a number of children with genetic disorders -- my own work in Fragile X Syndrome, for example, shows that children with Fragile X Syndrome usually aren't identified until age two or three, and they often miss out on early intervention programs. Right now the percentage is about 1.68 to 1.7 percent.

I suspect that with systematic screening by pediatricians and in community-based programs, combined with the expansion of newborn-screening programs, we could probably get that up to maybe 3 percent. That is just a wild guess on my part.

DR. WOLERY: I've nothing to add.

DR. BAILEY: Of course, it depends on what you define as risk. If we take low income as a risk condition, for example, then it's going to be a much-higher percentage.

DR. PASTERNACK: Thank you very much for your testimony.

DR. GRASMICK: Thank you. Our final question, Dr. Coulter?

DR. COULTER: I've been cautioned to make this very quick. So it's not yes/no, but it's close to a yes/no. You've been very articulate about the fact that in Part B we're really focused on student outcomes. While in many instances those results ultimately have been disappointing, we at least have some measures that we can use. Those measures we can aggregate.

I think what has been particularly challenging is we have looked at the data on Part C, and all we are left with are incidents much like you just mentioned. We want to be able to aggregate outcomes but not obfuscate outcomes. So what is a reasonable time line within your recommendations that the public could expect for consumer-friendly measures of family outcomes that we can aggregate to use as an argument for increased funding for Part C?

DR. BAILEY: As a part of the NEILS Study we are actually documenting -- there's a nationally representative sample of families participating in

early intervention programs, over 3,000 families. We are documenting outcomes reported by families. So there are a wide range of outcomes ranging from satisfaction -- we have shared some of those data with you in the written comments of families' perceptions of their ability to interact with professionals, their perceptions of the impact of early intervention on them as a family as opposed to their child.

I can say that overwhelmingly we show that parents report positive outcomes which they attribute to early intervention. We can say that in very friendly ways and I think in clear ways to the public. This is not a scientific experiment. This is a descriptive study of children participating in a national program.

We can describe where they are at the end of the program. The extent to which we can attribute that to the program, we can draw on a number of sources to say that. If that's the question you're asking, I think we've still got a long ways to go in terms of studying in an experimental way what kinds

of outcomes we can have for families.

DR. COULTER: Well, I suspect that, as you said, you are a tried-and-true academic, and we respect that. I don't think I'm going to get a quick answer to my question. So I defer for the break, Madam Chair.

DR. GRASMICK: Thank you.

Did you indicate, Dr. Bailey, that you would submit something to us as an enhancement to your response to this question?

DR. BAILEY: I did not but I'd be glad to.

DR. GRASMICK: I think that would be helpful to receive that information.

DR. BAILEY: Sure, we just finished the year-one follow-up report of children a year after entering early intervention with the SRI International with whom we're collaborating. I'd be glad to send you that report.

DR. GRASMICK: Fine, thank you very much. Thank you again for your excellent presentations. I would like to caution the commissioners we will restrict our break to ten minutes. Thank you.

(Break)

DR. GRASMICK: Our next topic will be dealing with least-restrictive environment and inclusion. Special education has made great strides in including students with disabilities into a full range of educational services. However, much remains to be done, and much remains to be researched in terms of the gap of knowledge to better serve students with disabilities in the least-restrictive environment in making the services appropriate for each individual child.

We are delighted to welcome Dr. Wayne Sailor who is a professor at the University of Kansas Department of Education. His major fields of interest are full integration of students with severe disabilities through school restructuring processes; service-integration strategies for health, social, and educational services for all children at the school site.

Welcome, Dr. Sailor.

DR. SAILOR: Thank you, and thank you very much for this invitation. This is an honor, and I

appreciate the opportunity to speak to you folks. In some of what I'm going to say, by the way, you will all hear for the second and even third time. There is some consistency in some of the things that I'll cover and particularly Paul Wehman's earlier remarks on universal design. That's a concept that I think is very important. I want to say some things about that and also some of Mark's comments on the early-childhood implications.

When Troy Justesen first contacted me and asked me if I would be willing to consider coming and providing testimony on the issue of inclusion, my response was can I reframe the question and still have an invitation? I don't think this issue of placement of kids -- whether it be in a separate program or in an inclusive program -- in terms of research is a very strong predictive variable.

I think there are bigger issues and more important ways of framing the question of addressing the needs of students in classrooms and schools than simply should we place kids, include them or not include them?

The process began for me right around 1990 when Ann Halverson, my colleague, and I published a review of research on the issue of inclusion in a book that was edited by Dr. Robert Gaylord Ross, the late Robert Gaylord Ross who was here at Vanderbilt University.

This work was published at about the same time that Margaret Wong, Maynard Reynolds, Herb Walberg were also publishing research on the issue of keeping kids with mild disabilities, learning disabilities, and so forth in general education classrooms and providing positive evidence for special education applications.

The summary of that research for the severe populations, which are the ones that we were looking at, could be summarized by saying that we -- that collectively the research suggested better communicative skills from regular classroom participation with support from special education for kids with severe disabilities, also better social skills development.

In terms of looking at the very few

studies that compared separate-setting placements and integrative placements, comparable skills in other areas -- and also there were a couple of studies that looked at the attitudes of general educators and families. These found generally positive attitudes.

So at that time it looked like inclusion was an interesting variable. I think you could conclude that available evidence showed it wasn't harmful. In some cases for kids with severe disabilities it opened doors for other possibilities through social development and communicative development opportunities.

We were then asked by OSEP to undertake a study to find out -- to see if we could get some answers as to why this was becoming such a difficult thing to accomplish. There were a number of court cases that emerged that were seeming to impel the idea of inclusive education. Many parents were approaching school districts and starting due process and so on to try to get inclusion. Yet there wasn't very much of it occurring.

The research question that we were asked

to address by a survey research method was what is going on out there? What are the bridges for inclusive education? What are the barriers to it? We engaged that study over a four-year period. What we found in general terms was a very high awareness, surprisingly perhaps on the part of all groups, administrators, teachers, family members, and in some cases students on the topic of inclusive education.

So everybody knew what it was about. We found there was moderate support with all but one of the groups that were surveyed. In other words, families of children with disabilities, families with general-education kids, administrators, general-education teachers were supportive of inclusive education. The group that was not was the special education group. There was strong opposition from special education teachers and administrators in special education.

When we did some interview data to try to get at what the concerns were, the finger pointed to the universities and basically said, you know, we weren't trained to do this. Trying to support kids

in general-education classes is not something that we feel competent to undertake.

Finally this led the California Department -- we did our research in California -- the California Department of Education responded by undertaking a longitudinal in-service training program that attempted to upgrade skills of special education teachers in providing inclusive supports. That program continues to this day.

I became interested -- as a result of undertaking this study, I became interested in focusing on school reform. I think the turning point for me -- if you'll permit me an anecdote -- I found myself conducting an in-service program for the Berkeley School District. I had all of the assembled teachers in the school district in Berkeley High's auditorium. I was trying to lay the groundwork for what teachers could expect from inclusion of kids with disabilities of all types and so forth.

I told them about the supports, I pointed out how special education can integrate its supports and services. At one point a general-education

teacher stood up and said, I don't get this. We invented you guys some time ago to take these kids that we can't teach. Now you are bringing them back to us, and they are not fixed.

That kind of raised the question for me of how big a disconnect do we have between what general education sees in terms of what we are as special educators and what we are offering here in terms of inclusion? So I got interested then in school reform. What is it that general education is interested in in evolving in terms of systems change and better practices for its population? Is there a common or shared agenda between what's going on there and what we are trying to accomplish for students in special education?

I wrote a paper at that time that was published in RASE in 1991 called Special Education of the Restructured School. I offered the idea that we have a common agenda, and through that common agenda we might consider combining some of our resources and some of research, some of our program plan efforts, and that through that both groups could prosper.

I think that was followed up with some studies that did undertake to incorporate special education efforts within the school reform context. Bob Slaven and Success for All, for example, conducted some excellent research studies in which data were dis-aggregated for students with disabilities. Some of the research I summarized in the paper I provided the commission with.

In general it showed that when school reform decentralized instructional practices, for example, occurring in reform processes with support from special education, kids can do very well in inclusive situations under those circumstances. So it was that special education may benefit from comprehensive school reform processes. So, in fact, there may be a common agenda to be shared there.

Hank Levin with Accelerated Schools also began to publish information on the need to practice inclusive programs. He didn't dis-aggregate his evaluation data on outcomes. What he did share, however, was some research on practices. Those studies indicated that teachers could effectively

incorporate practices that were being developed as a result of special education research and incorporated into accelerated schools' curriculum and instructional design processes. There would be effective outcomes for all kids. Again, we don't have specific data on the kids that were included as part of that.

Right now the effort -- when you deal with this topic of inclusion, you are really -- it's almost as if when you are looking at whole school processes and you look at it -- through it from the perspective of general educators, it looks like there's a -- special education looks like it's a federal and state template that is being put down over schools, and it has a kind of one-size-fits-all mentality.

In other words, as I interact with school administrators and we get into discussions about the need to bring special education fully into school reform processes, they almost universally feel that that's going to be a very tough thing to do because we are restricted by our law, we are restricted by

the legality. Every time we try to do something, somebody steps up to sue us. They view special education as something that's a little scary and it has to be done in a separate way.

So I think from my perspective there is a tremendous need to begin to work on a school-wide, collaborative framework. In other words, make the unit of analysis at least with some of the research that we do -- the school, its culture, school climate -- how does special education interface and effectively interact with the rest of the school to make decisions about where -- for example, how to educate kids with severe disabilities in what environments at the school, and so on and so forth.

That is why when Paul Weyman brought up the issue of universal design for learning, I have recently been very interested and invested in a further look at that. I think that offers kind of a Rubrick around which we can organize whole-school, collaborative, team-driven processes and make decisions about where to best educate kids.

When I undertook to review the literature

to make this presentation, I first thought I would try to take a look at what evidence exists that compares separate classroom or categorical separate classroom placement of students with disabilities with general education kids in inclusive arrangements. I came to the conclusion very early on that there are too few controlled comparison studies to make a meaningful statement.

There is a lot of research on outcomes from separate class programs. There's a lot of research -- well, not a lot but there's a fair bit of research on outcomes from inclusive practices, very few comparison studies. So I took a little different tack and decided to look at a comprehensive review of the literature on the question of what evidence is there in support of inclusive practices? That's what I have reported in the paper.

I took a look at mild disabilities, learning disabilities, and so forth. The literature that I had the time to review and could review there I reviewed. I updated our earlier review and looked at other comprehensive reviews of the literature for

severe disabilities. I finally took a look at --

(Tape 5)

DR. SAILOR: (Continuing.) -- the research on early childhood.

In terms of deciding what evidence exists, I thought there was a need to have a standard for this evidence consideration. So I looked at the Shagelson and Pound recent pre-publication copy on the nature of scientific evidence in education. In very general terms it argues for quasi-experimental and qualitative research methodologies with rigor as the fundamental criterion for advancement of knowledge. I thought that was a good one. I thought their review was fair and holds up a pretty good standard.

So the literature I reviewed in the paper was pretty well based on those criteria. I would say that some of the studies that I cited were necessarily reviewed in other people's comprehensive reviews of the literature. My criterion there was as

long as they used the standard for evidence that was comparable to the one I was offering, I accepted it. So I haven't read every single paper and every single review that I cited but I did reject reviews that didn't hold some standard up for evidence.

In terms of specific recommendations I would like to say that I have one general recommendation first and then a number of specific recommendations. I will summarize those quickly. The general recommendation I came to at the end of my review because I realized that many of my specific recommendations to you were beginning to cluster around a common theme.

So let me state that common theme and that general recommendation from the outset. It reads: "The advent of comprehensive school reform in a move to establish greater accountability linked to standards embodied in the No Child Left Behind legislation are together creating opportunities for general education and special education to work on a shared agenda to accomplish better outcomes for all students.

"Research is now needed that is addressed to common priorities established jointly by OERI and OSERS research administrations. These common or shared priorities should be jointly funded by the two authorities, and grantees should be required to provide evidence of school-wide collaborative research partnerships involving multi-disciplinary teams that include special educators, as well as general educators."

So I think my main recommendation here is that we need to get teamed up with general education. We need to have schools as a focus, and we need to have a collaborative research endeavor that shares resources and funds.

In terms of specific recommendations, I would say, number one, there should be specific research addressed to standards-based participation of special education students and standards-based assessment. The approaches that we take to participation in school district-wide and so forth assessments must be linked to the teaching/learning processes that we engage with that population. We

have begun now to make some progress here, but I think there is much more that is needed.

Secondly, research in high-incidence disability areas be jointly prioritized and jointly funded by the general education research system, as well as the OSERS-supported research systems. My main reason for suggesting that is because I think there is pretty clear evidence emerging that both groups benefit.

I work in partnership with urban schools. Most of my work over the past ten years has been in urban Kansas City and also through a contract with Chicago Schools. It's clear to me that there is more in common with children with learning disabilities and other mild disabilities and low-achieving students that are not identified for special education than anybody has heretofore recognized.

I really think that when we combine those resources and we deliver education in an inclusive way, then both groups will benefit. So I would say that should be joint priorities.

I think we need much more research on

whole-school models. That's pretty well what I said in that general recommendation. That's maybe a little bit different unit of analysis than focusing on individual student outcomes or classroom-based applications.

Schools are small communities, they have cultures. We can identify climate variables in schools that matter. Most importantly there's evidence that when schools pull together and everybody buys in to a particular set of practices and particular innovations, that outcomes can be identified as a result of that. So I think that is a better predictive variable than simply classroom placement and so forth.

I think that more research studies are needed on the use of para-educators such as Katie Wright mentioned. That is a critically important one, and I agree with Mark Wolery's comments on that. I think in our terms we see -- sometimes when we see programs under inclusion, we will see what we call Velcro para's. That's a para-educator that's just attached to a student with disabilities in a general

education classroom. It's a bad model, it doesn't work.

There is some emerging research in that area by Michael Giangreco and others showing that we need to pay a lot more attention to the use of para-educators. The problem is that we're looking at the lowest-paid work force in our whole system. Probably as a result of that, we're looking at high turnover.

When we invest tremendous amounts of in-service training and so on in that group, then we're -- over a short period of time because of the low pay, then we're getting a bad investment. We need better ways through -- I think through research I think we need to find better ways of getting a work force of para-educators maybe through career ladders, through university partnerships, and other incentives that keep them in the work force and longitudinal training.

We need more research on training for them, what they need. What are some of the key kinds of longitudinal processes we can put into effect through partnerships at schools that will involve

para-educators?

More research is needed on community-based vocational instruction. Here I think Paul Weyman was absolutely right. We really need to study more effective ways of getting the students job training off campus in settings where they have an opportunity to work for pay and benefits. That's another one that we share with low-achieving students in urban settings, at least from our database.

Research is needed on adaptations and accommodations for students with severe disabilities. That is underway, there is more needed. We need adaptations and accommodations for participation and assessments. More research is needed on that one. We've only begun to scratch the surface.

Uses of technology with the education of students with severe disabilities, this is one that -- you know, I go to lots of schools, computers all over the place; nobody's using it. Yet there is evidence that very effective adaptations and accommodations can be provided through the use of technology.

Prevention research, combined early-childhood system supports, and Head Start bring the early childhood community together, set common priorities, set common research objectives, pool the funds. I think, you know, we can find that a lot of kids later labeled for disabilities can -- that can be prevented through better effective teaching processes at the early-childhood level.

Positive-behavior support research badly needs to be extended now to the early-childhood situation, to families in communities so that behavior-support plans -- parents can begin to learn effective ways of managing emerging problem behavior without setting a pattern that will lead to segregation and identification for special education later on.

Some work has already begun to surface in this area from the University of South Florida, in particular, and some other research areas. There's new money now that I think will really engage that opportunity.

More research is needed on embedded

instruction and naturalistic interventions. For example, at the pre-school level -- I think Mark and Don covered that -- research on realistic family-participation models. Again, that's one that Mark and Don covered. Families, as they pointed out, don't disappear as kids make the transition into schools. We really need a lot of research to figure out how to continue to anchor the family perspective into the plan.

Finally, research, I think, is needed on team and collaborative planning processes. Those are already underway. There's a fair bit of research emerging in general education on that. Special ed needs to be involved and particularly research on the effective utilization of indicators on school reform, process teams, and collaborative teaching arrangements, and so forth.

I'll stop there.

DR. GRASMICK: Thank you very much. I'd like to begin with Dr. Berdine who did not have an opportunity during our last presentation.

DR. BERDINE: Thank you, Madam Chair. No,

I did not, and I wish I had because in the last presentation -- and this adds to yours, Wayne, which I had forgotten about the bride-less wedding analogy that Liebermann did. I enjoyed reading that again.

But starting in about the second 30 minutes of the last presentation, as I listened to the trend of the questions, the Q&A that was coming from the commission, it became really clear to me that the current administration in Washington is going to have an emphasis, clear emphasis on early infant, child and family intervention. Then Mark and Don laid out a very rich research agenda I have great empathy for.

Wayne, in your testimony, you laid out 15 research questions which, indeed, would be a very rich agenda. As I listened to that, listened to you, and re-read some of this historical documentation, on this commission as the only practicing doctoral-level trainer personnel in special education, it really worries me. Where do you think we're going to get the people to train, the practitioners and the researchers that you all are recommending?

You know that we don't have enough now. One out of three positions in special education in higher education are empty with no prospect of filling them. We turn out less than half of what is needed in terms of doctoral-level faculty in special education every year. That's well- documented in OSEP-funded studies. So while I have great sympathy with both Mark and Don and your research agenda, can you make suggestions to the commission about legislation that would impact on the funding leadership personnel?

We have heard testimony about the indexing of Part D with Parts B and C, and that's been widely discussed. But do you have any -- you have a long history, 30 years in higher education. What would be your recommendations to the commission how we would fund the personnel to implement the research agenda that you've placed out in front of us?

DR. SAILOR: I think that's an excellent question, and I agree with your comments. I think that your commission is actually receiving or has received some input from Mary Brownell and Tom

Skurdik into the task force on the personnel preparation agenda that I've reviewed and I'm agreement with. I think that begins to get at it. I think we need to begin to move down -- you know, special education has been a graduate fifth-year endeavor beginning in many states for a long time.

I think we need to begin to prepare people to enter research careers at the level of high school, and from there move into stronger under-graduate curriculum and link carefully to recruitment procedures, and then finally some incentives through personnel-training stipends at the doctoral level so that we can ensure that we get the best and the brightest.

We can also have some of these stipends perhaps split across general education, as well as special education so that we bring people to the table who can cover, you know, kind of two sides of the issues. I think for really substantive analysis I'd go to the Brownell/Skurdik input. I think it was excellent.

DR. BERDINE: Thank you.

DR. GRASMICK: Dr. Jones?

MR. JONES: Well, actually I have to step back a bit. Terry Branstad and I are the only lawyers up here. So I do -- I was a juris doctor but they don't usually call us doctor.

I wanted to ask a question along the issue of family involvement. In 1975 when LRE was embedded in the law, greater inclusion was an unambiguous good. Those children who weren't being excluded from schools were being served in segregated settings or in less-inclusive settings. But as time goes on, a more-nuanced question of what's desired by the child and what's desired by the family starts coming into play.

I think one easy example of that are efforts in the deaf community to have what might be termed less-inclusive settings, but ones which are more reflective of the desires of the individuals involved. Clearly there is room to push the envelope here. As you are laying out the research agenda, there's areas that self-evidently need to have more research.

The only area where I heard some discussion was under 14 where we were talking about family participation. There it looked to be -- your comments seem to go a little beyond what you described here. I wanted to ask you where is there room and what might research look to to incorporate appropriate levels of family involvement and individual involvement in the process and better reflections of that even to where -- even where it might possibly run counter to the general theme of IDEA being greater and more-inclusive settings? Would you talk to that.

DR. SAILOR: Yes, great question and one that I'm very interested in. One thing I didn't get into in the paper much -- I cited Lawson and Sailor 2000. I think, number one, the process begins really early. That's why I think the early-childhood collaborative focus that really substantively involves educators with families, into their lives, their perceptions, their understanding. That needs to be strengthened, and it mustn't be lost through the K-12 program, which it often does.

To come back to your original discussion, Bob's discussion on Part C and so on, I think that this issue of the transition from early childhood into the grade ladder, this is an opportunity to really begin to conduct some research and look at policy on the role of families as kids move up in the grade ladder.

Secondly, there is a move on in general education associated with school reform. I think the leaders on it are probably Hal Lawson at SUNY Albany, Howard Edelman at UCLA. Some others are really beginning to look at the need to effectively partner schools with the families of the kids that attend the school, with the businesses that make up the area in the community, and the community-service-provider systems, and then wherever possible, IHE's, institutions of higher education, and create mechanisms that enable them to effectively work together to improve educational outcomes for all children.

In other words, open -- view the school as a part of a broader community set of issues.

Certainly in urban schools this one looks very doable. Some of the evidence particularly coming out of UCLA on outcomes for low-achieving kids where these partnerships are formed is pretty persuasive.

So I would say -- I mean, I think that's my answer. I would like to see us move from strong family participation, effective involvement in early childhood, continuing in the grade ladder, through moving to community school concepts, and doing research on how those processes can interact with the statute IDEA, and with No Child Left Behind, and so forth.

MR. JONES: Thank you very much.

DR. GRASMICK: You have a question?

DR. WRIGHT: I don't need to dance this dance.

DR. GRASMICK: Any other questions? Yes, Dr. Fletcher?

DR. FLETCHER: I might have missed this in your testimony, Dr. Sailor, but I was wondering if you were aware of any evidence that shows that for students identified with learning disabilities that

inclusive practices per se even in a research-based demonstration are associated with significant gains in reading achievement?

DR. SAILOR: Say the last part of your question.

DR. FLETCHER: Are inclusive practices associated with significant gains in reading achievement in students who are identified with learning disabilities? Is there any evidence for that?

DR. SAILOR: My source for my answer is going to be Dr. Deshler's review papers together with his colleagues. What I'm going to have a little trouble partitioning here is the evidence that pertains to reading per se versus other educational outcomes.

DR. FLETCHER: But my question is specifically about reading.

DR. SAILOR: Then I'm going to defer the answer to Don's presentation and invite you to ask him because that's his -- this is an area that I am not a particular expert on. I don't remember from my

own reading of the reviews and the papers I did read whether the specific evidence accrues to reading or if it's across the board. I can't give you a direct, honest answer on that.

DR. FLETCHER: Thank you. I'll ask that the record be left open so that Dr. Deshler can respond to that question.

DR. GRASMICK: We will accommodate that request.

Dr. Pasternack?

DR. PASTERNACK: Thank you, Madam Chair.

Dr. Sailor, thank you for your legacy of work in affecting the lives of kids with disabilities over the years. It's good to see you. First question for you is why is the drop-out rate for students with disabilities twice the drop-out rate for their non-disabled peers?

DR. SAILOR: In my opinion, the problem for students with disabilities at the secondary level is there is no effective preparation for those students to have a meaningful life beyond school. This is, I think, exactly what Paul Wehman addressed.

We have not succeeded in creating effective inter-agency collaboration and planning mechanisms to have a light at the end of the tunnel for kids with disabilities and their families to remain invested in public education and see it through.

I think as long as that situation continues, we are probably going to continue to see a high drop-out rate.

DR. PASTERNACK: As you know, the president in the new freedom initiative talked about the 70-percent unemployment rate for adults with disabilities, 90-percent under-employment rate. Unfortunately at a time of unprecedented economic prosperity those high unemployment rates for those with disabilities persists.

I guess, in response to what you just said, what's our responsibility as public schools and as the policy-makers in special education to help prepare students with disabilities to take advantage of those other systems?

DR. SAILOR: I think it's our responsibility to put some teeth into the transition

language and some effective research directed to how transition effectively could work, and then some policy initiatives that really create incentives for these systems to come together and work together. Transition's a bridge. It's got the post-school support system, and it's got the schools.

Yet one waits for the other to either have kids age out or graduate them with no particular preparation for whatever set of circumstances they are going to have when they . This other side of the bridge, the voc-rehab system, for example, the developmental-disability systems -- until very recently many of those systems have provided very little opportunity for people to have meaningful, gainful employment and a high quality of life and so forth in the community.

I think that we can do -- the access to the general curriculum for students with disabilities, some of Weymeyer's work, and being able to -- some of Lou Brown's recent work now with the foster care system in Chicago Public Schools, creating an arrangement whereby both low-achieving

kids and kids with disabilities who will -- in the Chicago data it's 100 percent unemployment.

These kids will have an opportunity to go outside of the school during their junior and senior years into the areas uptown, State Street, and Michigan Avenue and so forth where they're going to have opportunities in the real work area out of the neighborhood. They will be trained in these settings, and then there will be mechanisms put into place for these kids to be able to experience a job choice and then have the opportunity to be hired in competitive employment when they graduate.

We don't, you know -- we don't know if that's going to be a successful model or not, but I think it's certainly going to be a step up from what we look at now in those same schools where these kids are routed into transition classes, they get work in sort of simulated workshop-type environments and so on within the schools. I don't think that's going to create incentives to remain in school, and I don't think it gives the opportunities afterward.

DR. PASTERNACK: Thank you. This is

ostensibly our purpose here today, primarily for research issues. What you just said, would that be indicative in your opinion that we've not targeted our research in this area appropriately over the years at the Office of Special Education Programs? If so, what specific research topics would you suggest we explore in the future?

DR. SAILOR: I think the problem is it's been encapsulated. In other words, the research that comes through IDEA on secondary issues and transition has been research that can only be effectively controlled within the schools.

Paul may correct me on that but I think that the research that is needed now has to come from a combined authority that looks at the questions that are of interest to the post-school support system as well as to the school-preparedness system. Again, if we're isolated in separated systems with our separate language and separate viewpoints, we can't get there from here, nor are their questions be answered by educators because there are different priorities and different issues in voc rehab.

So my answer to you is we need policy that enables these questions to be addressed through research through inter-agency consortium arrangements.

DR. PASTERNACK: Well, if it's voc rehab, it would seem like under the Office of Special Education and Rehabilitative Services we ought to be able to have that sort of collaboration going on within the same entity.

DR. SAILOR: I agree.

DR. PASTERNACK: So that is kind of interesting. Thank you.

For the record at the moment statute says students shall be invited to participate or shall participate in their IEP's, comma, where appropriate.

In your view should we strike the words "where appropriate" thereby encouraging practice where every student is invited to every IEP meeting?

DR. SAILOR: Yes.

DR. PASTERNACK: Thank you.

DR. WRIGHT: Did he say yes or no?

DR. PASTERNACK: He said yes.

I guess one other quick question, Madam Chair, if I may.

Wayne, would you talk to us about what you think the role should be for sheltered workshops. Should sheltered workshops continue to have a role in the 21st century, particularly for individuals with cognitive impairment?

DR. SAILOR: No, I would close them.

DR. PASTERNACK: 100 percent? None?

DR. SAILOR: Right.

DR. PASTERNACK: Okay. Thank you, Madam Chair.

DR. GRASMICK: You're welcome. I have a final question and hope to be brief. When you described the issue that helps students with special needs be successful in inclusion situations, I wondered if there was any research on the high rate of mobility of some of these students stabilizing their learning opportunities by way of well-defined whole-school reform, preparation of staff, involvement of parents? Suddenly there's this rapid movement which seems to exist in our urban centers to

a greater degree. Has there been any research on the impact of that high mobility?

DR. SAILOR: Not that I know of. I think that's a great question, and I think research is really needed on that. I'm concerned a little bit about the increasing movement for choice. What will be the impact on kids with disabilities who, you know, begin to have a stable situation but then may be pulled out because there is choice availability to move to another program?

Also, I think there's interesting opportunities to look at migratory populations where there is tremendous mobility and what the impact is on students with special needs from that population. So I that would be something I would add to the list of questions.

DR. GRASMICK: Thank you very much, Dr. Sailor. Your testimony has been enormously helpful. Thank you.

DR. SAILOR: Thank you.

DR. GRASMICK: The next area we'll be pursuing is intervention research and bridging the

gap between research and practice. As we think about those issues, our next presenter will address a broad array of issues related to intervention research. We are delighted to welcome Dr. Don Deshler, professor of special education and director of the Center for Research on Learning at the University of Kansas.

He provides leadership for the research, product development, and staff development activity. His expertise and interests lie in program design and implementation of strategic-based intervention for students at-risk for failure and providing assistance for schools and professionals in the process of educational change and professional growth.

Welcome, Dr. Deshler.

DR. DESHLER: Thank you. I appreciate the opportunity to be here and consider it an honor to be able to share information with you. I might just say that when I taught school, there were two periods of the day I dreaded most. One was the last period of the day and the other was the one right before lunch. It looks like I drew the short straw.

(Laughter.)

DR. DESHLER: I wish to address a challenge that should be foremost in the mind of every educational researcher, policy-maker, or agency that sponsors educational research for individuals with disabilities. Namely, do the findings of a research program improve the quality of practices and outcomes for individuals with disabilities?

I would submit that if neither practice nor outcomes improve on a large-scale, sustained basis, it is reasonable to question either the value of the specific line of research or the way in which research programs in general are conceptualized and operated within a given funding agency. In other words, just because an innovation is embraced by the scientific community, there is no guarantee that an innovation will positively impact practice.

If an innovation ends up sitting on the shelf in most classrooms because it is too cumbersome or burdensome to use, we need to question the overall value of its contribution and the standards that led to it being classified as scientifically based.

Given the scope and inter-related nature

of the challenges inherent in bridging the research-to-practice gap and given the emphasis on making scientifically-based practices available to all children as specified in the No Child Left Behind Act of 2001, it is clear that only a comprehensive and well-orchestrated plan of action that has as an explicit goal of bringing scientifically-based practices to scale on a sustained basis will lead to dramatic changes in prevailing practices and improved outcomes.

Toward this end I offer the following four recommendations to the commission for ensuring that every individual with a disability served under IDEA has his or her program firmly grounded in scientifically-based practices. Recommendation number one is to support and R&D agenda that addresses the contextual realities within which individuals with disabilities function and are served.

As we know, individuals with disabilities live in families, attend schools, and receive services from agencies that are highly complex and

often unpredictable. The quality of services, child care, and instruction varies greatly as do the abilities and skills of parents, caregivers, and teachers. Because of these realities it is important that the research programs appropriately account for the many contextual factors and the systemic complexity of implementing and sustaining scientifically-based practices in schools or other organizations.

The newly released National Research Council report edited by Shavelson and Towne, entitled Scientific Research in Education, underscores how critical it is for researchers to carefully consider contextual factors in their research. I quote directly, "Naive uses and expectations of research that do not recognize the contextual differences can lead to simplistic, uninformed, and narrow interpretations of research and indiscriminate applications.

"It is clear that research programs that fail to carefully and deliberately consider contextual factors ignore the realities of the

educational enterprise and end up producing research findings that have a low probability of impacting outcomes. Indeed, research that is limited to tradition bench science results in a broadening of the research-practice gap and an increase in skepticism by practitioners about the value of educational research."

I would, therefore, propose two specific action steps be taken by federal agencies to ensure that their investments effectively address the contextual realities within which individuals with disabilities function and are served. First, that we establish standards that researchers must meet to demonstrate that their research effectively accounts for the complexities inherent in the settings in which individuals with disabilities and their families live and are served.

Secondly, to create mechanisms within federal education research agencies that build significant and sustained connections between researchers, practitioners, and policy-makers to guide both knowledge production and knowledge

utilization. The purpose of these mechanisms would be to enhance the quality of collaboration between those stakeholders most responsible for improving the quality of services and outcomes for individuals with disabilities and their families.

Recommendation number two is to deliberately link research investments to other parts of IDEA. This has been a common theme through much of the testimony this day. I would like to perhaps expand upon some of those comments. Part D funding which represents approximately 4 percent of the annual national expenditure to educate individuals with disabilities plays an extremely important role in producing, implementing, evaluating, and disseminating information about effective practices. Hence, IDEA Part D programs provide an infrastructure for improving the quality of direct services.

Just for a moment I would like to step back and put in context what I think is a significant bit of history in terms of why we have this current infrastructure today. Nearly 30 years ago when the Bureau of Education for the Handicapped was

established, James Gallagher, at that time the associate commissioner, articulated what I consider to be a brilliantly-conceived plan for how BEH would support effective translation of research into improved practice.

Five inter-related phases of Part D investments were articulated. One, investments in research; two, investments in development projects to help integrate research findings into curricula; three, investments in demonstration projects as a first step to take things to scale; four, investments in implementation and dissemination projects; and five, investments in projects to support administrators and policy-makers in institutionalizing the research.

Now, subsequent to those initial efforts, 94142 and IDEA have continued to reflect this research practice paradigm by deliberately linking research to training and technical assistance activities. Today there are seven program areas linked together in IDEA in Part D.

The power of this investment strategy is

that which provides researchers with access to resources that enable them to not only conduct foundational research to develop scientifically-based practices, but also to access funding streams that will facilitate the translation of validated practices into configurations that can be both supported by policy-makers and embraced by practitioners.

Now, the availability of the seven strategic funding areas under Part D enables researchers to think of ways of effectively developing and expanding findings from foundational research initiatives into product and processes. In the absence of a federal program that enables researchers to access funding for such things as training, technology enhancements, and technical assistance to probability of closing the gap would be greatly reduced.

Now, while linkage among these various components of Part D is critical, I believe that it is important to note that it is the research component that serves as the engine that drives the

rest of Part D programs. In brief, research is the cornerstone of Part D. As such, it is imperative that it remain closely linked to these programs under the auspices of a single agency.

Any other configuration of research investments on behalf of individuals with disabilities, for example, placing the research function in one agency and the other six strategy investments in another agency will contribute to a broadening, rather than a narrowing, of the gap that we all struggle with.

Now, while deliberate linkages of various programs together under Part D is a conceptually-sound strategy for bridging research to practice, there has been a disturbing trend over the past decade in the support of Part D programs. Specifically, funding appropriations to support Part D investments have fallen woefully behind what is required to adequately support the validation of a broad array of scientifically-based interventions and the subsequent development of strategies for bringing these interventions to scale.

During the past several years, Part D funding has fallen steadily in relationship to Part B appropriations. For example, in 1990 Part D appropriations were nearly 12 percent of Part B. In 2002 they fell to 4.67 percent. These data help explain why current programming on behalf of individuals with disabilities often fail to achieve intended outcomes. Part D investments are key to ensuring high quality of services provided to students with disabilities and their families through Parts B and C.

Therefore, the following steps are recommended to the commission. First, index Part D funding directly to Part B and Part C funding. As the amount of support for services to individuals under B and C of IDEA increases, it is imperative that Part B funding increase commensurately.

In order to deliver on the challenge to use scientifically-based practices in all services provided to individuals with disabilities, investments will be required to not only support foundational research studies, but also research to

validate systems and programs that will facilitate bringing those findings to scale and sustain their use over time.

Second, create mechanisms within federal education research agencies that build significant and sustained connections between researchers, practitioners, and policy-makers to guide both the knowledge-production and knowledge-utilization enterprise.

Third, ensure that federal and state policy-developers are knowledgeable of and responsive to research findings and support the application of research-based practices.

Now, the third overall recommendation that I would make to the commission is to support research programs that deliberately study issues of scalability and sustainability. Replicating validated practices on a large-scale basis and enduring their sustainability has proven to be an extremely difficult and vexing problem.

However, I would submit unless the broad array of issues related to scalability and

sustainability are deliberately and aggressively addressed, the lofty vision and goals of No Child Left Behind will not be realized.

More specifically, using scientifically-based practices to improve the results of all students including those with disabilities will only happen if researchers and policy-makers develop an array of sophisticated and powerful strategies for broadly disseminating and effectively integrating --

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(Tape 6)

DR. DESHLER: (Continuing.) -- proven practices into schools and other organizations.

In many respects much of the basic infrastructure for addressing the broad array of issues surrounding scalability and sustainability is already in place in Part D. Specifically the seven inter-related strategies currently specified in IDEA provide the policy levers through which federal support can be channeled to promote the best practices in the field in order to appropriately

address the issues surrounding scalability and sustainability.

However, the following action steps are recommended to the commission:

First, earmark specific funds that go to Part D research to study scalability and sustainability research questions. By definition, these investments must be sizable and of considerable duration to adequately study the complexities inherent in these questions.

Second, amend evaluation criteria for judging intervention research proposals to award credit for sophisticated plans for studying issues related to generalization, robustness, and maintenance of intervention effects.

Third, increase funding for programs in IDEA Part D. Addressing the issues of scalability and sustainability will require substantial investments. In the absence of such investments only a small segment of individuals with disabilities will result in the benefits of research initiatives. In short, lots of children will be left behind.

It is important to emphasize that this is not merely a call to throw more money at research. Money alone will not ensure broad-scale knowledge utilization. Increases in funding must be targeted to critical research questions that are addressed by the field's best researchers working in close collaboration with practitioners and policy-makers.

Fourth, re-institute a process similar to the Joint Dissemination and Review Panel that operated in the late '70s to the mid '80s or its successor the Program Effectiveness Panel. The presence of federal review panels would provide researchers with mechanisms and incentives for making their research available in broader venues.

My fourth overall recommendation is to structure federal education research agencies according to design principles that foster quality education research and effective knowledge utilization. A key element in enabling the ambitious goals articulated in No Child Left Behind Act and the goals that undoubtedly will be articulated in the yet-to-be reauthorized IDEA will be the presence of a

strong federal leadership role manifested by the Office of Special Education Programs.

To enhance the capacity of OSEP to be optimally responsive to the principle embedded in No Child Left Behind, the following action steps are recommended to the commission:

First, increase the number of research scholars in the agency so that a culture of scientific rigor can be supported and sustained and the attention given to R&D mission of the agency can begin to take precedence over other functions such as monitoring. Continued strong leadership in growth in the intellectual capital of the agency is foundational to future successes.

Second, reduce the number of authorizing statutes that place restrictions on budgets. For example, the models used in NSF and NICHD afford much more budgetary discretion to agency leaders. In order to craft R&D agendas that are optimally responsive to both long- and short-term needs, agency leaders must have the necessary degrees of freedom to make investments in promising areas as dictated by

emerging discoveries and data.

Third, develop mechanisms for targeting R&D priorities to areas of highest need and priority. The breadth of programs currently supported by OSEP is overwhelming, given the agency's relatively limited budget allocations. Concentrating investments into a narrower range of priorities will promote the development of more powerful and reliable discoveries with an increased probability of improving outcomes.

Finally, establish mechanisms and expectations for various agencies -- OERI, OSEP, NICHD, NSF -- to collaborate to address the complex issues surrounding research to practice. So in conclusion, one of the defining and landmark features of No Child Left Behind was the call for education practices used with children to be scientifically based.

This most laudable and worthy goal will only be reached, however, if we come to grips with the extraordinarily challenging set of problems related to effectively translating research-validated

innovations into broad-scale practice. I would strongly urge the commission to support the current infrastructure built into Part D that deliberately links research to specific initiatives designed to translate research and practice and to tie funding levels for Part D investments to increase in Parts C and B expenditures.

Thank you.

DR. GRASMICK: I'd like to begin with asking Dr. Lyon if he has a question.

DR. LYON: Thank you so much, Dr. Deshler. Extraordinarily sound testimony from a fellow that's contributed substantially to this country's children.

DR. DESHLER: Thank you, I appreciate it.

DR. LYON: The scaling issue is enormous. The only question I have -- and I think Jack was going to ask it, too -- as you may know we have a major initiative underway whose sole purpose -- this is an initiative between NSF, OERI and NICHD. It's called the Inter-Agency Educational Research Initiative. Its sole purpose is to take validated findings, findings or results obtained from more

controlled studies to better understand the conditions under which they can be scaled at more-complex levels.

That's a $25-million-per-year program. We haven't been able for some reason to attract OSEP researchers into that mix, although we certainly would think it would be relevant. We asked OSEP to contribute but they didn't feel they wanted to. Again, I think your call for collaboration is something that resonates with me obviously.

The other thing I'm going to ask you here that's going to put you on the spot is, I'm trying to figure out why we got the answers this morning we did when this same collaborative question came up, that OSEP is a unique agency and those kinds of answers. That is, as I've looked through the documents, I find that there are concerns raised about moving research funding from OSEP or the functions of OSEP to different agencies, either OERI or to NICHD.

I don't know anybody on this panel that has any idea where that came from. What I'm concerned about is that, you know, as we talk with

you all and get advice, it is not unfettered advice. There seems to be some need to reply to the questions less than candidly at times. I don't -- at any rate.

So when we are asking questions about agencies collaborating on very-complex research questions, it surprises me that we haven't gotten a great deal of number one, historical input from OSEP, and number two, we still see that resistance from some of the witnesses today. Why is that?

DR. DESHLER: Well, first of all, I can't respond to the rumors that you've heard about funding moving from one place to another. I'm unaware of those rumors, so I can't comment on that. I didn't speak to that in my testimony. The point that I tried to make -- perhaps I didn't make it clearly -- is that one of the key elements that I believe should be in place to support validated practices getting to the front line is to have a set of structures that encourage and support researchers to participate in that.

It has been my personal experience during my career to attempt to do that. I have -- if you

are asking personally why I haven't gotten funding from NIH or NSF, you can answer that better than I can, Reid. I've tried. I think it would be a worthy endeavor to investigators together.

DR. LYON: Right, right. I just want to make sure on the record that I do not do review. There's a very clear demarcation.

DR. DESHLER: I just wanted to make clear on the record, too, that I have submitted to multiple agencies.

DR. LYON: Well, thank you.

DR. GRASMICK: Dr. Wright.

DR. WRIGHT: Dr. Deshler, I am so familiar with your work. My students at Harris-Stowe State College and at Singers University are familiar with your work, too. I'm glad that you are one of our presenters.

DR. DESHLER: Thank you.

DR. WRIGHT: I want to address just a couple of things. One of your recommendations is increase the number of research scholars in the agency. I wanted to add, in the field, not just that

particular agency.

Dr. Berdine brought up the issue and the problem of attracting, say, doctoral students. Those doctoral students, those researchers in the field need funds. I say just not limited to research scholars in the agency, but out in the field.

One other thing, your fourth recommendation established practices that will ensure public review and input through the use of visible mechanisms. It would appear to me that one of those mechanisms would be like where in the school districts we put our budgets out in the libraries and all for the general public to look at.

So it would appear to me that one of those mechanisms would be to put this stuff out in the libraries and the public schools where actual parents and lay people and people who need this information could get at it. That is my question and my comment.

DR. DESHLER: I think you've raised some very significant issues and observations. I couldn't agree more with you about the importance of engaging young scholars in communities of influence where they

can grow and develop the kind of research skills that are needed to take on some of the difficult questions. I fully agree with you.

DR. GRASMICK: Dr. Pasternack?

DR. PASTERNACK: Thanks, Dr. Deshler, for your work and your testimony. In your opinion, why are teachers having such a difficult time locating the instructional strategies that we think we have identified through research and that work in meeting the needs of students with disabilities?

DR. DESHLER: I'd like to shift the perhaps focus of the question to, rather than an implied laying the blame at the doorstep of the teacher, I think we need to begin with looking at the way in which instructional innovation has been configured and packaged and made available for practicing teachers.

The kinds of protocols that we put together to do the research in the field during the foundational research phase is often something that is not user-friendly and does not lend itself to being broadly embraced and used within the complexity

of the classroom. That is the first thing that has to happen.

We need to deliver to teachers interventions packaged in such a way that they have the proper kind of support materials so that they don't need to hunt all over for them, that they can put it into practice immediately. Oftentimes that doesn't happen. What comes out in a research protocol often does not lend itself to use readily by teachers in the front lines.

Secondly, it's imperative that teachers have the proper kind of professional development to learn to use the intervention with fidelity. Not only that, as we are engaged in the professional development process, it's imperative for those who developed and designed the interventions that they spend as much time trying to understand the context within which teachers are going to be applying the intervention as we hope the teachers spend trying to understand the parameters of the new intervention.

DR. PASTERNACK: Thanks. I want to be very clear, I'm not blaming teachers. I think the

attribution lies elsewhere. I think we can have that discussion at another juncture.

DR. FLETCHER: The researchers.

DR. DESHLER: What's that?

DR. PASTERNACK: Dr. Fletcher pointed out that you might be blaming researchers and not the teachers.

DR. DESHLER: It's a joint process.

DR. PASTERNACK: One of the recommendations that you made talked about, increasing the number of scholars at our agency. I believe that you were referring to the agency that I have the responsibility for. Would you also suggest, based apropos of what you just said, that we not only need research scholars but we need people who can actually translate that research into terms that real people can understand?

DR. DESHLER: Absolutely. My definition, if you will, of scholars is not limited to research scholars. I see scholars as being practitioner scholars, policy-maker scholars, and researcher scholars.

DR. PASTERNACK: Well, it's interesting because as you may know, the reading specialist that I hired at OSEP is indicative of that kind of philosophy because she is a person who clearly understands these issues and has only a high school degree and has dyslexia and a son with dyslexia. Yet she is uniquely qualified to be able to translate the research into terms that non-researchers can understand.

DR. DESHLER: That's right, absolutely.

DR. PASTERNACK: Would you agree -- I think you mentioned this earlier that one of the failings has been that researchers write for other researchers and not necessarily for the people who are the users. It's the knowledge-production utilization dichotomy that we talked about.

DR. DESHLER: Yes, I would agree with you.

DR. PASTERNACK: Thank you very much.

Thank you, Madam Chair.

DR. GRASMICK: You're welcome.

Governor Branstad?

GOVERNOR BRANSTAD: First of all, Dr.

Deshler, I want to congratulate you. The University of Kansas does a great job of recruiting some of our very best basketball players from Iowa.

DR. DESHLER: And we appreciate them coming.

GOVERNOR BRANSTAD: They have contributed mightily to your success in recent years.

(Laughter.)

GOVERNOR BRANSTAD: The first recommendation that you made which was support for an R&D agenda that addresses the contextual realities within which individuals with disabilities function and are served. You specifically made some action recommendations in your presentation about establishing standards that researchers must meet and research that effectively accounts for the complexities.

Then number two under that is creating mechanisms within the Federal Education Research Agencies to build significant and sustained connections between the researchers, practitioners, and policy-makers.

I'd be interested if you could enhance that a bit. This, I guess, is kind of a follow-up to what Dr. Pasternack also talked about and that is how we enhance the collaboration and really make sure that the research is practical and being utilized.

DR. DESHLER: One way to enhance collaboration is at the very beginning of the process before we start to formulate research questions and to conceptualize interventions, we should key stakeholders sitting around the table who are ultimately going to be the benefactors, including individuals with disabilities and their parents and policy-makers and practitioners.

As we start to formulate interventions, they should be informing us about some of the contextual realities within which it's got to fit. We have often used the metaphor that we can create a wonderful Cadillac, but if the only vehicle that a classroom can accommodate is a coaster wagon, it will probably end up sitting on blocks outside the door.

GOVERNOR BRANSTAD: Thank you.

DR. GRASMICK: Two comments. We would

like to begin by thanking you, Dr. Deshler, for your excellent testimony. The record is open on the questions that Dr. Lyon raised. We are convening for a luncheon on the second floor that will be open to presenters and members of the commission. We regret that the public cannot participate in that luncheon.

We will reconvene here at 1:25 for public comment. Thank you very much.

(Lunch break.)

AFTERNOON SESSION

Public Presenters

DR. GRASMICK: This begins the public presentation portion of the program. As we enter this part of the program, I'd just like to define the rules governing this. Each speaker will have three minutes. We will welcome any written testimony that can be shared with the commissioners. You will be timed by the lady who will be sitting in front of you. She will alert you to the amount of time you have left at intervals of two minutes and one minute so that you can pace your presentation. Having said that, I now would like to begin with the first presenter, Maureen Powers.

MS. POWERS: Madam Chair, members of the commission, my name is Maureen Powers. I am a vision research person for about 30 years with work that's been supported by NIH, NSF. I was actually a professor here at Vanderbilt for 20 of those 30 years and founded the Vision Research Center over here which continues today.

I gave you a handout called Visual Skills

and Reading Performance. I'm not going to read that to you. I'd like to introduce the concept of visual skills, summarize some descriptive data that we have from running a program at Delano High School which is a mainly Hispanic school in California, near Bakersfield -- it's Caesar Chavez country, for those of you who remember those times -- and on a rather large data set, tell you the influence of visual skills, we believe, on reading performance, and then tell you about a control study that we're running in Memphis -- which we hope will tell a better story -- and encourage special educators to have a look at this issue with special education populations.

What do I mean by visual skills? Visual skills are the ability -- this is an eyeball -- eyeballs are mobile things. They move in one's head. Both eyes have to track across the page in reading activities. Both have to move together, and in order to form a single image, they have to be pointing at the same point on a page.

Visual skills in these studies I've described in this handout. We measured clinically

three visual skills: Tracking; binocular vision which we call teaming; and focusing, the ability to focus that eyeball using the vunticular (phonetic) muscles inside the eye.

We screened children, we recommended to the school which students should be placed in a visual skills training program which was delivered over the Internet. This is an eye exercise, a neuromuscular training program. They participated in 20-minute sessions for 30 sessions spanned over about a semester, depending on exactly when we did the program.

This was an uncontrolled study. However, we found that 70 percent of the students following this regime had clinically normal eye movements. Moreover, 70 percent of the students -- not necessarily the same 70 percent -- I'll have to elaborate on that at a later date -- also had dramatic, sometimes erratic increases in their reading scores on standardized reading tests.

We used in this particular study the California achievement test. The SAT-9 scores also

went up in most students that completed the program. In both that study using 450 students this year and a study with a controlled, matched random-sample design in Memphis -- that's in Snowden Middle School -- in both those studies we found a correlation between visual skills, visual skill levels quantified using a special scale that we have -- this one -- and readers' scores.

In Snowden Middle School we're doing a controlled study which is showing similar things. Special ed might want to look at this as a possible way to examine students' visual behavior and how it relates to reading scores.

DR. GRASMICK: Thank you.

Sam Odom, followed by Joanne Bregman.

MR. ODOM: Commissioners, thank you for listening to my testimony. My name is Sam Odom. I'm a professor in special education at Indiana University. I'm also the vice president of Division for Research for the Council for Exceptional Children.

D.R. endorses the statement that you've

received from the Higher Education Consortium on Special Education, HECSE. My comments will real briefly highlight some of those points. As you have heard today, research in special education as funded by through IDEA and OSEP has multiple purposes. One primary purpose that we've heard a lot about is discovery of new knowledge about instructional techniques.

The research in special education goes beyond generations of new knowledge about effective techniques. This is how it's different from research conducted in other agencies, NIH and OREI, and why it's established within OSEP.

First, special education research is tied very directly to the elements of IDEA which you've heard about. That's extremely important to address questions related to IDEA that might not be addressable through other standardized, randomized clinical trial methodology. For example, how much does special education cost? Do states measure special education student outcomes?

A second major goal of special education

research is knowledge utilization which Dr. Deshler was eloquent about today. That is, given that science can determine practices that are most effective in a specific context, the next step is to translate this empirical knowledge into feasible, usable, and acceptable practices.

This research process is complex and it's a close parallel to research and development that occurs in private industry. It requires different designs, different methodologies such as single-subject relational designs, qualitative research. It also requires dissemination in training of practitioners.

The division for research endorses two recommendation in the HECSE statement. We recommend that the authority of special education research and development remain with OSEP. No other agency has shown the capacity or history of supporting the activities necessary for generating new knowledge about special education and then moving it into practice. I want to emphasize the latter mission.

D.R. also recommends that the funding for

research and development effort -- that is Part D -- be linked directly to total funding of IDEA and to an industry standard of 10 percent of the total funding.

DR. GRASMICK: Thank you.

Joanne Bregman, followed by Mike Nelson?

MS. BREGMAN: Good afternoon, commission and panel members. My name is Joanne Bregman. I'm neither a researcher nor an educator, but I am a squeaky wheel. I speak to you today on behalf of the Disability Coalition on Education which I chair. I am also the parent of a child with severe multiple disabilities who is a kindergarten student here in Nashville.

DCE is a family-driven coalition with active representation from families, advocacy organizations and agencies working collaboratively to improve education systems in Tennessee. With two years of significant achievement and impact behind us, we continue to create and support partnerships focused on ensuring that all students with and without disabilities receive a quality education.

As DCE has developed our working agenda,

we have made a commitment to aggressively seek out best educational practices throughout the country, to identify successful models for the inclusion of students with disabilities, to analyze data-based outcomes when such are available, to move research into practice, and to draft our own template for change.

We have heard from families and educators across Tennessee that services provided to students are at best inconsistent and fragmented and, in the worst scenarios, non-compliant with both the ideological and pragmatic requirements of IDEA. Inclusion in general education environment and access to the general education curriculum are often dictated -- that is restricted -- by the orientation of an LEA special education director or even a principal or staff at the building level rather the clear intent of the law.

Much work remains yet ahead in our state to convince policy-makers, as well as department and systems leadership, that children and youth with disabilities are valuable members of our school

communities. These students must, by legal and ethical mandate, be offered access to the full range of meaningful educational opportunities.

DCE has studied issues such as class size through the lens of impact upon students receiving special education and special education services, particularly when those students are educated along side typical peers. We recognize that because of inadequate, pre-service training for teachers -- compounded by scant professional development activities targeted to key skills such as curriculum modification and positive-behavior intervention -- many educators are ill-prepared to effectively address the instructional needs of the diverse learners in their classrooms.

Our goal is a service-delivery structure which provides appropriate supports to all those involved in the education of students with disabilities. We know that some state and local education agencies have evolved successfully into unified systems in which special education is no longer a place -- that mysterious classroom down the

hall -- but instead functions as a matrix of supports and services enriching the educational experience for all students.

We believe that the themes of accountability and improved achievement which are driving forces in general education reform could be equally effective tools in the reform of educational services provided to students with disabilities.

Thank you.

DR. GRASMICK: Thank you very much.

Mike Nelson, followed by Susan Young.

MR. NELSON: Good afternoon. My name is Mike Nelson. I'm hear representing Gwinnett County Public Schools. We are a suburban district in the Atlanta metropolitan area, and we are the largest school district in the State of Georgia.

I would like to begin by first thanking the commission for the opportunity you are providing for individuals and groups and to give input into your information-gathering process. It is the hope of Gwinnett Public Schools that after hearing from all constituents, the commission will make

recommendations which both benefit students with disabilities and are sensitive to the challenges which face local school district personnel who implement IDEA in good faith every day.

From our perspective as a local district, there are three issues of critical concern which need to be addressed regarding the provision of services to students with disabilities. Number one is funding. I suspect you will hear this topic brought up repeatedly throughout your hearing schedule. Therefore, I will not spend a lot of time on it. Simply put, we believe it is time for the federal government to fulfill the financial commitment it made over 25 years ago and that this commitment be met on as rapid a schedule as possible.

Number two, discipline, another topic which you will likely hear about repeatedly. Our concerns center on two primary issues: A, the double standard fostered by the current process, that is, the inequities and the consequences assigned to general education students versus special education students for the same offenses; and B, an ever bigger

worry is the message this double standard sends to students with disabilities.

It doesn't take long for the seed to get planted in some students minds that because they have a disability, they are not going to be held accountable like other students for their actions. We, as responsible adults, must give serious thought to the long-term consequences of such a message. It is imperative that all students learn that they are accountable for their actions, that there are consequences for breaking the rules. The law should not afford a student with a disability a shield where the offense is not a manifestation of the disability.

Three, procedural compliance in the adversarial climate in special education. The legalistic, contentious, adversarial climate which permeates much of special education must be ended. It affects teacher morale, teacher retention, district finances, and most importantly, instructional time for students.

As controversial as this may sound, it would seem the only way to really change the present

climate is to eliminate or at least reduce procedural safeguards. Procedural safeguards started out as valuable and legitimate tools to further the original purposes of EHA in public law 94142 and have by practically any objective measure done their job. It is now time for a shift in the very essence of IDEA from an emphasis on procedure and procedural compliance to an emphasis on education.

In fact, one of the pioneers in the field of special education, Fred Weintraub, states in the January 2002 issue of CEC Today, I quote, Perhaps we should write a substantive law and eliminate such procedural requirements as the IEP and procedural safeguards, end of quote.

Now, we are not ready to start advocating the elimination of IEP's and some of the other valuable, instructional tools and infrastructure which has been established over the years. However, taking steps to remove some of the legal safeguards which create the present atmosphere of tension and distrust may be in order. It is time to bring some reasonableness back into the process and end the

interminable legal wrangling which impoverishes both the human and financial resources which rightly should be devoted to students with disabilities.

I thank you for your time, and I have a handout for you.

DR. GRASMICK: Thank you.

Susan Young, followed by Reza Tajali.

MS. YOUNG: Madam Chair and commissioners. I represent the Tennessee Education Association which is the largest education association representing public school employees in Tennessee. TEA, we are the state affiliate of NEA. TEA and NEA have long supported the Individuals with Disabilities Education Act. We suggest few statutory changes during this reauthorization process. Instead, we view this reauthorization as an opportunity to improve implementation.

Our recommendations regarding future research are defined by our seven key priorities. One of the guiding principles and qualities of scientific inquiry is that one should pose significant questions for investigation.

Furthermore, the relevance of any educational research must be grounded in those areas of concern to our members because they are the ones who hold chief responsibility and the opportunity for improving the outcomes of students with disabilities.

The following recommendation are, therefore, significant questions worth investigations and are the primary concerns of our members. Full funding naturally is our first key priority. Congress' unfulfilled promise to fund 40 percent of the cost of special education jeopardizes the quality of education for all students.

We need to conduct cost-benefit analyses in the area of early interventions, specific models for the education of special education students, specific types or accommodations and effective alternative educational settings.

Secondly, paperwork and documentation. Special education teachers report that that is the primary reason they leave the profession. What conditions exist in those local districts in states that have the greatest share of due-process

violations? What are the core elements necessary in the IEP process to maintain the due-process protections for parents without burdensome documentation for educators?

We are concerned about case load and work load for special education personnel. For example, in Tennessee we have a special education speech pathologist that has a case load of 143 students. We are concerned about eligibility and identification criteria because, from state to state, where a child lives can determine whether or not he is identified as having a disability.

We are concerned about early intervention. What models produce the most significant improvements in student performance outcomes? Naturally, professional development. What models of professional development produced the most significant increase in the use of research-based instructional practices and what models of professional development produce the greatest improvements in student achievement?

Naturally, discipline. We are concerned

with the same concerns that this gentleman has just presented. It is our recommendation that the future research be focused on these key primary research areas.

Thank you.

DR. GRASMICK: Thank you very much.

Reza Tajali, followed by Theresa Howard Lawson.

MR. TAJALI: Ladies and gentlemen of the commission. My name is Reza Tajali. I am an electrical engineer, a concerned citizen, a parent, and a grandparent. What has brought me here today is the fact that I'm fully in support of the premise of Leaving No Child Behind as President Bush stated.

I believe that the future of our nation is dependent upon the quality of education that we provide to our children. These children are going to be building highways and running the industry of the future and, therefore, must be provided with a complete education. However, I am sad to say that to my observation, our special education system is not providing its intended premise.

Special education is now costing taxpayers some $50 billion a year in state and federal funding, of which some $28 billion is spent on the relatively new creation of the psychiatric profession called learning disorder. When the Congress passed the original special education law, the intent was to cover those children with sight, speech, hearing and other physical handicaps.

Over the past 27 years, however, a large part of the funding has been diverted to such things as attention deficit disorder, a very ambiguous and subjective term that does not really have any scientific basis. The definition of learning-disabled is so ambiguous that the researchers at the University of Michigan found that 85 percent of the students they tested, who had previously been identified as normal, would have been classified as learning disabled.

The result of this one flawed aspect of the law, the subjectivity of who is classed as disabled, has resulted in more than 60 percent of special education funding being channeled away from

children who really need it; they are physically and intellectually handicapped. The problem with special education is not the amount of federal funding. The problem is in the way the funds are utilized. We have reduced the effectiveness of special education by mixing it with psychiatric practices. This is an abuse of the government funds and an abuse of our children.

My request to you is a simple one. Spend federal funds on education, not on psychiatric experimentation with the future race. Thank you for the opportunity to address you.

DR. GRASMICK: Thank you.

Theresa Howard Lawson, followed by David Crenshaw.

MS. LAWSON: Good afternoon. My name is Theresa Howard Lawson. I'm the director of special education and preschool programs in Woodford County Schools which is in Versailles, Kentucky, outside of Lexington. I have over 20 years in the field of special education as a teacher and administrator. Based on these experiences I would like to offer my

recommendation for improving services to students identified with disabilities under IDEA.

Number one, increase inter-agency collaboration. In 1975 it was made clear that schools have the ultimate responsibility for educating all children. The reality is that we cannot do this by ourselves. We have children in elementary school with severe mental illness. I could not educate these children without the help of our mental health professionals, often social services and others.

Number two, focus on transition services. Early intervention is very important. We need to provide those services at a very young age. We also need to look at school-to-adult living for our mildly, moderately, and severely disabled children. For our most severely disabled children, there are very limited options for parents.

Push for reform in the area of preschool training for general education. In my school district our elementary inclusion rate is 80 percent, many that 80 percent of our identified students are

in the general education classroom 80 percent of the school day. Yet general educators continue to graduate without even a basic understanding of working with diverse learners. If our teachers are not successful, how can we expect our children to be successful?

Address and continue to study special education teacher recruitment and retention. In Kentucky out of approximately 5,000 special education teachers it is typical in a year to have over 1,000 teachers in the classroom with less than full certification. Surveys indicate that special education teachers leave the field due to excess paperwork, lack of support, and threat of litigation. However, the teachers I work with believe that IDEA '97 took some steps in the right direction, and these efforts should continue.

Finally, fully fund IDEA. States and local districts have shouldered the enormous financial burden of implementing IDEA for over 25 years. It is time for Congress to keep the promise. Thank you very much.

DR. GRASMICK: Thank you.

David Crenshaw, followed by Ann Corn.

MR. CRENSHAW: My name is David Crenshaw. I'd like to thank the commission for giving me the time to address you. I'm just a parent. I'd like to take a moment to tell you about my son, Conner. He's five years old. When he was three, he was diagnosed as at-risk for Asperger's. He has benefitted greatly from special education services provided by the State of Tennessee.

He is now five and is entering kindergarten. We very much would like to provide the best environment for him. In his case small classrooms, extra teachers will make a difference. That means private school. We are fortunate that my wife is a teacher and we are able to provide a discount to give financial means to send him to such a school.

However, when we do so, the state steps out and we no longer receive any special education benefits.

(Tape 7)

MR. CRENSHAW: (Continuing.) Our therapist will no longer visit during the class. Our insurance will not pay for special education speech and language therapies. If we do upgrade our insurance, the coverage is still spotty at best. The coverage is minimal to the extent that it will be for 10 to 20 one-hour sessions which in the course of a year of school is laughable.

So what we ask you for obviously is better mental health coverage for our children. Thank you for your time. I appreciate it.

DR. GRASMICK: Thank you very much.

Ann Corn, followed by Nancy Diehl.

MS. CORN: I'm Ann Corn. I'm a professor of special education here at Peabody with an appointment in ophthalmology and visual sciences. While reviewing the agendas of this meeting and previous meetings of the commission, I noted an omission of expertise of the education of students who are blind and visually impaired.

I understand that the focus of the commission is on learning disabilities and with the population I'm speaking about being 0.2 percent of the school population, I understand that there is less importance here. However, this is a population at-risk. In fact, it's in crisis.

Let me speak to issues of research and priorities of the field. I estimate there are maybe 20 or fewer researchers addressing the entire school-age population of children with visual impairments. Over the past five years only one of 20 new Ph.D.'s attained and retained faculty position preparing teachers of students with visual impairments. She is on a non-tenured track, and research is not a focus of her position.

Of the top-ten-ranked colleges of education and the top-ten-ranked departments of special education, only Vanderbilt has one full-time FTE, and only one other program exists without one full-time FTE. We simply don't have the research that tells us how well children with visual impairments access the general education curriculum

where there are achievement levels in such areas as orientation and mobility and technology.

Yet we know that three to five years out of school, students with learning disabilities are employed at more than double the rate of students with visual impairments. Literacy is but one area of instruction that is sorely needed in research. While Braille literacy has garnered attention in recent years, research related to the literacy with low vision comprising 85 to 90 percent of population is insufficient to produce intervention and bring research into practice.

A soon-to-be-published study suggests that with only large type and without interventions such as individually prescribed devices, children read 30 to 40 words per minute behind their sighted peers through primary school. Then while sighted students continue to gain fluency and speed, these low-vision students plateau with reading speeds of about that of a typical third-grader.

Braille reading speeds are no better. In a study in Missouri 11- to 15-year-olds were reading

silent, independent rates of 63 words per minute slower than that of a typical first-grader. Attention across the country is now focused on preparing teachers. While the Council for Exceptional Children indicated a need for 5,000 teachers to meet then-current needs, only 250 are trained each year, and data suggest that 36 percent of them are already teaching with waivers. With attrition we just cannot meet the need.

In a study I did in 1995 with 985 families whose children attend special schools, 69.7 percent of those students would go home to no teachers. If we want to address the research needs in the field, we must address the need to keep programs alive in research universities. Thank you.

DR. GRASMICK: Thank you very much.

Nancy Diehl, followed by Shirley Young South.

MS. DIEHL: Hi, I'm Nancy Diehl, and I live in Greenville, Tennessee, a rural community. I wear two hats today. I'm the mother of four kids but two sons that have disabilities that benefitted from

IDEA. One you would call high-incidence and the other you'd call low-incidence. I'm learning your terms.

I am also director of the Parent Training and Information Center. I was excited to hear today about the researchers talking about how essential it is for parent involvement. I want to mention to you that for a lot of folks when I meet with them, parents and educators believe that parent involvement is helping the kids do their homework.

They don't really understand the kind of involvement that IDEA intends. So when we talk about it, people don't understand it. But I experience the value of it, and my school was very cooperative in that. So I need you to expound on what you mean by that.

The other thing is that I'm concerned about high expectations. Even when we talk about setting goals and objectives, we have a problem because some people aren't willing to set a high goal for somebody because they already believe that can't achieve it. I've seen many students where parents

are involved and educators are creative and promising practices are a part of the picture make incredible, beyond-belief achievement beyond the highest expectations. That has to change.

As far as inclusion, inclusion with good teaching actually is one way to leave no child behind. I'm really concerned about decisions that are made that for some courses and some things we teach kids they can't be present with other kids. But I have seen really excited things when people work together where kids learn in the same classroom and mastered the things that were on their IEP and also got all the unintended consequences of being with their same-age peers and learning things that weren't on the IEP.

I think compliance needs to move outside the Department of Education. I've thought about this for a long time, and I think it's really hard for the Department of Ed to provide all the technical assistance and support to school systems and then have to turn around after they've gained their trust and have to slap them on the hand. I think that's

something that should be looked at.

Finally, I think the inequity that a previous speaker talked about with kids with disabilities -- I think we need to start thinking to fix the inequity of leaving no child behind. Parents and students are the ones who have to live with the outcomes of education, not teachers. Thank you.

DR. GRASMICK: Thank you.

Shirley Young South, followed by Diane Randall.

MS. SOUTH: Good afternoon. I'm really happy that I have an opportunity to come to this. I'm not an expert, I'm not a scholar. I'm a mother of a handicapped child who is 21. This is the first time I've ever heard that special education was mandated for handicapped children, physically handicapped, not learning disorder but physically handicapped.

My son was born with a birth defect where he had to have both legs amputated. At the age of two he had that done. In no time during the years of education when he had repeated surgeries with eight

weeks off from school was there any offer of tutoring to bring him up to par, no time. There was school in the hospital but no child can be educated with the pain after surgery and being on pain medication.

As he grew, as a mom it was my job to see that he got the tutoring and the education that he needed. I worked and I paid for the tutoring. I worked extra-long hours. I taught him how to walk upstairs. We're not talking physical rehab; we're talking about learning things, how to live life, the things that everyone takes for granted such as zipping zippers, being able to open a can of pop.

He plays the guitar now. He wanted to become a graphic artist. He's now 21. He has a high education level. He told me he wanted to find the funding for his education, so he did. In Florida he had to do psychological testing. In those 21 years prior to four weeks ago he never entered the area of mental health. People looked at me and social workers looked at me and asked, How does your son do so well, above the average?

I said, We love him for who he is and not

questioning what he has. We encouraged him to be able to overcome. But four weeks ago he had to go through psychological testing in order to do this program to get funding to become a graphic artist. It was deemed that he was bipolar and would have to take medication in order to get the education.

I watched this boy overcome every obstacle over 21 years to be able to live life which we take for granted. Then he was told in one moment that his dream was crushed by some expert who felt he didn't fit into a pattern. Yet he works with the public and works with people everyday and is liked very much. But he is classified and he is labeled.

I think that the money that goes toward special education should go back to the handicapped children. That is what should happen. Thank you very, very much for letting me testify.

DR. GRASMICK: Thank you very much.

Diane Randall, followed by Christine Hayes.

(Pause.)

DR. GRASMICK: Diane Randall? Is she

here?

(No response.)

DR. GRASMICK: Christine Hayes?

MS. HAYES: Good afternoon. I am a mom and I am concerned about some things that are happening with our education. I am here to tell you a story. I have a friend who is a school teacher in Davidson County. She relayed two stories about two different children to me that I would like to share with you.

One was a first-grader whose mother said that her doctor had suggested putting the child on Ritalin. She was a good student and had no serious behavior problems. She did have problems on the bus once and had to be suspended from riding the bus for a few days. After being put on Ritalin, she began losing control of her bladder. She had to take extra clothes to school because she had accidents about twice a week.

She lost her appetite and ate very little, if any, of her lunch. She became somber and uninterested in events around her. Her school work

suffered, as well.

Another student was a six-year-old boy who was on several different medications that were supposed to help him handle the traumatic experience that had happened to him the year before. He had behavior problems which became more serious throughout the year. His medications changed twice during the year. He began to have severe stomach cramps which brought him to tears because the pain was so intense. He also lost his appetite and ate very little of his lunch.

All of the, quote, help that he was getting from the mental health professionals actually hurt him physically and emotionally. My friend watched an intelligent young boy suffer needlessly and with negative results.

I, myself, have a seven-year-old son in the second grade. Last summer we moved from Davidson County to Sumner County. Since we moved to Sumner County -- he did all right in Davidson County. He wasn't an A student but he did all right. When we moved to Sumner County, he has had great difficulties

this whole year in school.

Now the teacher and school counselor want him to be tested so that he can receive special education. They want to label him learning-disabled. My son is a very smart young man. I feel that this is not right. They don't even look at the fact that he changed curricula from one county to the next and what the differences might be there.

I feel that instead of spending billions of dollars on an unproved condition, I would like to see the money go toward the physically handicapped who really need the extra help.

Thank you very much.

DR. GRASMICK: Thank you.

John Shouse, followed by Kenneth Warlick.

MR. SHOUSE: Hello. My name is John Shouse, and I'm the parent of three children including a son with autism. Evan is receiving special education services in the public schools as guaranteed him by the provisions of IDEA. I appreciate this opportunity to speak to this work group of the President's Commission on Excellence in

Special Education.

In addition to being a parent, I am also the president of the Autism Society of Middle Tennessee. I'm a core group member of Williamson County Partners in Education which is a local parent advocacy group in our school district. I'm also a member of DCE in Tennessee.

This commission is facing many complex issues: Full funding, discipline, eligibility, over-identification, monitoring, enforcement, et cetera. I feel fortunate to be here today at this hearing of the research agenda task force because I believe that in some ways this area holds the greatest potential for positive change.

Since its inception 25 years ago, IDEA has made a tremendous difference in the lives of children with disabilities and their families. Their countless success stories of how children's needs are being served is a result of the law. I feel fortunate that at least thus far I can count our son and our family as one of those successes.

At the same time, we must understand that

despite these successes, there are still many children who remain under-served. In my role as a parent advocate, not a week goes by that I don't hear stories from families about difficulties securing even the most-basic services that they are promised under the law. There are many reasons for these problems.

Far too often it's the mind-set of a particular local administrator or local school board. The way that mind-set trickles down through the system, it becomes the primary stumbling block that requires families to fight for the education that their child is promised by the law.

Far too often even today placement is based on a child's label and not based on an intelligent, IEP team decision about what environment would best serve his or her unique needs. We have a system where special education teachers are trained in particular methods for teaching basic skills to children with specific disabilities.

Too often, however, special education teachers are lacking in the training to implement

curriculum-based instruction. Conversely, general education teachers who are trained in curriculum implementation receive very little preparation in best practices to serve the needs of children with disabilities who are ending up in their classrooms. Consequently, IEP teams, even in the best circumstances, struggle to formulate goals for children that are both meaningful and attainable.

As we saw from the testimony of Dr. Sailor and Dr. Deshler this morning, in order to serve the needs of children with disabilities we must begin to move towards better and more-collaborative, inclusive models in order to get each child into his or her true, least-restrictive environment. We must find ways to bridge the gap between research and practice. Clearly, a new mind-set is needed.

I don't know if it's possible to legislate a paradigm shift, but that shift will occur naturally if colleges and universities can begin to turn out more and more teachers in both general education and special education after training both groups in best practices to teach all children.

I urge this work group of the presidential commission to recommend a research agenda that will encourage real improvement in the delivery of services to children with disabilities, an agenda that will find real and concrete ways of taking what we know and continuing to learn about best practices and using that knowledge to prepare teachers to serve all children, because our kids are worth it.

DR. GRASMICK: Thank you.

Kenneth Warlick, followed by Alice Holbert.

MR. WARLICK: Good afternoon. I'm a colleague of Dr. Berdine at the University of Kentucky, although I do spend most of my time traveling around the country consulting with state education agencies around how to improve results for students with disabilities and state accountability systems.

DR. WRIGHT: Excuse me, I didn't get his name.

DR. GRASMICK: There was difficulty hearing your name when you introduced yourself. It's

Kenneth Warlick?

MR. WARLICK: That's correct.

Much valuable time and money is wasted through trial and error to adopt practices that have limited, if any, validation in research. Policies often undergo drastic changes based on unwarranted perceptions rather than factual information learned through research.

Who suffers most from this approach? Children, youth, and adults with disabilities in their families. Is it any wonder, then, that there are those who argue that special education doesn't work?

We need to focus more attention to systematically analyzing what does work and disseminating that information to the right audiences and in translating practices that show promise in small clinical settings into large-scale implementation while maintaining high-quality results.

Any practices recommended for national practice should have a base of research demonstrating

effectiveness as interventions are scaled up from the laboratory setting to a significant number of schools, school districts, and states.

I encourage you to support research based on in-depth analysis of issues rather than superficial analysis. We often hear of arguments that we need policy changes because of local opinion, not data or facts suggesting a problem exists.

I will give you a quick anecdotal, rather than a research-based, example from some experiences I had with one of your colleagues, Doug Gill, about a year and a half ago in his state, Washington State, where we met with teachers around his state about paperwork burden.

I had the opportunity to review with his teachers the IDEA requirements for paperwork. They were absolutely astounded at how minimal they actually are. We then reviewed the Washington State requirements. One by one, the teachers said they saw value and logic in each. The problem was not the paperwork for an individual child. The problem was the caseload that prevented them from planning,

collaboration, and coordinating what they considered otherwise-reasonable documentation.

I was previously a learning disabilities teacher many years ago. So I am very happy with the national dialogue about learning disability issues. I think it is very important for us to get accurate research on the prevalence, the number of students who are identified as learning disabled, and to address the issues of similarities and differences between students with learning disabilities and other students exhibiting low achievement.

We also need to be sure, though, that we avoid the problem with learning disabilities that we had in the war that occurred in our schools around reading practices, phonics versus whole language. We did not need LD wars in our schools.

In closing, I do encourage you to be sure we have research to translate effective, research-based practices particularly in reading to success in large-scale assessments. It's very disappointing to have students who show significant gains in reading research, and then those gains do not follow into

comprehension and to a successful performance in our state-assessment systems. Thank you.

DR. GRASMICK: Thank you.

Alice Holbert, followed by Beverly Hartaby.

MS. HOLBERT: Greetings from Southern Middle Tennessee. This is a place where great care and commitment is given to all children. Every effort is being made in education by professional educators, para-professionals, and parents to bring right intervention and the combination of interventions to children with special needs.

This combination must now include removing behavior as a barrier to profiting from education that we're providing. In 1987 when I was working with children in my system, 3 percent of those at-risk children were behavior referrals, and 60 percent had a lot to do with attendance and truancy issues. In 1992 that had flip-flopped. It was now 60 percent were behavior, 40 percent were attendance.

Four of the top-ten disabling diseases are depression, obsessive-compulsive disorder, bipolar

disorder, and schizophrenia. The average age of onset is by fourth grade. With early intervention and good treatment, good outcomes can happen for these children in time.

Now, I think there's some obstacles. Number one, insurance has limits on treatment or will not cover issues in children. There is little or no parity. We passed the parity law but if you are big enough to be self-insured, you don't have to pay. There are few providers specifically to rural children. Signs, symptoms, and medication issues are different in children than they are in adults.

In order to fulfill parent in-put systems, we need personal-preparation grants. We need some social workers, and we need some behavior-intervention specialists. I need some clinical counselors out there with my children in those schools helping my teachers, and the parents understand what's going on.

In order to provide behavior intervention, training and service provisions should be part of the college training priorities. Left untreated or

treated inappropriately, these children will be left behind. You know that. So please give some additional thought and research to this matter. Thank you very much.

DR. GRASMICK: Thank you.

Beverly Hartaby, followed by Tonya Meredith.

MS. HARTABY: I am the voice of the special-needs children of Southern Illinois, most of whom have parents too uneducated to grasp the powers and concepts of empowerment. We are the lowest of the low and the poorest of the poor. The systems within the confines of a free and appropriate education for the normal population seem beyond repair. Can you imagine where this puts the special-needs children?

I strive to help these parents create that win/win situation with their special education providers in school districts in our area. I do not work for any advocating groups or anyone else for that matter. My involvement is free of charge, being driven by the power of my spirit.

By actions rather than words, they have shown that they do not want special-needs children in their districts. It may be the new millennium, but cronyism and the good-old-boy network are alive and thriving in Southern Illinois. If you don't believe me, come and visit me.

I live 50 percent beneath the national poverty level in the seventh-poorest school district in the state. The school is one of the 10 percent of the poorest educational institutions in America. While the City of Chicago School District budget is larger than 24 states, our school budget couldn't even buy you a home in an undesirable suburb.

My son Ricky is autistic and at four years old reads on a first-grade level, does basic math, operates his own program manager, and has a predisposition to foreign language and music. My son Jessie is 2-1/2 and is LD and speech-delayed, just like his brother was at that age. Through IFSP, IEP, and community-based systems we utilize those systems but count on university research for real progress.

How can I with a just mind put my children into a school where 70 percent of the eighth-graders could not even pass the reading portion of the ISAT. Resorting to due process would do nothing but turn our small rural community against the families of these children. Laws state that the district receives money to fund children like ours, but they do not guarantee you the freedom to walk into the local grocery store without getting the glare of local citizens who resent their educational dollars spent for your child.

The benefits and rewards of getting my son involved in clinical research studies at Southern Illinois University has been tremendous. It has changed his life in an overwhelmingly positive and educational way. SIU is not in his IEP.

The State of Illinois is 49th in inclusive education. The ISB has imposed quotas on the placement of special education students in regular classrooms. What is this? A cattle call for disabled children? This is directly contrary to the individual decisions required by IDEA and the IEP.

They cannot violate federal law. One realizes that the IEP is still a legal, binding document.

This system has forgotten that the parent is the public in public education. The parents of special-needs children need to be able to send their child to the best, most-appropriate program available in their area. For special-needs children the educational tax dollars should follow the student rather than the system. Although school districting may make sense for regular classrooms, we need to consolidate our resources for special-needs children.

We would like to thank President Bush for appointing this commission and allowing our voices to be heard. All too often I hear complaints and criticisms, but we have the undeniable right to change the system. Thanks to this commission we can change the laws and change the lives of our children. Don't let us slip through the cracks. Thank you.

DR. GRASMICK: Thank you.

Tonya Meredith, followed by Pat Pierce.

MS. MEREDITH: My name is Tonya Meredith. I appreciate your letting me come to speak in front

of you today. I don't have any research or scientific facts to tell you, but what I have is my life's story.

I am 18 years old. When I was about 3-1/2, I was diagnosed with ADHD. Pretty much counselors did like they tend to do to -- well, not counselors by psychologists -- like they tend to do to a lot of kids. They put me on Thorazine, whereas now it's like Prozac and Ritalin. I know a lot of kids that have taken an adverse effect, I know I took one.

I don't think drugs are exactly the answer to psychological problems or anything. I went after my dad with a butcher knife, I blacked his eye with a lamp, I turned on every heat source in the house and I was only four years old. At the age of five I spent a month of my life up here in the Vanderbilt psychiatric ward.

After that summer when they let me go home, I couldn't go outside for the whole summer because of the medicine. I had bruises on my arm. No kid needs to go through that, I don't care what

problems they have. There are other answers.

Since I had ADHD, it was automatically assumed I had a learning disability, so I had to be put in special education. That's no more a place for mentally disabled or I don't really know the correct wording for it. It turned out that I got kicked out of that, and doctors couldn't understand why. There is not an answer for everything but I think there's a place for everyone. Just because you have a learning disability it doesn't mean that you belong there. I guess that's all I have to say.

DR. GRASMICK: Thank you, Tonya.

Pat Pierce, followed by Amy Petula.

MS. PIERCE: Good afternoon, my name is Pat Pierce, and I'm a director of special education from Northwest Indiana. I have a sibling who is 40 years old and he has Downs Syndrome. That got me into special education 28 years ago. I've been very proud of being an educator and now a director of special education. We serve about 4,300 children in Northwest Indiana.

I have written copies for you, so I won't

go through this in great detail. I am concerned that we celebrate what IDEA has done, as well as telling you what we think you need to change. Some of the things that are great about IDEA is the fact that we now have a multi-disciplinary team and parents are involved in the discussions about their child's IEP.

7

We do in-services for teachers, and we meet with local universities to make sure that we are trying to find out what all those cutting-edge ideas are. We also have a great deal of technology now that we didn't have five or six years ago for students with disabilities that helps put them on par with their age-appropriate peers.

We also have more children with disabilities in general education classrooms. I'm very pleased to say that my cooperative has done that. It's been tough but we've got more kids in the general education classrooms. We do need more help for teachers, though.

One of the things I think we need to do is we need to fully fund, we need to meet that

commitment and make sure that the 40 percent is there because it has not been there. We've had 26 years of substandard funding. If you want to know what's wrong with special education, I think that has hurt us. We have not been able to do what we've always wanted to do. It has made us have high caseloads for teachers when they really need to be working more with kids. They have to also deal with a great amount of paperwork. That keeps us bogged down, as well.

The other things I think we have not to compete in is salaries with other areas such as engineering and chemistry. All of our great, great bright minds are going into other areas because that's where they can make a living. We need to make sure that in the next five to ten years, when we see a great number of teacher educators retiring, that we've got people there to take their places.

We have also got a dual system of discipline as was mentioned earlier. We need to look at how we deal with that. Mediation needs to be required for all issues that are out there in the

public schools. So often you'll get a parent who files for a due process, and you didn't even know that there was an issue going on. Mediation needs to be a way of communicating with the parents.

We also need to review documentation and the excess paperwork. Do you realize that every time we send home a notice of a conference, we send home a procedural safeguard which is an absolute waste of paper, time, and resources? We also now have to report monthly on the federal money that we get. What is wrong with one final report for the year that tells us how much was spent?

I think the other thing you need to consider is high-stakes testing. In Indiana if you don't pass the ninth-grade standards, you will not get a diploma. That could be why more kids are dropping out of special education. Thank you for your time.

DR. GRASMICK: Thank you.

Amy Petula, followed by Randall Moody.

(Pause.)

DR. GRASMICK: Randall Moody?

MR. MOODY: Thank you, Madam Chair, and members of the commission. My name is Randall Moody. I represent the National Education Association in Washington, D.C. NEA represents 2.7 million members throughout the country, including members of the Tennessee Education Association. I am here today representing two coalitions of which the NEA is a member, the National Coalition for Public Education and the IDEA Full-Funding.

The National Coalition for Public Education is comprised of more than 50 education, civic, civil rights, and religious organizations devoted to the support of public schools. Founded in 1978 NCPE opposing the funneling of public money to private and religious schools through such mechanisms as tuition tax credits and vouchers. The coalition urges this commission to reject any efforts to fund special education and services for children with disabilities through vouchers or other similar funding mechanisms. There is no need to expand current law to include a voucher program that diverts responsibility for public funds to private and

religious schools and undermines accountability while doing nothing to improve to access to special education or related services or achievement of students with special needs.

The IDEA Full-Funding Coalition is made up of the American Association of School Administrators, the AFT, American Speech-Language-Hearing Association, Council for Exceptional Children, Council of the Great City Schools, National Association of Elementary School Principals, National Association of Secondary School Principals, the National Association of State Directors of Special Education, the National PTA, and the National School Boards Association.

We worked very hard this past Congressional session for the passage of the Hagel-Harkin Amendment of the Senate version of the Elementary and Secondary Education Act. However, that did not pass. If it had passed, we would have been on track over six years to fully fund IDEA up to the 40 percent.

So we hope that this commission would

recommend putting legislation into place which would fully fund IDEA, as well as make the funding mandatory for IDEA so that it does not have to go through the appropriations process every year and compete with other priorities. So we would hope you would make that recommendation.

Finally, just as an example here in the State of Tennessee, if the Harkin-Hagel Amendment had passed and IDEA had been fully funded over a period of six years, a total of $1.8 billion would have been made available during that period of time in Tennessee for special education. Under the current funding system, only $825 million will be available for special education funding. So we certainly encourage you to both recommend fully funding IDEA and to also reject any voucher schemes. Thank you very much.

DR. GRASMICK: Thank you.

Sumida Chataborti? I'm sorry if I mispronounced your name.

MS. CHATABORTI: Thank you for giving me an opportunity to come over here. I didn't expect to

be here. I guess several dropped out, so I am here.

2

I am Sumida Chataborti. I'm am from Tennessee State University. I'm a researcher, I'm an educator, and I'm a parent. Since I wasn't prepared to be here, I am just going to put in a nutshell what I really wanted to talk about.

We are talking about inclusion and collaboration. We are talking about the majority impact. How can we be successful if we do not have any representatives from regular instruction and regular ed people? I don't know how many people are here. I am assuming the majority are from special education.

In the university and the public schools we always have problems in collaboration between the regular education and special education. We have only one course that is mandatory, required for general education and professionals or teachers to take this in special education. They continuously ask how they can learn if they do not take enough courses. So as a researcher and an educator that is

my question.

My next question is or my next comment is that I wear two hats. One of them is as a researcher and educator. The other one is as a parent. Let me tell you my third hat. I am a minority as a woman and an individual of an Asian group. So when I come to the school district, they said I do not understand them because I do not understand their culture.

I have two children, both of whom are identified as gifted. They had to be labeled as gifted to receive individual service. They could not get the individual service by educators because they said, Well, we cannot provide the time you need. This is the curriculum that we provide. So they had to be labeled as gifted to get their individual needs. That's as a parent.

As a minority in special education and a special education professional, my question is how can we staff our representation of minority, so-called diverse children with a background in special education, if we do not have enough minority personnel in special education? There are not enough

teachers that are representing diverse-culture-linguistic backgrounds.

We are fighting for this for years and years. We have more minority children in special education than any other areas. We have minority children with learning disabilities, more minority children are identified with learning disorders. Of course, the majority of African-American representation in Tennessee -- they're African-American in mental retardation areas.

So, again, I really ask the commission to look at the training or preparation of minority personnel in understand diversity in the classroom to prevent the drop-out rate. Understand the children before you label them. Thank you.

DR. GRASMICK: Thank you very much.

Terry Long?

MS. LONG: I come before you this afternoon completely unprepared to talk. Forgive me if I fumble. I just want to come here as a parent of a daughter who is about to turn 23 years old. She is a person with Downs Syndrome. We have been through a

year now of post-school transition stuff trying to get adult services.

I guess I felt compelled to come up here just for a moment before you and just put a face to what Dr. Wehman was talking about earlier when he was saying that there are tremendous problems bridging that gap between what happens in high school and then what happens when a child leaves that setting and goes into their adult life.

As I was sitting back here, I drew a little picture while we were talking about bridging the gap between research and practice. I drew a picture of school to post-school transition. That bridge seems to come to an abrupt halt, and some of those adult services are there but the gap is so large.

We have these inter-agency agreements on paper. We talked about the fact that most states appear to have something written down somewhere but it seems to be somewhere in a drawer. So I just ask you and I echo what Dr. Wehman was saying about coming up with some of the incentives to get that

piece of paper out of the drawer and actually get adult-services-agency-provider people really involved in the transition of kids out of their high school programs and into their adult lives. Thank you so much.

DR. GRASMICK: Thank you very much.

This concludes the public comment period of this meeting. We will have a 15-minute break and then return.

(Break.)

(Tape 8)

DR. GRASMICK: This part of the meeting will be Improving Research in Special Education. But before we enter into that part of the meeting, I would like to call upon Governor Branstad to make a statement that will be important to the commissioners and to the audience.

GOVERNOR BRANSTAD: Thank you very much, Nancy. Many people have asked or inquired about the process in how the work of the Presidential

Commission on Excellence in Education, how that is going to go forward. We did talk about this at our last full commission meeting down in Miami. I thought it would be good to reiterate this and maybe clarify it today.

This is one of the task forces of the full commission. Each of the task force chairs are responsible for developing and writing the proposed policy recommendation in consultation with their task force members. Each of the task forces will have telephone conference calls over the next few weeks to together to work out these recommendations.

The executive director and staff are responsible for the coordination and compilation of the draft of the entire report integrating the recommendations of all the task forces in a manner that is clear, concise, and structured to facilitate and ease in reading and understanding. The staff's work on the language describing each of the task force's recommendations must be approved by the chairs of each of the task forces before the preliminary recommendations are finalized as a draft

and released to the public.

However, our goal is to have this entire process completed and the draft Presidential Commission on Excellence in Special Education report available to the public for review and comments about a week before our next full commission meeting which will be in Washington, D.C., at the end of May.

So I hope that makes it clear. There have been rumors that it's already been written or whatever. I want you to know there is a lot of work ahead of us. I think we've gotten great testimony, and I am very appreciative of the good work of all of the task forces.

With that, I want to turn it back to Nancy, and thank you for your leadership on this task force on research.

DR. GRASMICK: Thank you.

As I indicated, this next segment will be Improving Research in Special Education. We have two experts who will discuss the OSEP peer-review system, how OSEP interacts with the field issues around research quality and relations with other federal

research agencies.

Our two experts are Dr. Donald Lee MacMillan who is a distinguished professor of education at the University of California, Riverside. His major research interests include classification of mild disabilities, risk factors related to school disabilities, social and affective characteristics and conduct problems of children.

He is joined by Dr. Ann Kaiser who is a professor of special education and psychology at Vanderbilt University. She is also the director of the Institute on Prevention, Early Intervention, and Families at Vanderbilt's John F. Kennedy Center. Dr. Kaiser's primary research interests include early language acquisition and intervention, ecological psychology and early-childhood special education and social policy.

Welcome. We look forward to hearing from you.

DR. MacMILLAN: Thank you. Ann and I have discussed what order to go in, and we finally decided to go with the age-before-beauty routine. So I will

be the person leading us off.

(Laughter.)

DR. MacMILLAN: I would like to thank the commission. It was a privilege to be invited to participate with this group and certainly an honor to be here. We have decided that I will try to focus my comments more on the OSEP research agenda a bit more specifically, and Ann will address more the OSEP agenda in the context of the other federal agencies funding research on children with disabilities.

I would feel much more comfortable talking about my own research than what the topic is that you gave me. But let me give it an effort and say that I am drawing on over 30 years of experience being a reviewer of, then the Bureau of the Education of the Handicapped, now the Office of Special Education Programs; serving a section which at that time was Hud III in the National Institutes of Health; and serving on review panels for CORE grants throughout the country.

I've consulted on the National Longitudinal Transition Study and have recently just

completed serving on the National Research Council's Committee on Representation of Minority Children. Probably the thing that qualifies me the best is I've had grant proposals rejected by all of those agencies and, therefore, have some perspective.

(Laughter.)

DR. MacMILLAN: Looking at IDEA and the role of Part D or the activities designed to improve outcomes for children with disabilities is instructive in the sense that for the fiscal year 2002 Part B that grants to states to actually implement the program is funded currently at just under $8 billion, with a B.

Part D, sub-part II which concerns research is currently funded at $285 million a year. Of that, approximately $78 million is devoted to research and innovation which I think most of us would discuss as being the research component of that. In addition, under sub-part II is personnel preparation, technological assistance, and so forth. So it is not just a research agenda that is included under that $285 million.

The one thing that strikes me as unique about the OSEP research activities, if you would, is the extent to which stakeholders have a voice in articulating the priorities that are undertaken under that research endeavor. That is, as designed, Part B and Part D interact with one another.

If we go back -- because I'm one of the few old enough to remember when it was enacted -- but when we first entered into the Education of the Handicapped Act, we suddenly embraced a whole host of children, those who had been excluded from public education previously, low-functioning, severely-mentally-retarded children, and we charged the states with implementing programs for them.

Yet at that time we didn't know what we were doing, and there was a need to generate knowledge and information about what to teach them, how to teach them, and how to most effectively achieve desirable outcomes for those children. We have come to grips with some of that. I would say that to some extent we have been a victim of our own success.

The aspirations and dreams of parents of Downs Syndrome children at that time are now expectations. We didn't believe we could teach Downs kids much, let alone how to teach them. But over the years we see today Downs children achieving at levels heretofore considered impossible to achieve.

When I entered this field, deaf children typically graduating from high school had a reading level of about fourth grade. Today we are seeing much higher achievement by children with deafness as a result of much of the research that has been undertaken under Part D.

Today it strikes me that we face new concerns. The question might arise, why do we keep having to find out information to help people implement Part B? In part that is because many of the children we're talking about -- let me say that from my point of view and the children that I've worked with -- are not learning disabled, but rather mentally-retarded children. For them the condition is not an acute one but rather is a chronic one.

The supports and services we provide them

in the second grade don't serve them well when they go to middle school. We need new information in order to serve them well in middle school. As they transition from middle school to high school and on into the work force, they need yet other and new supports. The supports we gave them previously no longer work. So it's an ongoing research effort.

Those charged with implementing Part B come back to OSEP by saying here's what we need to know to effectively implement Part B. That determines, in part, the priorities for what is funded under Part D in that research agenda.

There is a reciprocal nature between the stakeholders charged with implementing the Part B and the research community, and it's a somewhat unique one. That is not to suggest that in other agencies those stakeholders don't have some say in it. But I would argue that they don't have the say to the same extent that they have it through IDEA. They're provided that vehicle.

The intent of that research is to inform and assist parents, educators, teachers in the

schools, and others how to serve those children. In fact, under Part B and under the research and innovation component, there's a three-tiered procedure. One is the research and innovation which in turn should come up with knowledge and information that informs another set of activities that occurs, the model demonstrations which you've heard referred to here previously.

When the model demonstration projects can be exported, the research is supposed to go to a third stage yet, and that is to the outreach programs so that it can be implemented at a larger scale throughout other school districts and with larger populations of children. It seems to me that is a somewhat unique perspective that the OSEP Part D funding -- and particularly that dealing with research and innovation -- brings to the table.

Looking at that unique mission, it seems to me that it differs from some of the other agencies. I don't mean to suggest it is an either/or kind of situation. But under OSEP the research and evaluation activities tend more to be knowledge-usage

activities rather than knowledge production.

The research community in some of the other competitions will submit the proposal and they make the case for the research that they are going to undertake and make the rationale for it. Whereas, under Part D, it's the stakeholders who come back and establish what the priorities are going to be for some of that research.

When I was first approached by Jack Fletcher to come before you, I spoke with Troy Justesen to address several questions about the research agenda of OSEP. Let me go to those. Number one, how can OSEP better administer the research program?

It seems to me that one is in the number and the size of awards. It's been commented on before that the inter-agency program is now supporting a project to the tune of $25 million. I think Dr. Lyon mentioned that. The total funding for the research and innovation is $78 million under OSEP. In 1992 the amount of money, about two cents on every dollar for IDEA was spent under Part D,

under the research part. Today it is less than one cent. So the commitment to research under IDEA has diminished relative the to overall funding of IDEA.

It seems to me another way in which the research can be better supervised is in attracting leadership to the Office of Special Education Programs. Again, going back to an earlier day when I was interacting with OSEP, under sub-Part D you had three people in administrative capacities. Marty Kaufman was heading research and innovation. You had Max Meuller who was doing personnel prep, you had Nancy Safer doing the technology.

Today that's been reduced to one person, and that one person has to be either schizophrenic or cannot devote sufficient attention to any one of those and really direct the agenda of personnel prep or research or innovation or something else. That is not to suggest Dr. Danielson is schizophrenic.

(Laughter.)

DR. MacMILLAN: Secondly, as has been brought up before, I think we have to get incentives to attract the best people back into public service.

There was a time when it was an honor to go back and serve. I remember many people -- Sam Guskin from Indiana, Jay Gottlieb from NYU -- went back for stints to work in OSEP. With reduction in staffing, that is no longer the case. I can't explain why but it seems to me that is not a career option that people are seeing as a priority when they come out of their Ph.D. training programs.

Secondly, it seems to me that the appropriations need to be increased. We are being asked for a very aggressive agenda and being given meager funds in order to implement it. I think if we are to fully fulfill the intentions of the Part D, there is going to have to be more sufficient funding.

Let me turn to the review system, itself. I think there is room for improvement in there, and it needs to be improved. The review process has to be viewed as more than an administrative procedure whereby funds are allocated. That is, it seems to me that one of the purposes ought to be to improve the quality of research done on children with disabilities and in special education.

Toward that end adequate feedback, instructive feedback, and constructive feedback to people submitting proposals is an essential item. It is not just saying who gets the funds and we're done with it.

This requires project staff who are professionally prepared and experienced. That goes back to attracting the best and the brightest back to Washington to implement this program. It requires expert panels who possess expertise in both the methodologies being proposed in the research and in the subject matter content under investigation by the proposal so that an investigator can get a fair review when they submit a proposal and devote that much attention to the process.

For the review process to have credibility and encourage researchers to continue in that process, it seems to me that we must require first more systematic and thorough documentation by reviewers of their evaluation. Many have alluded here to the fact that getting back handwritten reviews does not instill confidence that you got a

good hearing, even if you did.

Secondly, there must be accuracy and checks by panel managers of the claims made by reviewers. I think there one thing is there is room for improvement in OSEP to make sure that project managers do oversee and review and edit what comes back to the investigator.

Thirdly, that reviewer comments provided be presented in a professional and otherwise appropriate manner without glib comments or snide comments coming back with the review process.

A second question I was asked to address was how does OSEP interact with other federal agencies that fund research on children with disabilities? Not meaning to be glib, but if I look at the people who are asked to testify here today, either OSEP is funding good researchers or you folks have asked for bad input from the people you've asked to comment to you. Most of the people -- if not all of the people -- who have testified here today have received funding by OSEP.

Secondly, another indication -- and I

certainly don't have a comprehensive perspective on all the research that they have funded -- but it is the extent to which people who have research funding from OSEP have also been funded by other agencies. A number of us have, in fact, been funded by OSEP, by NICHD, by OERI, and various other agencies that fund this kind of research.

Thirdly, if, in fact, the research is published in highly-regarded referee journals, I think that might be another way of looking at it. Much of the research that has been supported under Part D has found its way into those agencies, as well. It seems to me that the quality of research that has been supported has been of a good quality. That is not to say that some that has gotten out there is all good quality. I think, like any other place it has its limitations, as well.

In dealing with the interaction of OSEP with other agencies, it seems that is a two-way-street interaction. The extent to which OSEP interacts with other agencies also addresses the question of to what extent other agencies cooperate

with OSEP. Some of the ways in which I think they've been very effective in dealing with it, in the Bureau of Census, for example, disability categorizations have been included in census which it wasn't before OSEP reached out to them.

With groups like the National Center for Education Statistics, one of the task forces I was on was dealing with exiting data, the common-core data set, and the NCES, the high-school-and-beyond data set didn't look at disability status. OSEP has been able to negotiate with them to include disability status in that to, again, give some comparable basis because the criteria for dropping out in OSEP is much more rigorous than the criteria for dropping out under the NCES reviews for general education.

Thirdly, to comment on should the research program -- Dr. Lyon, I think that this gets to it. When I called to find out what I should be addressing, I was told by Troy to address the question, should the research program at OSEP be moved to another federal agency? Let me address that.

I think that any consideration of that has to consider seriously what would be the costs and what would be the benefits or the losses as a result of doing that. It seems to me that the research authority as described in the language is clear that the research undertaken under IDEA is not basic or bench research, but rather more applied research that will have a direct and rather-soon impact on practice.

In another federal agency the question is whether that focus would still be ensured that children with special needs would get appropriate attention and whether or not they would receive an appropriate education might be challenged and, in the worst scenario, it might be lost. Moving the research endeavor from OSEP would presumably result in some disconnect between the Part D authority and the Part B as I mentioned before of informing back to those charged with the implementation of it. Moreover, it seems to me that some of the missions that differ, the tiers of part IDEA -- I would just raise it as a question, not as a solution or

recommendation. If we move the research component, what do we do with the model demonstration and the outreach? Would they go as well or would they be retained under the current structure?

It seems that we have heard from Don Deshler today, Martha Thorleau, Rob Horner, and George Sigat at the University of Oregon. They participated in all three of those components. They are funded for research, they are funded for model demonstration, and then they go out and do a lot of training for the outreach venture. There is some efficiency to keeping those all together that I think potentially could be lost.

Let me just conclude by saying it seems to me that with the children that we are concerned with here with disabilities, they have special educational needs. I guess, unlike some who you've heard before, I'm not sure they go away. Some of the kids that we work with require very protected environments in order to be supported in their efforts. I think that research under OERI I think is unlikely. There has not been a strong reception to disability research

there. I think it is a very different political agenda than what we have had now.

Let me at this point turn it over to Dr. Kaiser who will continue on.

DR. KAISER: I hadn't heard that age-before-beauty thing when we made this arrangement. I'm glad I agreed to it.

(Laughter.

DR. KAISER: I'd like to thank the commission for inviting me to be here today. I'm really honored to have this opportunity to talk with you. I want to make four key points and then three recommendations. Because it's the end of the day and we are all tired, I'm going to go quickly. There are good things and bad things about being the last speaker. Everything I have to say has been said, but I get to say it one last time.

The key points here are that OSEP has a unique research mission and that the credibility and validity of OSEP-funded research is directly affected by the quality of grant reviews. If we can make improvements in the grant-review process, we will

ultimately strengthen the empirical bases of special education practice.

All of this is impacted by the limited resources that OSEP can contribute to research and the limited research infrastructure within which it works. Therefore, three recommendations:

- That the grant-review process be strengthened immediately and considerably.

- That research grants that remain in special education should be funded through OSEP.

- Finally, that additional resources should be allocated to support both OSEP research and the infrastructure for the review and administration of OSEP research.

I have a long list of things that I've done in the past that prepare me to make these comments. Like Dr. MacMillan, I've been rejected in all the best places. I've also served on four NIH panels and have reviewed intermittently for the Department of Education for the last 20 years. In the process of participating in those reviews, I think I've become even clearer that what OSEP

contributes is unique in the field and that that uniqueness is an important construct to hold in mind when we discuss the grant-review process.

The uniqueness of the mission of OSEP comes directly from the legislative mandate for special education services and the improvement of those services. OSEP funds research that directly influenced the practice of special education. It is that direct linkage between knowledge generation and knowledge application that sets it aside from the NIH agencies and NSF, as well.

In the previous presentations we've heard a remarkable report of research and how it has affected the practice of special education. Like Dr. MacMillan, I would like to point out that that is high-quality work that has been funded under the current system. So while there is much to be changed, there is much to be preserved. We should pay attention to both.

The key questions that have been raised about the OSEP grant-review process are as follows:

- Are the reviewers selected qualified to

evaluate proposals?

- Does the system for peer review embody the critical features for fair review of the research proposal? Those critical features would be high standards for the scientific rigor of the research, balanced standards that reflect both the importance of the problem and the adequacy of the approach taken and the research methods applied, and third, consistent application of standards across competitions and review groups.

- The third and final question is does the review process promote the development of high-quality research? In response to significant and continuing concerns about the review process, a number of steps have already been taken by OSEP to address these concerns. Most notably the establishment of a roster of continuing reviewers who compose standing panels.

While I believe -- and I think others do as well -- that these steps have been undertaken thoughtfully, there is much work to be done to strengthen the review process. Decisions about

research funding -- given the limited resources of the agency for research -- are obviously important. How these decisions are reached affects not only the allocation of resources, but also directly and indirectly affects both the validity and the credibility of the OSEP-funded research.

There are a number of ways in which we can immediately strengthen the review process. In general, we should consider an overall protocol that resembles the NIH review process that allows resubmission that has careful and public review of grants and continuing indexing of grants for the entire agency to a common standard.

We should place greater emphasis on the methodological rigor of proposed research using the criteria specific to the type of methodology. I think this is especially important and sets the process apart from some of what has been in the NIH agencies.

In special education there is group research, single-subject research, qualitative research, intervention and descriptive studies. The

specific research questions, the context in which the studies are conducted and the methodology vary widely. To compose panels where we have sufficient expertise in those research methodologies is not an easy task but it is an essential one.

Using a system of study sections or standing panels that include systematic training for reviewers, feedback and public accountability for reviews, sufficient staff support for professional and timely review, and indexing of scores across panels in research competitions would greatly improve the process.

In addition, we must consider the use of ad hoc reviewers for individual proposals where standing panels do not have the expertise to judge the methodology or the content of the proposed research. It is essential to the credibility of special education research that the review of our grant proposals is professional, public, rational, and dependable.

The criteria applied in the review must match those of the field for rigorous,

scientifically-sound research in special education. While these review criteria must also consider the importance of the problem being addressed, it is the adequacy of the proposed method to provide reliable and valid findings that should be judged with utmost care.

The methods are diverse, and there is a need for diverse reviewers, as well. But these reviewers must be able to make judgments based on being knowledgeable about the conduct of research in applied settings and the specific research methodology proposed. The construction of panels, therefore, must address both content and method and must be prepared to provide a sufficient number of experts that we can have diverse opinions about the adequacy of the methods.

I want to diverge for just a minute to talk about setting priorities for research as being separate from the grant-review process. It is important, it is essential, and it is mandated that we will set priorities for research with consumers, with stakeholders in the special education process.

I am entirely supportive of that. I think we can do it in ways that we have not yet constructed. But I do not think that one of those ways is to have stakeholders to be primary reviewers of the research quality of proposals for funding. That may not be a popular view but I think it's an important one. I would urge us to continue to think of how we can have stakeholders involved in setting the agenda, in reviewing the outcomes of research, in reviewing the scaling up of research to practice. But I urge us to consider researchers as the primary reviewers of research proposals.

In addition, it is important that the review process, itself, is organized in a manner that actively encourages progressive improvement of research through revision and resubmission based on previous review. Strong peer review makes stronger science, and better, more-accurate scientific information is badly needed to improve the practice of special education.

The review process, itself, must allow researchers to develop long-term programs of research

that support evidence-based practice. A rational system of review that includes progress reports from previously-funded projects and places newly-proposed research in the context of a researcher's record of empirical work and translation of that work into practice is needed.

So let me summarize the recommendations as follows:

- We need to provide professional, accurate, timely, and fair feedback to applicants. The content of that feedback should be substantive and reflect the technical adequacy of the proposals in precise terms and the importance of the proposed approach within the parameters announced for the competition.

- We should develop a system of grant reviewing that allows for systematic revision and resubmission of proposals, particularly in the field-initiated competition. There should be standing dates for annual competitions and predictable submission deadlines for special competitions providing sufficient public notice for applicants to

prepare relevant and rigorous application.

- Because much research implementation and all personnel-preparation grants are affected by the award date, it is essential that the timing of reviews and the notification of applicants about the outcome of reviews coincides with functional start dates for research and training activities, a small but extremely important step in getting research conducted in the schools and people trained in colleges.

In sum, evidence-based practice depends on sustained funding for important, credible, and methodologically-rigorous research in special education. A stronger system of peer review can strengthen the field in terms of the base upon which it is built.

I'm going to talk only briefly about the grant-review process remaining at OSEP because I think we have addressed that adequately in our conversation today. Like my colleagues, I believe that OSEP has a unique research mission and that that mission is not mandated to any other agency.

Moving OSEP funding to OERI, for example, does not directly address any of the concerns about the grant review of the administrative processes that I have just discussed. Moving OSEP research to NIH seems unlikely, given they're under different legislative mandates.

Let me turn, then, to the third issue which I want to spend a little bit more time on. One of the reasons that we have such difficulty in administering the grand-review process has to do with the infrastructure that has been built to support the review and the management and the administration of those grants.

Limited resources allocated to OSEP for research affect not only the size of the research funding program, but the infrastructure for administering that program. Limited resources affect the quality and the quantity for OSEP-funded research in several different ways. So I make the recommendation to increase the allocation of resources to OSEP for research not lightly, considering the need for research in this area and

not lightly considering the constraints on the budget, but because I believe these two things are absolutely essential to the future of the field.

The amount of money available for research is not sufficient to address the scope of issues facing the field of special education. Field-initiated research, which is arguably the most innovative and timely research in special education, receives minimal funding in the OSEP budget. Restructuring and reallocating funds within the existing research budget toward more funding of field-initiated research is recommended.

It is also the case that the level of funding for field-initiated research grants limits the type and the scope that can be conducted outside directed-research initiatives. While the costs for doing research -- largely personnel costs -- have risen steadily, the level of funding for individual field-initiated grants have not.

Several people today have spoken about OSEP's role in inter-agency collaboration. I want to make just a couple of comments about that. OSEP has

limited funding to contribute to those collaborations. That is one of the things that inhibits its being a full partner in any jointly-funded enterprise. Being a full partner in setting the agenda means being a full partner in paying the bills.

Given the constraints on the research budget at OSEP, it's unlikely that OSEP can make large contributions to any of the inter-agency initiatives. It's very simple. If you can't pay, you can't play. I don't think it's a case of the agency not wanting to cooperate.

I've attended three meetings in the last two years in which OSEP representatives have been full partners in the discussion of important issues around children's mental health, children's behavior problems, and families. When it comes down to being able to invest substantive amounts of money, however, you cannot do it on a $78-million research budget. You have to make choices, and you have to make priorities.

Limited resources also affect the

administration of OSEP research funds at several levels. OSEP has a very small number of professional staff with knowledge of research, the field of special education, the peer-review process, and the ability to communicate effectively with researchers. The very small number is not a criticism of the people who are there. It is a criticism of how many people are there.

While the NIH agencies have also been under constraints for numbers of staff, they have been able to successfully separate program and review and provide clerical support for the review process. Part of being able to do timely, professional, public-documented review is having the staff that are able to do that. I understand quite well why OSEP can't pull that off with the current level of infrastructure funding that they have.

Staff resources directly affect timely and professional review, they limit the options for multiple submission dates, and it limits the options for revising and resubmitting proposals because of the need for the clerical work that supports those

revisions and resubmissions.

On the other hand, the management of the portfolio of OSEP research grants is also constrained by its lack of resources. Staff have responsibility for both program and review that preclude the effective oversight of research grants on an ongoing basis. The professional training of staff members limits their effectiveness in consulting with researchers about complex problems in research and their time for overseeing the conduct of research once it is funded.

As has been noted by Dr. MacMillan, it is increasingly difficult to attract promising young professionals to positions at OSEP because of the limited professional development opportunities, the overwhelming scope of the workload, and the lack of support for the many tasks that staff are asked to do.

The linkage between resources and quality of research in special education is readily apparent. Too little high-quality research is being funded, and the problem does not lie exclusively with the grant-

review process. Given sufficient resources, the review system can be restructured to ensure high-quality reviews. It's broken but not impossibly so.

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Improving the review system alone, however, without increased research funding and without building an adequate administrative infrastructure to support research will not be sufficient to address the needs of the field for a substantive knowledge base directly related to the practice of special education.

Conducting rigorous applied research is extremely challenging, and the effective practice of special education requires that we are able to do reliable, valid, and conceptually-accurate research. OSEP has been mandated to fund such research in order to improve education outcomes for children. In order to meet that mandate, OSEP must have sufficient research funds, a credible system for awarding those funds, and an adequate infrastructure to support all phases of the grant-review process.

Thank you.

DR. GRASMICK: Now for commissioners' questions. Dr. Fletcher?

DR. FLETCHER: I'm going to apologize in advance for asking hard questions and want to indicate that I found both your testimonies very compelling. But there are some things that I would like to ask about that I think would facilitate the work of this task force in preparing its report.

The first question involves the level of support that's necessary to do adequate reviews. I am aware, for example, in documents that OSEP provided that approximately two percent of their budget goes into the peer-review process.

I have to say that while I found Dr. Kaiser's recommendations about the need for more staff and so on compelling, I am aware, for example, that in the Mental Retardation Developmental Disabilities branch there is a director and, I believe, now two program officers running an approximately $100-million portfolio; that the reviews are done -- and you and I were both on the same study section -- by one SRA with an assistant

who also had the responsibility for conducting reviews for institute-initiated investigations to RFA's and things of that sort, as well as a support for the RO1's through standing study sections.

I am having trouble understanding the difference in the allocations of resources. I believe -- and I hope I'm correct in this -- that the total amount that NIH spends just, for example, on peer review is less than 1 percent of its research budget. So I am wondering how you reconcile these differences with your call for more personnel.

DR. KAISER: Well, Jack, first of all, the NIH -- 1 percent of the NIH research budget is a lot bigger than 2 percent of the OSEP budget. That's one thing. A second thing is those amounts of grants -- the same thing applies to the amount of money that you're talking about. In terms of sheer numbers of proposals that are submitted, OSEP handles as many as 300 or 400 in a single competition.

That is part of the problem. It's a very short turnaround time, it's a lot of proposals, there's a lot of diversity in the proposals that they

accept, it's a different-structured system. I think it's problematic in the sense that -- first of all, if you begin with what the premises of NIH and OSEP are, NIH has as its primary charge to fund scientific research. So the agency is structured to support that.

OSEP has multiple agendas, and the agency addresses all of those agendas. As Don pointed out earlier, staffs serve multiple functions in OSEP. If you were to count the number of people and the caseloads that those people have, I don't think it's comparable.

DR. MacMILLAN: Jack, if I also might comment. You also have the personnel-prep competition, you've got the technical-assistance one. You've got all of those different ones which that same limited number of staff members are all having to have expertise in. I think the leadership in each of those would be desirable to have in order that they really get the attention they would need at the leadership level.

DR. FLETCHER: So, do we know how many

people at OSEP are responsible for all these different components of the program?

DR. MacMILLAN: I don't have a count, no.

DR. FLETCHER: Could we ask staff to find out for us so that we can evaluate the load?

VOICE: We definitely can find out.

DR. GRASMICK: And we'll leave the record open to receive that information.

DR. FLETCHER: The second question I had involves the idea that a major goal -- and this is for Dr. MacMillan -- a major goal of OSEP research programs is to have impact on the field in the shortest time possible. Yet we have heard repeatedly about the difficulties of implementing certain kinds of research that there has been -- from Dr. Deshler -- under-funding of research on scalability so that the implementation is sometimes difficult.

I will ask what I will acknowledge is a fairly mean question. I am very aware of the research you have done, Dr. MacMillan, on identification practices with children who have mental retardation and learning disabilities. I am

wondering how much impact you feel your research has had on federal regulations involving identification?

DR. MacMILLAN: How much impact?

DR. FLETCHER: Yes, sir.

DR. MacMILLAN: Probably not nearly as much we would hope it would. I think, again, that gets to the dissemination issue of what policy-makers are looking at. Hopefully through the LD summit and stuff it will have some impact. That remains to be seen.

DR. FLETCHER: But, in fact, if one of the ways we should be evaluating the impact of OSEP research, there are certainly some glaring examples. We heard, for example, quite a bit about curriculum-based measurement and what it would offer children with learning disabilities. Yet Drs. Fuchs, who testified today, acknowledged that it had not been scaled up very rapidly and that a great deal more research would be necessary to do that.

For the record, I want to ask you if you support the use of intelligence testing for the identification of children with mental retardation

and learning disabilities?

DR. MacMILLAN: Yes and no for mental retardation. Frankly with the National Academy panel we couldn't come up with any way short of using intelligence tests given the construct that it is low general intelligence to get away from intelligence testing.

For purposes of identifying children with learning disabilities, I don't think it is essential. I am more comfortable with the resistance-to-treatment approach. How those two interface, I think, is a major question confronting the field. That is, if you don't use it for this purpose -- however, you know, I've had discussions with Lynn Fuchs before about saying that of some of her kids that she looks at with the curriculum-based measures who are low and then low in slope, are those the kids at which point we might consider administering intelligence tests but certainly not to be doing it on the routine --

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(Tape 9)

DR. MacMILLAN: (Continuing.) -- basis of every kid coming in for an eligibility determination to give those tests to each and every child.

DR. FLETCHER: Do you feel like, for example, we need to have every aspect of a particular problem mapped out from the viewpoint of research before we attempt implementation? For example, should we continue with current identification procedures for children with learning disabilities when there is ample research evidence that these are not only invalid, but also unreliable, when admittedly there are problems with some of the alternatives?

DR. MacMILLAN: Well, I think with the conception we are clear on LD. I think the conception we've always been in agreement that it is unexpected under-achievement. It's been in the operationalizing and the criteria we use to identify which kids meet that criterion. It seems to me, looking at the consensus statement following the LD summit of using resistance to treatment, we still

have the operationalizing of that.

Once we see how that plays out, I'm sure that others will come up and say, Well, boy, we've failed at this end on that. It seems to me that it is a dilemma and we do have these kids far betwixt and between. Some alluded to the kids who are the shady-80 kids who aren't LD, nor are they MR, nor are they anything else, but they certainly need help.

DR. FLETCHER: Which is exactly the point. To a certain extent the eligibility process, and the fact that it is not anchored in research and what we know which is that it's difficult to discriminate and identify these children is something of an obstacle to providing services for them at least to a focus on eligibility instead of instruction as you suggested at the LD summit.

DR. MacMILLAN: I didn't hear a question but I'd say yes.

DR. FLETCHER: There wasn't a question. I do have one quick question just for the record. I'd gather that neither of you would support the statutory language that presently exists that

requires the inclusion of practitioners and people with disabilities in the technical review of grants with the peer-review process but are, in fact, recommending that these function be separated?

DR. KAISER: That's right. I do believe that input from stakeholders is enormously important. I do not believe the place for it is in the technical review of proposals.

DR. FLETCHER: Thank you very much.

DR. MacMILLAN: I think we do want to look for diversity, but we ought not compromise the research competence in doing so. But we ought to be looking for a diverse review panel as long as we don't compromise that.

DR. GRASMICK: Dr. Lyon.

DR. LYON: Thank you both for very strong and informative testimony. You both -- as well as the other witnesses today -- have highlighted a number of strengths that OSEP has. I'm sure this commission feels that those are extraordinarily important for our research endeavors in special education.

You've pointed out some shortcomings, some non-strengths in the system as it stands now. My question is how do we begin to systematically begin to solve some of those shortcomings? I'm a bit surprised we haven't done it before. But given that the peer-review issue is in front of us, the overwhelming number of priorities OSEP has to address is in front of us, what do you recommend to this commission in terms of strategies that we can actually bring to bear the recommendations you've made?

Before you answer, let me ask you this. It's a dumb question. Who makes OSEP respond to all of those priorities? In other words, I mean, the boss is back here. Who is it that overwhelms a research agency with the numbers of things it's expected to do? That is -- let me be more succinct. Why are there not programmatic priorities that are linked -- as you all have pointed out -- to IDEA or to figuring out which instructional approaches are most beneficial for which kids and so forth?

I just don't understand the vetting

process, the identification of research priorities that overwhelm OSEP. In other words --

DR. KAISER: Well, Reid, I think my response to that is that if you look at IDEA, it covers a lot of territory. The research priorities cover not even all of the things we say we are going to do in IDEA. I think the issue is about how to set priorities.

I think that one of the options is to allocate more money to field-initiated research, to have guidelines of the priorities of the agency, and to let researchers make choices among those priorities but maybe to have a narrower scope of research priorities that are addressed in any given five- or ten-year period.

DR. LYON: Yes, so that's my question. Why has the scope been so broad that it hamstrings the efforts in that manner that you all have described? Why can't there be that priority-setting noting that we can't get to everything at the same time and we're going to have to identify that which is most important?

DR. KAISER: Well, I think there is one other part of this which is that one of the things that is one the strength of OSEP is also a difficulty. That has to do with the seven different phases that Don Deshler laid out of the research-to-practice process. You know, if you have even a few competitions in each of those, plus you have personnel prep and a few other things going on, you already have a couple of dozen things that you're doing at once.

It's not so much sure that the research part of that is so broad as it as that there are so many different functions in research development, technical assistance, and personnel prep that are supported that the combination of all of those things is really extensive. It's also really understandable and probably necessary. So we may not be able to fix all of that, but I think we can systematically address the part that has to do with research funding and research grants.

DR. MacMILLAN: I'd also say that looking at the magnitude of what the charge is there and then

looking at -- I'm not critical of it, but the leadership. It seems to me that my experience with OSEP and having been a president of the division on research, we met, I think, three times with Lou Danielson on the standing panel issue alone. We were going over that.

My sense was that he had good intentions but as soon as he left us, somebody else hammered him. It's tough to follow through on some of these things when you have these different people coming at you from different directions. I think there's good intention there, and I think there's been progress made.

There's a group that met with him last year on the review process of standing panels. There were recommendations made. I think some have been implemented but, again, other things have come up, and I think it's been very difficult with one person really the head of it.

What are our needs in leadership? We had discussion before about where are the next researchers coming from? In the field-initiated, I'd

say that's where we're training the next generation of researchers. We not only use it for research, we're supporting graduate students and training the next generation of researchers. When you look at that budget, we're not going to have many come out if we can't expand it.

DR. LYON: The issue about the review budgets, the review budget within NICHD is .5 percent of our NICHD budget which is somewhat equivalent to OSEP, maybe a little bit more. That pays for the internal review sections, which I think you've been on, Ann, and Don, maybe you, as well.

DR. MacMILLAN: I agree completely with Ann's point about when you have staff that you can go to for assistance and information, it's nice. OSEP, I think, is torn on that. They don't know whether to -- they talk to me, and does that give me a benefit over Ann coming up? So the separation of review and program is a very desirable feature.

DR. LYON: Right, and I'm just suggesting that I think even with limited resources, it can probably be at least initiated. I think this is part

of the process of how we get better at this. Related to the other thing, Ann, I will disagree with you with respect to having to pay to play.

We are in intellectual partnerships with a number of agencies, including OERI. They're not giving us money for anything, but they certainly are intellectually involved in a lot of the development of new initiatives. We've asked OSEP to be a part of that. Never happens.

DR. KAISER: But OSEP has been involved. I've been in several meetings where OSEP has been involved in substantive discussion about cross-agency priorities around children's mental health in particular. But I think part of being able to shape those inter-agency research agendas is being able to contribute money and being able to have staff present through the whole process.

So even when people contribute, you know, to the agenda setting, they've got to be able to see it through, and that means having a stake in seeing it through. It's very hard on a limited research budget to make those kinds of choices. I really

applaud what NICHD is doing, though, in reaching out to other agencies. I am really happy to see that happen.

DR. LYON: I think what we -- you know, I don't know if anybody said it today yet, but one of the charges the president gave us the day after he came into office was to develop programmatic initiatives that would make sure that our country's kids entered school and continued through school, learning how to learn, being emotionally healthy and socially competent.

He admonished us not to become parochial or agency-driven but to reach across all agencies to do that, for the first time to develop bona fide, general collaboration such that we are all planning at the same time, knowing the strengths and weaknesses of different agencies. I think that's a culture that has not yet reached OCEP at all. It's insulated, it's insular, and there's no reason for it.

DR. MacMILLAN: It's also true of OERI. You go in there and try to talk disability to those

folks, they will not listen. They're very insular. They're in school reform, there's a political agenda. You know this is not unique. When you start looking at the review process, what we've alluded to here with regard to OSEP, you get the same handwritten reviews from OERI. There is no standing panel there.

All of the frailties that we have described and admitted to about OSEP are every bit as true of OERI. So it is something I think is endemic to the department. It is not something that is unique to OSEP in many cases.

DR. LYON: Right, and I'm not suggesting that. I will let -- I will say clearly that OERI is going through substantial change, as well. I don't think we'll be seeing what you just described next year, for example.

DR. MacMILLAN: Except the field-initiated competition was canceled this year from them. So for investigators to come in, there is no funding for this year which, again, impacts our graduate training program, the research agenda, and so forth.

DR. GRASMICK: Thank you.

Dr. Wright?

DR. WRIGHT: Thank you, Madam Chair, and thank you, gentlemen. I have several comments but I've timed my comments. The first thing I want to say is to Dr. MacMillan. I don't really have to ask you a lot of questions because you have really added to my knowledge base of special education. I know a lot about special education because I know your work.

I use your work in mental retardation. I don't like to use alphabets. MH is mental retardation, LD is learning disabilities. I am just so pleased to just dialogue with you. I am not going to try to debate with you because I would lose. I have learned so much by using your work.

DR. MacMILLAN: Thank you.

DR. WRIGHT: It's just a pleasure to be here. I don't really have to ask you a lot of stuff because I will go back and read all those books I have. One thing that being on this commission has made me do is to go back and read. So I came here ready with a certain knowledge base so that I don't have to ask a whole lot of questions.

I want to ask Dr. Ann Kaiser -- I want to pick on you for a little bit. I am so glad that you're here. I don't know your work as well as I know the work of Dr. Don MacMillan. But I was so pleased to hear you in your comments say that there needs to have diversity in terms of reviewers. I want to ask you who do you mean by that diversity? Do you mean racial diversity? I hope so. Do you mean religious diversity or just what kind of diversity do you mean?

DR. KAISER: All of the above and also people with disabilities who are researchers.

DR. WRIGHT: Another thing you said was we need diverse opinions and so that ties in. Another thing I wanted to ask you about. I call it field testing because when I was the director of special education back in Illinois, some of the researchers would bring their projects and their ideas and their programs to some of us to test them in the field to see if they really worked.

What kinds of research do you think would be better used for field testing? I'm a field

person, to get out in the field, out in the trenches where the teachers need us and where the kids need us. Can you talk to that for a minute, please.

DR. KAISER: I'm not sure if I understand your question about field research. I'm assuming that most of the research that we do in special education is field research. Very little of it is done outside the context of settings where children and families typically are.

DR. WRIGHT: Yes, but that's what I'm saying. I think that some of this research needs to be done -- put it out in the field to see if it really works, to see if these methods really work that we sit in the universities and say will work, we sit at OSEP and say will work. Put it out there in the field and see if it really works. If it works, use it. If it doesn't, then don't use it in terms of field testing methods, in terms of field testing materials, and on diverse populations.

I don't want to sing this song, and I don't usually play race cards and all like that. But we know that there's an over-representation of

minorities in special education. I'm talking about black people, African-American people, Negroes, colored, whatever you want to call us. I'm also talking about Hispanics whether they're Puerto Rican, whether they're whatever. I think that a lot of the field testing without the research needs to be done that's really going to help minority kids.

DR. KAISER: I agree with that. I think one of the things we've learned is that there are a lot of stages to field-based research. There's conducting research in schools, and then there is having schools adopt curriculum approaches and use them themselves and lots of steps in between those, that field research isn't just one thing. It might be four or five different phases of moving from research into practice.

DR. WRIGHT: Thank you.

DR. GRASMICK: You're welcome.

Dr. Pasternack?

DR. PASTERNACK: Thank you, Madam Chair. I would like to ask both of you what you think the greatest contribution has been in terms of research

in the last 25 years based on what OSEP has provided. Don, I'll start with you first.

DR. MacMILLAN: Had the most influence?

DR. PASTERNACK: Had the most significant contribution, the research that OSEP has funded, in your opinion?

DR. MacMILLAN: There have been a number of different investigators. Are you talking about the work that's been done in LRE or the work that's been done on assessment? Are you looking for specifics?

DR. PASTERNACK: When I came to OSEP, one of the first questions that I tried to ask was that type of question. What's the legacy of accomplishment? Where have we been? I'm trying to get a sense of where we've been, where we are, and where we need to go. So, based on your legacy of accomplishment, based on your knowledge of the research and the fact that you've been involved as long as you have, I'm just curious from your perspective what you think the most significant -- what have we done --

DR. MacMILLAN: Let me take a shot at it. It seems to me that from '75 or so on up until the '80s we are concerned with access of kids. So during that period of time, there was a lot of work done on identification of children and some of the implementation techniques with kids we hadn't served heretofore.

We had the issue during the '70s and '80s dealing with issues of over-representation of minority children. Issues of assessment were a big issue at that time. I am reflecting my own reading of that literature and probably missing some things outside of that.

It seems to me there continues to be a lot on LRE today. In many cases in looking at what will make it work, I think some of us use that as the independent variable in which we say we don't know if it works and so let's look at it. Others are using the deep end of the variables. They know it works, so what are the impediments to implementing it?

I'd really be hard-pressed to say. I read a certain cut of that literature, and I don't go into

certain of the sensory and orthopedic conditions. There may been ground-breaking work in there that I'm just not aware of.

DR. PASTERNACK: Okay.

DR. KAISER: Let me frame it a little differently. If we hadn't had OSEP-funded research, we wouldn't have the technology for teaching children with disabilities. I think it's about that simple. Now, that technology has a lot of pieces to it.

It has instruction, it has delivery of instruction in inclusive classrooms. It has the involvement of families in decisions about their children. It has moving instruction from didactic pull-out models to naturalistic instruction embedded in inclusive classrooms. It has extension from infants to 22-year-olds.

Although we would have had an understanding of the ways in which kids learn and the factors that effect learning, we wouldn't have the technology for instruction if we didn't have OSEP-funded research.

DR. PASTERNACK: Okay. Thank you both for

that. Let me ask the question a little bit differently. I'd like both of you to tell me your three priorities for research funding for OSEP as we move from this year to next year's budget.

DR. KAISER: Three, we get three?

DR. PASTERNACK: We'll start with you, Ann.

DR. KAISER: These are very personal priorities. My number one priority is the prevention of behavior problems in young children because I think that probably makes the biggest difference in how many student we see in special education. We don't have an effective technology for identifying or preventing the development of behavior problems. So that remains for me a really important priority.

DR. PASTERNACK: Okay.

DR. KAISER: I'm an early-childhood person, so I'm really biased around continuing commitments to early intervention, and that is probably the greatest one.

I think the conversation that we've been having all day today about scaling up interventions

calls for a different kind of research. This is not so specific to what the content of that research is, but research that moves to larger-scale applications of effective educational technology is a really important research agenda for us in the field.

I don't know if I have a third. I have about ten others but those two are the ones that really come to mind as being incredibly important for us to be doing at this point in time.

DR. PASTERNACK: Are you thinking -- I know this is probably not the right venue to get into this depth of discussion. But given the work that is being done by George and Hill and Rob and those folks in Oregon, are you saying that there needs to be more done in the area of preventing behavior problems in young kids?

DR. KAISER: We're 25 percent accurate in identifying four-year-olds who as seven- or eight-year-olds will still have a behavior problem. We're not -- the methods that we have for early identification are not very effective. We have basically no convincing data that early intervention

at age three or four has long-term positive outcomes.

That doesn't mean it isn't true. It means we don't have any convincing data to show that. It's a really important problem, given the numbers of kids that are being identified with significant behavior problems.

DR. PASTERNACK: So is that one of the fundamental differences between the research that OSEP funds and the legacy of accomplishment at NICHD in terms of their funding large-scale, multi-site, coherent longitudinal studies and OSEP going on the sort of cyclical, shorter-term, lack-of-coherent -- I wouldn't say incoherent -- but lack-of-coherent, fragmented perhaps approach to such a huge diversity of issues that we face in terms of trying to improve outcomes for the wide array of kids that we see having disabilities?

DR. KAISER: I think that's part of the issue. I think that the need for longitudinal-outcome data for any of the interventions that we fund is really important. Taking into consideration the effect of multiple-classroom experiences and

successive interventions that kids typically get in special education, we know almost nothing about the life course of interventions for children with disabilities and their cumulative outcomes on those children's learning and life adjustment.

We have not looked very broadly at classrooms as they affect kids one year after another year. It's like every intervention we look at is short-term focused, as if the child in kindergarten is not going to be in a grade-three inclusion classroom that also affects his long-term outcome. We need more sophisticated analytic models for looking at classroom effects, and we certainly need longitudinal data that consider the multiple treatments that most children receive.

That's a kind of research that's expensive, it's complicated methodologically, and it's really important to understanding the long-term outcomes of special education. Yes, I think that's not what OSEP has been well positioned to be able to fund.

DR. PASTERNACK: Thanks.

Don?

DR. MacMILLAN: I'd say one thing that I would recommend for OSEP to be somewhat unique, and that is to fund research that goes beyond set nine. I think that most parents of children with disabilities have aspirations for their kids concerning outcomes that go way beyond just academic achievement.

I think as we start looking at parents who are concerned about their children's vocational adjustment and so forth. I think there are important outcomes like how kids feel about themselves, getting along with peers, interacting.

Secondly, I'd be remiss if didn't say that I retire in seven weeks. This group of kids that I've been concerned with throughout my career are the children who have low aptitude and low achievement. I think that they are in many numbers being identified in the LD populations of the schools. They are being ignored and are, therefore, in the general education population of schools. They are a group who will not have advocates coming forward to any of the agencies

because the parents are basically out of the political arena.

I think some agency somewhere has got to have some concern over that group of children who are largely from urban centers, are not represented by parents very well but whose academic careers up until now we have not successfully reached them. I think they are a group sorely in need of study and support and advocacy.

DR. PASTERNACK: Do you find it troubling that your testimony earlier said that 20 years ago we looked at disproportion of representation of minority kids in special education and in 2002 we are looking at disproportion of representation of minority kids in special education?

DR. MacMILLAN: No, I'm not discouraged. The condition has improved dramatically. Even within the context of mental retardation, it's not gone away. But the magnitude of the disproportion for black children in mental retardation has improved dramatically.

I would say of equal concern is the fact

that because it's not disproportionate, we haven't been as concerned with the fact that for Anglo, black, Hispanic kids the increase in the number identified as LD has become epidemic. That, I think, ought to be a concern equally great as the one over the continued over-rep of black kids in mental retardation.

DR. PASTERNACK: I know the time is short but earlier I had to write down something that you said, "Snide remarks by reviewers." I'm curious about that; would you elaborate on that.

DR. MacMILLAN: I can even get personal as a recipient. When staff doesn't have -- for example, the big distinction you see when you submit to NICHD, you'll get your pink sheets back. They are typed, they are grammatical, they're organized. Staff has clearly reviewed them.

With OSEP and OERI what you get are the reviewers have traditionally -- and I understand that that is improving somewhat; they did get advanced notice. You would come into Washington and you would get them when you arrived. You'd go to a hotel and

you would review them. So the comments are handwritten when you get them back.

Sometimes they are ungrammatical. We had one where we used the cohort design because it was a $180,000 budget. We couldn't get enough kids, so we did a cohort design. The review comment I got back was, Why don't you get it right the first time?

I thought that was inappropriate, it was snide. I think others can share similar kinds of things with you. That kind of thing shouldn't slip through the agency and come back to the investigator. That's the point I was making.

DR. PASTERNACK: I guess my last question would be, now that you are retiring, clearly you are going to come back and help us fix some of these things based on some of the experiences you have had, right?

DR. MacMILLAN: If it's in Oregon, I would be glad to.

(Laughter.)

DR. PASTERNACK: I guess with that, Madam Chair, I will stop at this point. Thank you.

DR. GRASMICK: Thank you.

I want to be sure there are -- Dr. Lyon, I think I was somewhat abrupt at the end of yours because I was eager to be sure everyone got their questions answered. I would return to you to say do you have any outstanding questions? No? Thank you.

Thank you very much; very interesting, very helpful testimony.

Okay, we are now moving into a period of facilitated discussion. We would invite any of the previous witnesses to join us for this, including these two. If you'd like to stay with us, we would love to have you.

Dr. Dan Reschly, who is the department of special education at this university is going to be the person conducting this. That's going to be helpful to us in drafting a research agenda from documents that the task force has collected and certainly from today's presentations. The task force intends the summary of that agenda as it develops its recommendations.

I'd just like to say something about Dr.

Dan Reschly, the professor of education and psychology and chair of the department of special education at Peabody College, Vanderbilt University. From 1975 to 1998 he directed the Iowa State University school of psychology program where he was a distinguished professor of psychology and education. He's published extensively on topics of special education, system reform, over-representation of minority children and you, learning disabilities, and mild mental retardation.

Welcome, Dr. Reschly.

DR. RESCHLY: Thank you very much, Madam Chair. Thank you again for the opportunity to appear before this panel. This is a very unusual experience in my career. I rarely get asked back to speak to people for whom I've spoken to before. So this is a special time.

However, I am in the role today of a facilitator. I asked Troy, but I see Troy's left. Troy's the person who put me into this role, and I asked Troy what were the expectations, what should I do? He said you'll kind of know when you get there.

I asked my wife last night, and she said, You have to go in tomorrow for that thing? I said, Yes. She said, What are you doing? I said, I'm a facilitator. She snickered.

(Laughter.)

DR. RESCHLY: So I'm afraid my expectations are not very high. What I've done today -- and I intend to make a few brief remarks and then open the agenda for discussion. I wanted to provide for you the general themes that I've abstracted from listening to the testimony today, from reviewing the various recommendations. I realize there may be questions about whether I really got everything in there correctly, although certain things ought to be restructured or stated in different ways.

I will go through these themes rather quickly and then open the floor up for discussion. There clearly was a strong theme through many of the recommendations to retain the Office of Special Education Programs as a primary site for research on persons with disabilities. I emphasize the article there is as a primary site, not the primary site, but

a primary site for research on persons with disabilities. That recommendation, I believe, came from the presentations of several of the different scholars represented here today.

Second, the importance of recognizing a unique OSEP mission compared to other federal agencies. I believe Don MacMillan was most articulate on that point of view. But it was also mentioned by a number of other persons as well. He focuses on -- and here I have something that I mistyped this morning -- but the three broad research programs are levels of research done in OSEP, field-initiated research, and it should say and directed research. Secondly, model demonstration, and third outreach projects.

There were several recommendations throughout the day -- Deshler, Kaiser, MacMillan, several others who talked about improving the OSEP infrastructure through increased staff with research expertise. My personal acquaintances at OSEP, some of whom are very sophisticated with regard to research, others admittedly are not. I think OSEP

needs more people that have a high level of expertise with regard to research methodology, methods of analysis, and so on.

The second strong theme is to increase research funding particularly in order to meet the demand for scientifically-based practices. I think the emphasis on scientifically-based practices is one of the most important things to happen since the original enactment of mandatory special education law in 1975. I think it represents one of the greatest opportunities this field's ever had. I'm hoping the field will embrace this and make the very, very best out of it. But it will require further research investments in order to meet that challenge.

There were a number of comments regarding continued improvement in the OSEP grant-review process. I've been a recipient of that grant-review process, as have many of the persons who testified today and many other persons in the room. We need to ensure that there are sufficient numbers of reviewers with research expertise regarding methodology and content.

Don chose not to elaborate on the issue of if you can't get enough subjects the first time and why don't you do it right the first time, when somebody was looking at his proposal of a cohort design. Well, a cohort design is a very strong methodological technique. It clearly represented a research reviewer who didn't know very much about methodology. That's unfortunate; that tends to drive away good research or it leads to the funding of research that's less that optimal.

Secondly, we need to establish and implement expectations for the quality of reviews and the quality feedback that goes to investigators. When you receive an area that had 10 points and somebody says I didn't like it and that is the extent of the remarks, which I have received. Maybe it was so bad it didn't deserve comment.

Perhaps I should have checked with my colleagues to see if anybody else has gotten any comment like that. Nod your head no. Doug says no. Well, there it is.

(Laughter.)

DR. RESCHLY: The third comment has to do with the use of standing panels. There are many advantages of a standing panel. They are that the panel can be trained and can develop a level of expertise to ensure a level of quality and also that the reviews meet high standards.

Further, there were recommendations regarding close alignment of Part D with Parts B and C; the Fuchs, Deshler, several others suggested that. Deshler suggested further linking Part D funding to Parts B and C funding levels. The analysis presented here today suggests that the relative proportion of money going to research out of OSEP as a proportion of B and C funding has declined and actually declined a significant amount over the course of the history of IDEA.

Don Bailey had several remarks about field-initiated research that I think other persons alluded to, as well, which I thought were particularly on point and appropriate. I think we do get some of our most creative and most useful ultimately research out of the field-initiated

program.

Don suggested raising the field-initiated research grant limits to at least $250,000 from the current $180,000 -- they have been at $180,000 now for quite a long time -- to establish two field-initiated research cycles each year and then to allow resubmissions.

Many people -- based on my experience in doing grant reviews for OSEP, and it is an onerous process because you don't see the grants until you get there. You get too many to read after you do get there, and then you are closeted in a hotel room in Washington when there are better places, I think, to review grants, usually without a lot of technology support.

So there you are making handwritten comments on a grant that you've read over a short period of time, and it's real difficult for you to study that grant thoroughly and make the kind of insightful comments, the kind of penetrating analysis that the authors of that grant deserve. If we could improve the review process and allow for

resubmissions, I think we could have the effect of raising the overall quality of research over time, certainly a strong goal for all of us.

In terms of research policy and content, well, there was emphasis from Deshler on greater analysis of context effects, the scalability and sustainability. In one particular area in which I have some limited amount of expertise but a great amount of interest, that has to do with the use of alternative criteria for the diagnosis of students with high-incidence of disabilities including learning disabilities.

We have a fair amount of experience doing that in one state, and a small handful of districts in other states. Although I am a strong proponent of those alternative criteria, I personally want to see studies on scalability. What does it take to implement those methods in California, as opposed to a more-rational place like Iowa, just to choose and example?

Without that research our great danger -- and it would be a great blow to things I've worked on

throughout much of my career -- the great danger is that we implement too rapidly, implement badly. It all falls flat on its face, and we go back to practices that are not supported by research. So I strongly emphasize this particular recommendation regarding scalability. We need improved dissemination efforts and enhanced collaboration among stakeholders and a better focus on R&D priorities.

Now, in terms of research content, we heard from people who are interested in early childhood special education and early childhood education; we heard from people that were particularly interested in inclusion generally; we heard from people particularly interested in transition. I do not mean to denigrate anything about their presentations. But predictably, they all found the need for substantially greater investments in their areas.

About all I can say is that if you had other people at the table with a different set of priorities or set of expertise, you would see similar

kinds of recommendations coming from them. But I did abstract from those presentations some of what I think are generalizable points across different content areas associated with the education of students with disabilities.

First is the importance of assessing and improving outcomes. I have here in early childhood, in transition, et cetera. But please add to that in programs for students with behavior disorders, students with sensory impairments, et cetera, et cetera. But a strong emphasis on improving outcomes is a critical challenge for this field.

Second, to improve measurement tools. For example, the expansion of CBM to include other subject matter areas; the development or possible development of national norms for CBM; improved measurement tools for early-childhood outcomes in terms of transition, early-adult adjustment, et cetera.

A third common theme that I think's applicable to a broad number of areas has to do with the requirement or better requirements regarding the

implementation of research-based practices -- I'm going to go a little beyond what people testified -- in personnel development. In other words, I think there ought to be a criterion on personnel development proposals; that people show that they're using research-based practices. That particular section ought to receive a substantial number of points. More over there ought to be further statements in the certification or program-approval requirements, say those established by CEC, those that are established at the state level that would require research-based practices as a fundamental part of the training of all teachers. I mentioned earlier the research on alternative classification methods and so on.

My last slide, we need longitudinal studies across areas with regard to transition. Most of our research on transition right now involves the first few years outside of school, the first couple or three years beyond school. One of the interesting things is -- I was only involved in one study of this and I was a consultant to it, which means I couldn't

do anything but they paid me more than I was worth -- was the interesting perspective that, if you compare the --

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(Tape 10)

DR. RESCHLY: (Continuing.) -- employment rates of students with disabilities to the employment rates of other youth of 18, 19, 20, 21 years of age, you'd be surprised how many other youth never identified as having disabilities are also unemployed or marginally employed or their employment is extremely unstable. We need better longitudinal studies, particularly beyond what happens in the first two or three years outside of the cessation of special education programs.

Finally, there is the personnel development issue. The infrastructure for research depends very heavily not just on better funding, better review processes, but it depends very heavily on sophisticated personnel who can design, implement, carry out, interpret that kind of research.

We are very concerned as a field about where do we find the young Don MacMillans? We do not have enough people going into research careers in special education. I know Don says he is going to ride off into the sunset in seven weeks, but I am betting a lot of money against it. I don't think Don's career is over as an active researcher. In fact, I think he'll probably do more research because he won't have to go to any more committee meetings.

I do believe that you might not go to committee meetings. I think there is a pretty good possibility that you maybe have been in on your last graduate studies committee, although you chaired it for a long time I know.

Those are some of the major themes. I think we ought to open it up for discussion and further questions of persons on the panel, Madam Chairman?

DR. GRASMICK: Dr. Fletcher?

DR. FLETCHER: I just want to clarify some of the other points I heard today to make sure that the panel agreed about these points. One was the

need perhaps to focus a research agenda so that there were more resources so that research can do a better job on perhaps fewer priorities. Is that a correct -- I mean, if anybody disagrees with that, please let me know.

The second was -- and I thought I heard this certainly from Dr. Kaiser -- is the need to separate review from program so that review is a separate process so that investigators can have access, for example, to people who might be able to explain the review to them, but fundamentally a separation of these activities so that the same functions weren't being done by the same people which has to be very difficult on staff. Is that okay?

(Pause.)

DR. FLETCHER: Then I also thought I heard comments that I would have interpreted as a concern about the ratio of field-initiated versus directed research programs which presently, I believe, is at about a two-to-one ration in favor of directed research. I think, regardless of the amount of funding, the researchers that we heard today were

recommending some shift in that balance toward the field-initiated side.

I thought I heard support for changes in statutory language about the nature of peer review and how panels should be constituted, correct?

(Pause.)

DR. FLETCHER: Then I also thought I heard very clearly an emphasis on studies of scalability as well. In terms of that emphasis, I'm really curious. I know that Part D provides approximately $58 million in technical assistance and dissemination. I'm wondering if that component is not for scalability, what is it for? Does anybody know or have an opinion?

DR. KAISER: I have an opinion. I think that some of that money ought to be earmarked for research on technical assistance and dissemination and that perhaps that is the way we could increase the overall amount of money at OSEP that is targeted on research. I have the same opinion about personnel prep.

If I could claim my third research wish,

it would be that we did research on how to train teachers. We do very little research on how to train teachers. Possibly some of our personnel prep money should go into researching effective strategies for training teachers, as well as for supporting teachers in training.

DR. PASTERNACK: I'm sorry to interrupt, Dr. Fletcher, but that's one of the concerns that I have that for 27 years into the implementation of this law, and we are still asking some of these same basic questions that I think I'd hoped we would have answered a long time ago. But thank you for your third wish.

DR. FLETCHER: So, I mean, essentially what your thought is is that some of this money ought to be directed toward research on scalability given that we've heard several people talk about the absence of this sort of research. The government has thought it important enough to institute an entire federal initiative that focuses on scalability which is the IERI.

Does anybody have any concerns -- and

everybody knows that I ask questions fairly obliquely -- about the fact that peer review is contracted often with the same support organizations that compete with grants? Are there ever any concerns expressed about the fairness of that particular practice?

DR. MacMILLAN: Jack, could you go further with that.

DR. FLETCHER: Well, specifically it is my impression from material that was provided with OSEP that a substantial amount of the peer-review mechanism is done through a contract with an organization that has headquarters in several different locations in Washington and elsewhere. But I also know that this organization competes for funds from OSEP, and is, in fact, a recipient of contracts and directed-research programs. I am wondering if anybody ever voices concern about the nature of that relationship.

DR. MacMILLAN: Yes.

DR. FLETCHER: So I am not alone in noticing that?

DR. MacMILLAN: I would have concerns about that because I think that we -- let me say that I have to preface this by saying that coming from a university background that when you get a grant at a university, typically it supports graduate students, it supports masters theses, dissertations, and so forth. The federal government for that research dollar -- the information is for dissemination very widely.

The concern I have is that they will fulfill the obligation of the contract, and it doesn't get into the professional literature and there may not --

DR. FLETCHER: In peer-review publications, for example. I think the same thing we could say about the part of Part D that's oriented towards what I think are called studies and results. I think it's about $15 million, all of which is contracted out to for-profit research organizations. They have, for example, different requirements and expectations for reporting results relative to what would be expected if you had a field-initiated

project.

Then one other question, if I may, Madam Chair. This is also probably a little unfair but I feel compelled to point out that I'm not an educational researcher by training, but I certainly do research that people would consider educational. I'm really -- just to take Vanderbilt as an example. I have very little interaction in my hometown with people who work in special education departments.

Yet I had no access, for example, to training funds that are earmarked for students that want to learn to do research on disabilities. Yet I train students to work in schools and to research on disabilities.

I'm sort of wondering if there are examples of university programs where special education training programs interact with other departments or training programs or things of that sort. In other words, are we completely dependent on the personnel-preparation grants to train people to do research on children with disabilities?

DR. WOLERY: I don't think we're totally

dependent on it, but I would suspect that those of us who aren't retiring at least almost all of us were trained on those. So it's been a real important thing to the field. Most of the productive investigators who identify themselves as special educators came from or some of their graduate training was in those projects.

The other part of your question, I think, was are there programs that are interacting with others?

DR. FLETCHER: Do you interact with other research preparation?

DR. WOLERY: Yes. The University of North Carolina example is one where there isn't a department of special education now. It's special education literacy and family studies or something. That's traditionally, as many other departments have been, embedded with other disciplines. So, yes, there are plenty of examples I think.

DR. DOUGLAS FUCHS: Can I respond to both those points?

DR. FLETCHER: Yes.

DR. DOUGLAS FUCHS: With respect to the first, I think that if you were to look at the top tier and then the next tier of special education departments in this country, you would find that one of the distinguishing characteristics between those two tiers is that in the higher tier, most of the students are full-time students.

What permits these students to be full-time in the overwhelming majority of cases is the money that comes from the federal government to help defray the costs of their education. You are talking about entirely different cultures, as I suspect you may know and appreciate, between students who can work full-time versus part-time.

Second point is -- and I'm not speaking necessarily with respect to Peabody College of Vanderbilt University when I say this. One of the reasons why there isn't the kind of collaboration that in principle all of us, I think, would support between and among departments in colleges of education is that the missions tend to be different. Special education's mission tends to be different

from, say, curriculum instruction's mission.

I think there are -- and I'm not saying one is right and the other is wrong -- but there are just fundamental differences about what is research and what constitutes evidence and what is good teaching? Sometimes I think that those differences are so large as to be irreconcilable.

DR. FLETCHER: But you are talking specifically about programs within a college of education?

DR. DOUGLAS FUCHS: Yes.

DR. FLETCHER: Just to use Vanderbilt and Peabody as an example, your department of special education interacts with a number of other departments at the university?

DR. DOUGLAS FUCHS: Yes.

DR. FLETCHER: It might not be true of the CNI department, for example.

DR. DOUGLAS FUCHS: That's correct what you are saying.

DR. FLETCHER: Thank you.

DR. GRASMICK: Commissioner Jones?

MR. JONES: I want to go down two paths possibly. The first one is picking up on something Commissioner Fletcher was discussing and that is moving the knowledge out. It's pretty clear that good research can be taken by policy-makers, for example, and turned into a hash, let's say, how California has taken class-size-reduction research and turned it into an interesting emptying of inner-city schools of more-qualified teachers.

But it is also clear that there is a lot of research that gets out and either goes nowhere or lacks the apparatus to get out. Now, Dr. MacMillan talked about, for example, at Oregon having the synergies that are gained by having professional development or teacher training research and dissemination activities at one unit.

What could be done with federal funds to strengthen efforts that are working? What would you cite as some of the reasons that -- where have we been misspending money for 25 years out of Part D? Are the regional resource centers making things happen? Are parent training centers effectively

getting knowledge to parents? Where are some of the areas that aren't working now that possibly resources could be redeployed?

(Pause.)

MR. JONES: Who feels like goring an ox this afternoon?

DR. DOUGLAS FUCHS: Well, I personally don't know what the regional resource centers are doing to advance knowledge in the field. If you guys know, enlighten me.

DR. MacMILLAN: I think that one of the difficult issues is getting a handle on the whole scope. As I was saying, I would be much more comfortable addressing my research in this whole agenda. I think you get into areas -- I know the field-initiated probably the best of the different components and personnel prep. In the technical assistance I really can't speak coherently on that.

MR. JONES: Is there a way to draw colleagues of yours who are researchers into some of the nitty-gritty of getting materials out into broader use or to policy-makers so that they can make

effective choices rather than politically convenient or advantageous choices?

DR. KAISER: I think there are but I want to point out the constraints of the academic culture. One of the reasons that I suggested we do research on dissemination and we do research on teacher training is because we're in an academic culture where publishing and conducting research is a huge part of our job. Simply disseminating is a small part of our job.

I think there are ways to construct it so there are incentives that meet both of those systems at the same time, and it's really important to do that. We couldn't recommend to a young faculty member that they take on lots of dissemination tasks. It's not going to get them tenure. It's not wise to do that as an academic. But maybe there are some ways to do both.

MR. JONES: Go ahead.

DR. WOLERY: Actually Dr. Berdine could probably speak to this better. The University of Kentucky for a number of years -- 20 now -- has been

preparing a large number of masters students in very rigorous programs that are thesis-requirement programs, something almost unheard of in colleges of education.

That's had an interesting effect on the practices in the district where those people practice. Nearly all of them -- at least when I knew about it, Bill; please correct me if I'm wrong -- were full-time teachers during their graduate programs. That had a way -- not in two years, not in three ways, but over time -- of scaling up recommended practices that were evidence-based because they had that training. That is a long process but on that I think deserves replication.

DR. BERDINE: Madam Chair, if I may respond to that for clarification. That's the Training of Rural Educators in Kentucky. TREC was the acronym for that series of projects funded over 15 years. You're exactly right, it's one of the only thesis-required teacher-certification programs for what we call in Kentucky low-incidence or moderate-severe disabilities.

It has produced -- the last time we counted, there are nearly 300 published theses coming from full-time practitioners. There are no full-time people; there may have been one or two full-time but it's almost 98 percent full-time practitioners in rural populations of Kentucky, the Appalachian part of Kentucky. So it's low-density populations, very poor, very few resources. They are classroom researchers.

DR. MacMILLAN: If I may add just one thing to the question of exporting some of the expertise. Being involved in a teacher-credential program, I'm shocked at how many of our student-teachers are coming back for class work saying that they are prohibited from implementing some of the techniques they are learning in the schools they are going to. We have a young man who is teaching curriculum-based measurement in our program. The principal at the school will not them let them use it.

I would hope the commission would go beyond just teachers and recognize that the training

of administrators is woefully inadequate with being sensitive to students with disabilities. If you don't change that, teachers are going to find it very difficult to implement some of what they know.

DR. GRASMICK: I'd like to ask a question. I think that No Child Left Behind is a unifying document for this nation. I am very worried about a research agenda that's highly fragmented. That is, there are priorities of higher education in pursuing certain topics. There are priorities of pre-K to 12 education in pursuing certain topics.

How do we -- yet more accountability is being given to state departments of education to set forth a coherent agenda for each state because of the accountability that is required for No Child Left Behind. How do we build a pre-K to 16 agenda or beyond 16 so that we have a more-highly, I think, articulated and coherent approach to what will be beneficial in terms or research across that continuum?

(Pause.)

DR. GRASMICK: I will welcome any response

to that.

DR. RESCHLY: In order to gain access to the reception, I feel like I ought to say something more up here. So I will try to handle that one. I think there's a huge advance occurring with the notion of scientifically-based practices. Coupled with that, the use of problem-solving methods that involve single-subject design, time-series analysis. Single-subject design is what Mark was referring to and Bill elaborated on with respect to the programs in Kentucky.

The Iowa Special Education System is built around those two concepts. They use heavily, then, curriculum-based measurement, et cetera, and other things that are empirically based. I think the demand for empirically-based practice in special education -- although strongly advocated by much of the research community, although not all -- although strongly advocated throughout the history of IDEA is a recent demand with respect to practice. I think we will see positive results, we will see more effective programs.

One of the things we have learned very clearly -- and it's a matter of scalability now from the work of my colleagues, Doug and Lynn Fuchs -- is that if you carefully monitor progress, graph the results, develop guidelines for making decisions along with ambitious goals, you get better results. There's no reason why every student in special education throughout the country should not have a performance-monitoring graph.

In the future I think that will be a stronger expectation, I hope, than whether or not 18 people have signed up off an IEP. When we get to the point -- and we're nowhere near that in any of the alternative replacements -- when we get to the place where there are more graphs in children's files than long-signature forms, I think we will have much-more-effective practice.

That's the direction we are moving, and we can certainly be launched further on that path with strong federal legislation encouraging better research to practice and the implementation of research-based practices.

DR. GRASMICK: Thank you.

Dr. Lyon?

DR. LYON: This is first to Ann, because you brought it up. Then everybody can help with this. What does it mean when an academic community has in place criteria for advancement, promotion, and tenure which seems at odds with the mission and the job of the profession? That is, what -- I mean, one of the reasons why we're looking at 25 years or 30 years or 50 years of frankly a lack of convergence in some critical areas of research is because of the fragmentation and the thousand flowers blooming that has characterized many fields of research, but education as a profession. Frankly, one of the strategies in developing Leave No Child Behind and writing it the way, it's written with its emphasis on making sure that federal money can no longer be used for that which has not been found to be effective, is to drive to the colleges of education a clear message and clear protection that if you want money, somebody is going to have to start figuring out these things.

So why in the world -- you know, a department chair, you probably have got your own set of constraints in terms of how you reward in your department -- but what in the world are we rewarding people for for publishing sometimes short-term studies with minimal probability of impact, a lack of convergence of those studies with other studies -- in a sense, a lack of a program of research? What's the thinking?

DR. LYNN FUCHS: Well, I think that there's a tension. I think that one of the advantages of a rigorous promotion and tenure system is that it should produce good knowledge. So, you know, there is this tension between infusing the goal for high-quality work published through a peer-review system that's reinforced by the promotion and tenure system on the one hand and being able to have to time to work with school districts and teachers and to make sure that the procedures that are researched are usable in a school setting.

So I think that there are ways for universities and departments to simultaneously

promote usable practice through a tenure and promotion system that's rigorous in terms of requiring publications in good journals.

DR. LYON: Right.

DR. LYNN FUCHS: But I also think that often we look to researchers to accomplish the full spectrum of activity. I think that's what Ann's comment was really getting at. Sometimes I feel as a researcher I don't really control the reinforcers that operate in schools to change practice.

I think that we all up here do a good job of getting teachers involved in studying good practices which simultaneously promotes the development of their teaching competence. But in terms of changing school district practice, that's a difficult challenge. We are not really schooled in how to do that. We don't really have the right positions to effect those changes. I often feel nixed on this issue.

DR. LYON: I will be a bit more concrete. We just finished talking with a number of university presidents about being more thoughtful with their

tenure and promotion practices such that in professional fields that require accumulating knowledge, why would you penalize someone who is doing a longitudinal study who has to await publication, for example?

Many of these presidents of some of the finest universities in this country say when they review tenure files, they still just count publications. There is no relationship between the publication except its presentation in a highly-respected journal, but that doesn't say anything about its impact on knowledge or on the field. Nobody is really looking at that that much it doesn't seem to me.

But anyway, asking them to start to think about ways that young faculty members could receive reinforcement for carrying out high-quality, rigorous research that doesn't provide you that, you know, that publication so you can count those things --

DR. MacMILLAN: Reid, we also say that presidents like of the University of California and chancellors have no influence. It's the personal

process of faculty. If you can't get somebody in biochemistry to buy into that -- even though the president articulates it -- the personnel case goes forward. In the University of California it is reviewed at the department level.

Then it goes on to the campus, and you have people from different disciplines on it. Then biochemists and nematologists and stuff don't -- first of all they think education shouldn't be on the campus to begin with. Secondly, if you come up with something that is practice instead of being in a journal, it's tough.

DR. LYON: So we're just getting there.

DR. KAISER: I think there's a stages thing here, though, Reid. Come on, we're old. We can afford to do longitudinal studies that don't pan out immediately. But I can't in good faith say that to an untenured colleague. Nor is it fair to hold a new person in the field to the standards that we hold mid-career people because they don't have access to the same kinds of resources. They need to do small-scale, important research in building things in the

early stages of their career, and later on their contingencies and resources are different.

I think our expectations for impact belong there. I'm with you on that. But I think stages of career have something to do with it.

DR. DOUGLAS FUCHS: Also, one cannot get tenure and be promoted at Vanderbilt University unless the candidate demonstrates a program of research. That the work be programmatic is a major criterion.

The second thing is for anyone to be promoted from associate to full professor at Vanderbilt University, one of the major -- if not the single criterion, is that this candidate has had significant impact on the field. I don't think Vanderbilt is alone in this kind of orientation. So I think that there's maybe more agreement between how the universities are rewarding folks and the kinds of things that you are looking for.

DR. LYON: Thanks.

DR. GRASMICK: Yes, Dr. Pasternack?

DR. PASTERNACK: Thank you, Madam Chair.

How do you guys interact with NIDER? By guys, I mean ladies and gentlemen.

DR. LYNN FUCHS: Not much right now, but I have in the past. I have been a reviewer for them some long while ago when Naomi Carp was there and had an active interest in early childhood. I had a grant from NIDER.

DR. PASTERNACK: How long ago was that?

DR. KAISER: Oh probably 15 years ago, 10 years ago, a long time. But there was a time when there was a lot of interaction with NIDER. TASH had a lot of interaction with NIDER at that time because they had a pretty-aggressive agenda around persons with severe disabilities.

This was when Tom Bellamy was the director of OSERS. There was a lot of conversation at that time, I think, because of long-term employability issues, family issues. Because NIDER was willing to pick up some pre-school things that were not at that time very-well covered by OSEP.

DR. LYNN FUCHS: Doug and I maybe five years ago had a NIDER-funded high school literacy

project of research. Most of our work is K-3, so that was a foray into high school work. One of the things we learned is how hard it is to work with those populations of kids with disabilities. So we are kind of sticking with K-3 right now.

DR. PASTERNACK: Is it your sense that NIDER funding could be more targeted towards kids and adolescents and even infants and toddlers as opposed to, I believe, the preponderance of the current investments are targeted towards adults?

DR. LYNN FUCHS: Honestly I don't know that much about NIDER.

DR. KAISER: One common theme I know is about families. They have funded a fair amount of family-related research that seems like it could be collaborative with OSEP. That was the priority -- we were doing language interventions with families. That was how that got funded through NIDER.

DR. PASTERNACK: Are you aware, Ann, for example, of funding we're doing on adult mental health issues, that NIDER is doing?

(Pause.)

DR. PASTERNACK: You are? Okay. Anybody else?

(No response.)

DR. PASTERNACK: Okay.

DR. GRASMICK: Dr. Wright.

DR. WRIGHT: You probably discussed this while I was running around in the corridor eating cheese and crackers. But I want to ask this; I want to say this first. I'm a teacher at heart even though I've been a professor and an administrator and all like that. But it is my sense that many teachers and many professors, too, want to just teach what they think they know without going into the research. Am I right?

How can we -- maybe we can't even answer this, but I sat here and I thought about this, having been a charter member of Local 1220 of the American Federation of Teachers in East St. Louis. I thought about this. How can we -- we are all professors and we're this, that, and the other in this room -- how can we involve teachers union -- that's AFT -- in this research in terms of the practical use of it?

The same with the American Association of University Professors, what can we say to them, what carrot can we hold out, and how can we get them to buy into the kind of thing that we've been talking about here today? Does that question make any sense to you?

DR. DOUGLAS FUCHS: We have -- Lynn and I have had productive relationships in the past with both NEA and AFT. Both teacher organizations have had divisions that have been very interested in identifying innovative practices. Trying to bring them to scale, I think, is too ambitious a term, but to try to disseminate them. We have worked with Lovely Billups, for example, at AFT in Washington and Schneider -- I can't remember his first name at NEA -- to get practices out there.

They have had fairly aggressive training programs for large numbers of teachers. So I think there's a partnership there that should be cultivated.

DR. WRIGHT: Anybody else want a piece of that, about the teachers' unions? They're strong,

we're strong and we've got to sell this to them in order to work for our kids.

(No response.)

DR. GRASMICK: Dr. Berdine?

DR. BERDINE: I don't have a question, more a comment to two of my colleague commissioners, Dr. Lyon and Secretary Pasternack. Over the last several months I've been working with Dr. Pasternack and educating him in the ways and wiles of higher education.

Reid asked a question to faculty and department chairs about what they could do about the tenure and review process in talking to presidents about that instead of talking to people who really make a difference on campuses. I think that Don MacMillan addressed that, where presidents of universities are not in the tenure-review process. They're at the end of it.

I would suggest that the commission might want to take a look at the deans and the role that deans play in providing leadership. I've had a conversation, Bob, with you in New Orleans about

that. Deans of colleges of education are very analogous to principals in school buildings. If you have strong leadership at the dean's level, you'll have strong research agendas or whatever other agenda the dean wants to push.

Presidents don't push that. They push development and fund-raising. So you might want to look at that issue. I would suggest the commission go and address the AACTE and some of the goals that they have for the emerging deans in colleges of education.

DR. LYONS: I hope there are no deans here but, as a matter of fact, we have called in quite a few deans, and it's been deemed somewhat of a waste of time.

DR. GRASMICK: Commissioner Jones?

MR. JONES: I want to pick up on a question of the chicken-and-egg problem you talked about, getting quality staff to come to Washington. I know it's something that OERI debates on a regular basis. When you think about the things that motivate people to take jobs, prestige, quality of work,

leadership -- although clearly with Bob, we reached the pinnacle of quality of leadership that we can have for recruiting people to come to Washington with OSERS.

DR. PASTERNACK: Thank you.

MR. JONES: With that excepted, the other things that are out there, pay, collegiality of the people they work with are all things that obviously influence this. But it is a chicken-and-egg problem. How do we get people to go out there to bring prestige to that process and to want to do that work and to have better quality work in the first place? What things can be done to draw those people out, in your view?

I am assuming that the people we are talking about drawing are your colleagues for stints in Washington. What can be done?

DR. MacMILLAN: Let me just suggest that there are several levels, there are two things. One, maybe attracting some senior people to come back at a point in their career where they feel that they have done their research and would like to see it make a

difference and maybe Washington is a place where they can do it.

I think there's another constituency, though, and those are the young people coming out. I think -- what's the value added of coming to OSEP as opposed to taking a job at the University of California? I think there was a time when they rubbed elbows with the leading people of the field and they saw it as a vehicle maybe as a steppingstone. They would go in, learn how the funding picture worked, and would move from there off into university positions. I think there are many people we could point to who followed that particular route.

Another thing, though, is they are not provided an opportunity to do their own work there. I think it is much like me looking at administrative positions. You say if you still get your kicks out of seeing a manuscript come out, becoming an administrator you have to put that on the back burner and work for your faculty.

I think for many of these people, if they

are trained to aspire to publishing and so forth, the position doesn't permit them to do that in addition to doing the other things.

The other thing frankly is the work load. They are basically buried with much like the teachers with the IEP stuff. They are just running competitions; getting the paperwork in; turning it around; giving scores; saying you're funded, you're not; getting those out. It's just overwhelming. They don't view it as a professional job at this point because it has become so tedious.

That's my take on it. Others may have a different view of it.

DR. PASTERNACK: Does it have to be that way, Don?

DR. MacMILLAN: No, I think that -- the one thing I would say in special education that you may have picked up and you may have not. Those little get-togethers in the summer in Washington with the project directors meeting and stuff, I think, has developed a community of special education researchers where we do know one another. It's very

beneficial.

To what extent are OSEP employees a part of that? We see them because of the project officer on your grant or something like that. But they are not viewed as colleagues, and they are not treated like colleagues recently. I think it is a disincentive in some ways. That's my perception of the situation.

DR. LYON: We don't have the same problems. I don't want to be comparative here, but just in terms of what the different infrastructures look like, I won't recruit anybody in my branch who's not a tenured associate or full professor. All of our program officers are that. They are accomplished and so forth. Their main job isn't to crunch the paper. Their main job -- their first job is to figure out what is known in their field, where the gaps are.

That is done in collaboration with the field. Then working with the field, they are to identify specific targets for initiatives. Their second job is then to foster the research process to

go after that through what all of you have mentioned today. That is being able to actually guide and mentor the young scientists as they come along and help the senior folks if the senior folks desire that.

So their second piece of work is the interactions with the field in terms of grant kinds of things. But their first job is to figure out with the community what is known, what is not known, where the gaps are, and then to develop the initiatives and all that kind of stuff.

I'm not sure if that's possible. It seems to me -- that's why we keep asking these questions. Does it have to be that way? This seems to be common sense, doesn't it? I mean, I don't know why everybody is so encumbered by the infrastructure issues unless it's statutory or regulatory. I don't see why we can't change that.

DR. KAISER: I really support what you're saying, Reid. One of the things that has happened over the years is there is very little money for OSERS staff to travel. That dialogue that goes on

around them being at meetings and being able to do site visits to a place like Vanderbilt and see multiple projects and be out in the field with the research that's ongoing, I think, was one of the things that kept staff really feeling like they were part of the cutting edge of research.

DR. LYON: Right.

DR. KAISER: That seems to be a really important thing to do. The separation of program and review would help enormously.

DR. LYON: It would.

DR. KAISER: I think it might also be important to create some really attractive post-docs if you could for at least young people for two years or so create a job where they did some of the staff functions but they also had opportunities to help setting the agendas in research or learning something that would actually advance their career, but not thinking of them as permanent, long-term staff but as bringing in young people with new skills, new energy, learning something important about the process and then sending them out into the field after that could

be a way to attract some people and would be very helpful.

DR. PASTERNACK: As Todd and I were sitting in half a plane on the runway with the air conditioning not working, we were talking about how glamorous it is to travel on behalf of the federal government.

(Laughter.)

DR. PASTERNACK: So I think that really people are missing out on an incredible opportunity. I think -- you know, just to give you some data, Don, to support what you were saying. One of the things I asked when I first came there was what our attrition rate is. It's only 2 percent a year. I think most organizations would love to have an attrition rate that was that low.

In our case I think it hampers our ability to get new people to come in and kind of bring creativity and energy and passion and new ideas. Apropos of what Reid was saying, you know, I think some of these issues are cultural and we can change the culture --

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(Tape 11)

DR. PASTERNACK: (Continuing.) -- we have to change the culture. If they are not statutory, it makes it easier or maybe not. Clearly it doesn't require statutory change, it doesn't require regulatory change. It requires a change in practice. I think that is something that -- given the discussion that we are having here today -- we ought to get about doing.

We are sitting here troubled by why we haven't figured out answers to some of these critically important questions that we are still perplexed by in 2002 when we have been at this a very long time and have spent a great deal of money. I think that's why I asked the question that I did in terms in give me three things, give me three things.

19

I would invite the rest of you who have not had that opportunity either today -- or since the chairwoman who's done an outstanding job today, by

the way -- is keeping the record open, if you want to go ahead and submit those to us, we would be very interested in getting your thoughts on priorities as we look to '03, fiscal year '03, and then '04 and '05 and '06, certainly after the president has been reelected -- oh, this is not supposed to be a political discussion.

DR. MacMILLAN: Let me just add, though, this field has been hammered by the post-modernists. Now we are getting the message from many people, why would one want to go to work in a place that is supporting an endeavor the people are saying is no good?

I think the message has got to get out from the federal government, as well as other agencies, that what we are doing is working. I think we should get some more positive summaries of what we are doing that does work instead of preaching the gospel that we are engaged in an endeavor that's getting money based on sympathy, but what we are doing is not effective.

I think you've heard from people today who

have been very effective in working with some of these kids. I think, as a general rule, special education is far ahead today than when I came into it. I think that positive message has to go out or I wouldn't want to go work in an agency that's merely shuffling paper toward some ineffective endeavor.

DR. PASTERNACK: Go ahead.

DR. LYON: One of the things that I think you will see coming online in your area, as well, are a number of FDA-type of organizations either federal or private. We are now initiating plans to look at the research across areas against a set of criteria such that the consumer, such as teacher or another researcher or a parent of whatever, can determine if the research has certain characteristics and so forth and if the products being used or the technology that's being used actually has been evaluated according to the principles that you guys have talked about all day.

So I think there is going to be -- you can't have a legislative mechanism like Leave No Child Behind that requires this level of specificity

without providing the community with a summary of that which has been found to work. I think that's going to be very beneficial.

DR. PASTERNACK: I want to respond to what you said because I think it's very important. I think life is much better for people with disabilities today than it was 27 years ago. My brother -- God bless him -- is 58 and has Downs Syndrome. He started out his life in Willow Brook which was a horrible place for anybody to live. Life is much better.

However, when I look at the fact that we are about to release our 23rd annual report to Congress and talk about the fact that the graduation rate for students with disabilities has climbed to an all-time high of 57.8 percent, I don't sleep real well at night knowing that over 40 percent of the kids with disabilities are not graduating from high school in 2002.

So, yes, we have come a long way. I encourage people to look down the road that we have been on. But as I look ahead, we've got so much more

to do. I'm struck by -- we hear today about progress monitoring. We've known about that for a really long time.

Dan's point about our caring who's at an IEP meeting that what's in an IEP. We've got so much more to do and this sense of urgency -- you know, I've come to Washington, I see how quickly time goes, I see how large the job is, how cumbersome, how difficult. There are all these different competing points of view and competing interest. People have a specific agenda, a lack of consensus. I'm fond of Margaret Thatcher's line that consensus is the absence of leadership. It's easy to be the leader when everybody agrees.

I think one of the challenges for the commission -- this is the first time, by the way, in any of our meetings that we've had this kind of interaction. I think it's really helpful. You can see the task before us, how difficult it is to recommend to the president -- and this is just one of the nine areas in the executive order, the research agenda.

It's not synonymous with the reauthorization which is not synonymous with what we've got to do in terms of improving results for kids with disabilities, which is not synonymous with what we've got to do for adults with disabilities, and on and on and on.

So it's incredibly overwhelming. I imagine that's one of the reasons why there is such a sense of urgency and there is -- at least on my part -- such a desire to do the right thing and to struggle to figure out what's the right thing to do in each one of these areas. So I appreciate what we are talking about here.

We have heard wonderful presentations of early-childhood issues and a lot of needs there. We've talked about employability, we've talked about transition, we've talked -- well, we really didn't talk about autism. There are so many things that we haven't talked about. This is daunting to think about where we need to go.

I just want to express my appreciation to all of you for the work that you've done and that you

do, and the fact that we are going to continue struggling to make a difference and make a difference differently than we have in the past. I think that's one of the challenges that we face.

DR. WRIGHT: I think the Chair said I could talk next. This question is for any of the panelists. Here I go again. I am not as familiar with the Office of Special Education Programs as some of you are, but I just wonder -- and I'm from -- most of my higher education work has been done at a historically black college. I just wonder if there is a pool in some of the historically black colleges for researchers.

With the economy sort of being like it is and, you know, really some genius black people or Hispanic people maybe went into business or computers or stuff like that. I want to know -- Dr. Fuchs, you just look to me that you might know the answer to this. How involved with some historically black college and university people -- professors or deans or presidents or whoever be involved in research in OSEP, do you know?

DR. MacMILLAN: Yes, OSEP funded the outreach programs and one was to -- the first one went to Reginald Jones at Hampton University which was the research component. The training program went to Alba Ortiz at the University of Texas. Subsequent to that, it was moved to the University of Virginia.

They have involved historically black colleges and universities throughout the process and brought in a mentor program faculty members there to assist in preparing them to do research grants and so forth.

So there has been -- I don't know what year those started -- for quite a period of time now.

DR. RESCHLY: There's been a similar effort to increase the amount of personnel-development funding at historically black colleges and universities and other minority institutions. It's been led by a unit here at Vanderbilt University, the Alliance Project led by Deb Smith and her staff.

Deb was here earlier this morning, but her

son is ill and she didn't make the rest of the presentation. She might show up for the reception. If she does, I'll try to introduce you. But there have been a number of efforts funded by OSEP along those lines.

DR. WRIGHT: It just seems to me that there would be a pool there for young researchers or old researchers or whatever. Thank you.

DR. LYNN FUCHS: If I can, I would just like to reinforce the idea that we described of some type of FDA. I know there are these efforts underway by both foundations and organizations. I think that that kind of process where the criteria for judging evidence are clear to all communities, the research community, practitioners, accrediting organizations, and so forth would really have a potentially important function so researchers know what evidence is going to be required to be able to get their product disseminated and schools know what they are looking for in terms of practices that might increase outcomes and so forth.

So I think that that is a potentially

centering activity that could really enhance practice.

DR. LYON: I think some of you today have mentioned today the very critical issue of multiple methodologies being available for funding. I think you and I were talking about that earlier. One of the things that some constituencies have done had polarized the quantitative/qualitative kind of thing. It's kind of a ridiculous polarization.

Be that as it may, it is interesting that we don't have a very good understanding at least in published form of what constitutes criteria for qualitative studies. So there is a panel that will be working on that for the next year or so with hopefully the best qualitative people we can find that will provide the community with an NRP that's related to qualitative stuff and likewise for second-language learning studies. So those things are in the works.

DR. DOUGLAS FUCHS: One of the other dimensions of an FDA or a joint dissemination/review panel that establishes explicit criteria for

validated practices -- one of the things -- and, Bob, I think you'd be interested in this. One of the things that works against special education researchers' efforts to disseminate their work, bring their work to the schools is that oftentimes schools are involved in practices that have no demonstrated validity and, yet without any rational basis, cling to them dearly.

One example is accelerated reader which some of you may have knowledge about. I mean, this program spreads like crabgrass. I encourage anyone in this room to try to get data on the technical adequacy and the efficacy of this program. I tried for 18 months and I gave up. So it's really tough. The other related point I want to make is that I'm impressed, Bob, by your view and that of other commissioners and other folks in government about the sincerity of effort to try to move what we know into practice. I submit that a majority, an overwhelming majority of my researcher colleagues far-flung have the same interest, have the same burning interest. Many of us have tried very hard and fought the good

fight.

We lack the leverage, we just lack the leverage. I could tell you stories about our work in high-poverty Title I schools here in Nashville. We get beat up right and left in some schools. There are some great high-poverty Title I schools, but in others terrible stuff is going on. We try to make a change, and they tell us to get lost.

DR. GRASMICK: I'd like to add a comment. It's so germane to what you've just said, and I've been wanting to say this for a few minutes. I keep referencing back the legislation on No Child Left Behind and our obligation to all children and why I think it's such a unifying document for this country.

If one examines the 1,100 pages, the major policy decisions for a state and the major accountability is going to be vested in a state department of education. I can tell you as one who lives that every single day as a state superintendent. I am concerned about these ad hoc relationships with institutions of higher education by a single school. It is not coherent with the

policy decisions being made, and it doesn't accelerate achievement.

So I think when we look at -- you know, there is a chain here. There is higher education, there's the research being done there. There is the school. In between there has to be, in my opinion, two other steps. One is the interpretation of the research because it is not often in a usable form. The second is a policy decision surrounding the research that is more germane to a state department of education or a whole local school system policy than an individual school.

That does not negate the fact that you don't use schools in terms of the research. If you look at this continuum of things that have to happen, I think there are missing pieces now. There really are. It's just what you said. I'm sure you've encountered that frustration. We've encountered years of those relationships only to find out that legislation had to be passed to totally restructure a school system that had those schools with individual relationships that, as Reid Lyon said, were a

thousand flowers blooming but nothing was happening.

I just want to pick up on something Bob Pasternack said, this sense of urgency. In every single meeting when we have public comment, when we think of the consumers being parents and children, this is the only second grade opportunity this child will have, the only third grade opportunity. We just can't keep waiting. I'm sorry; I'm very passionate on this.

DR. PASTERNACK: The kids in Maryland are very lucky to have you as their leader.

The issue that you brought up, Doug, there's no right way to do the wrong thing. One of the things I've just found out at Commissioner Lyon's urging, I went to ARA and spoke there and found out from those folks that was the first time in the history of ARA the assistant secretary from OSERS had ever spoken at an ARA meeting.

So I think that what we are trying to tell you all is that we need your help. We want to integrate science into policy, we want to integrate science into politics. I think the president is

encouraging that and is committed to that in the way that no other leader of the free world has ever been committed to that. But we need your help in order to do that. We need the best science, we need the best evidence.

It's got to be rigorous, it's got to be methodologically sound, and we have got to quit picking on personality and focus more on the issues. I think some of the -- I worry that some of the dialogue that we have is not constructive. It's destructive, it's not designed to move evidence and science forward. It's more of a personalized agenda. It's disturbing.

I want to again thank you all for the work that you do. Certainly, Don, since you're retiring, we wish you well. You better invite us all to what must be one hell of a party you're going to have. We expect to be there.

DR. GRASMICK: I don't know if there are any other comments to be made.

DR. WRIGHT: I have one other comment. The president is really very passionate about being

inclusive in terms of diversity. He really, really is. He wants -- I know he wants historically black colleges and other minority people included. He really does. I know him personally, I have worked with him, I have campaigned, I have talked with him. He really wants us to be inclusive in terms of diversity.

Do you know what I'm talking about? I really have to put forth that. The other commissioners put it forth, too. But I know I have to put it forth, and I am passionate about putting it forth.

DR. GRASMICK: In conclusion I would like to say we are privileged to have had all of you present to us today, to interact with us. I feel a tremendous sense of optimism about the future knowing people like you want to join hands to make this work on behalf of our students. Thank you.

(Commission meeting concluded at 5:15 p.m.)