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BEFORE THE
PRESIDENT' S COMMISSION
ON EXCELLENCE IN SPECIAL EDUCATION
PROFESSIONAL DEVELOPMENT
TASK FORCE HEARING

Hyatt Regency
1750 Welton Street
Denver, Colorado 80203
Wednesday, March 6, 2002

REPORTER' S TRANSCRIPT

COMMISSIONERS PRESENT:

- CHAIRMAN PAULA C. BUTTERFIELD
- COMMISSIONER STEVE BARTLETT
- COMMISSIONER WILLIAM BERNDINE
- COMMISSIONER ALAN COULTER
- COMMISSIONER THOMAS FLEMING
- COMMISSIONER C. TODD JONES
- COMMISSIONER JACK FLETCHER
- COMMISSIONER DOUGLAS HUNT
- COMMISSIONER ROBERT PASTERNAK

1 PURSUANT TO NOTICE, the above-entitled hearing
 2 was held on Wednesday, March 6, 2002, commencing at 8:17
 3 a.m. at the Hyatt Regency, 1750 Welton Street, Denver,
 4 Colorado 80203, before Becki S. Anderson, Court Reporter
 5 and Notary Public within and for the State of Colorado,
 6 Court Reporting Offices of Mackereth-Lombritto &
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1 P R O C E E D I N G S

2 (8: 17 a. m.)

3 CHAIRMAN BUTTERFIELD: My name is Paula
4 Butterfield and I'm a member of the President's
5 Commission on Excellence in Special Education. I welcome
6 you to today's hearing of the Professional Development
7 Task Force. I chair this task force which is examining
8 the topics we will look at today: teacher training,
9 teacher qualifications, certification, and related
10 issues.

11 Before we open our hearing and listen to our
12 witnesses, I want to briefly describe the Commission, its
13 mission, and its objectives. The Commission was
14 established last October by the executive order of
15 President Bush. His goal in establishing the Commission
16 was a simple one: "No child left behind." This has
17 become a familiar and important message. "No child left
18 behind" was the guiding principle of the newly
19 reauthorized Elementary and Secondary Education Act.

20 Now, it comes into play with the work of this
21 Commission. Why? When President Bush says, "no child
22 left behind," he means children with disabilities most of

1 all because they are the children who most often are left
2 behind.

3 I must reaffirm that the Commission's work is
4 not designed to replace the upcoming Congressional
5 reauthorization of the Individuals with Disabilities
6 Education Act. Rather, the report we produce and issue
7 this summer will provide vital input into not only the
8 reauthorization process, but also the national debate on
9 how best to educate all children.

10 The Commission's goal is a simple one: We want
11 to find out what works best for educating children with
12 disabilities. This won't be an easy task, but it's one
13 we must undertake. In my district alone, 15 percent, or
14 6,000, of our students are in special education. We
15 cannot leave them behind. In order to focus our task, we
16 will listen to the experts; look at the research; talk
17 with parents, teachers and children; and think broadly
18 and creatively.

19 The President has charged the Commission with
20 providing findings and recommendations in the following
21 nine areas: First, cost-effectiveness. The Commission
22 will examine the appropriate role of the federal

1 government in special education programming and funding.
2 The Commission will look at those factors that have
3 contributed to growing costs of providing special
4 education services.

5 Second, improving results. The Commission will
6 examine how to best use federal resources to improve the
7 success of children and youth with disabilities.

8 Third, research. Understanding what works and
9 what doesn't work based on sound research data is
10 critical to making the best use of federal resources.
11 The Commission will recommend areas to target further
12 research funding, and to synthesize what we already know
13 works and doesn't work in educating children --
14 particularly those with learning and other cognitive
15 disabilities.

16 Fourth, early intervention. Early intervention
17 of first, second, and third grade children showing
18 problems in learning can mean the difference between
19 academic and developmental success or a lifetime of
20 failure.

21 Fifth, funding. Opening the money spigot
22 without building a better system focused on results and

1 accountability will not solve the problems facing special
2 education today. We must develop fresh ideas about how
3 we can better spend federal resources to improve special
4 education.

5 Sixth, teacher quality and student
6 accountability. There are manifold issues in this area.
7 We have a shortage of well-trained special educators, we
8 have a high turnover rate of those that do enter the
9 field, and we need to close the gap between research and
10 teacher training to improve how well we serve children
11 with disabilities.

12 Seventh, regulations and red tape. The
13 Commission will study the impact of federal and state
14 laws and regulations and how these requirements support
15 or obstruct the ability of schools to better serve
16 children with disabilities. There is more that can be
17 done to reduce the amount of time special education
18 teachers spend on paperwork instead of teaching.

19 Eight, models. We will look beyond Washington
20 to find alternatives to the standard way of doing things.

21 Nine, federal versus local funding. The
22 Commission will review the experiences of state and local

1 governments in financing special education.

2 Our purpose today in Denver is to listen to the
3 experts and talk with educators and the public about
4 issues pertaining to the training and certification of
5 teachers of special education. We will explore the need
6 for quality teachers in special education to ensure that
7 no child is left behind.

8 A quality special education teacher is the
9 single most important factor in ensuring that children
10 with disabilities are not left behind. Over the past 20
11 years, a variety of curricular, fiscal, and
12 administrative innovations have emerged as school
13 reforms. Nevertheless, a caring, competent, qualified
14 teacher remains the most important factor in the
15 educational success of each child.

16 Our nation has a pressing need to train quality
17 teachers for special education classrooms. The reality
18 is this: During the 1999-2000 school year, there were
19 69,000 job openings for special education teachers. More
20 than 33,000 special education teachers employed are not
21 fully certified for their primary teaching assignment.
22 Research has found that certification does not always

1 translate into quality.

2 We came to Denver to listen to the experts and
3 talk with educators and the public. We hope to learn
4 what teachers and administrators must possess to provide
5 an appropriate education to children with special needs.
6 In going so, we can ensure that no child is left behind.

7 This is an outcome-oriented Commission that is
8 concerned about ensuring that no child is left behind.
9 Did you get the drift? In order to do that, we need your
10 help. We need your suggestions. Tell us about what
11 works. Show us the models.

12 Thank you for your interest in our work. We
13 appreciate everyone who has taken the time to attend our
14 hearing. We will now open today's hearing of the
15 Professional Development Task Force.

16 The first panel will be dealing with
17 qualifications versus certification. Where is the value
18 added and why? Why do many new teachers know so little
19 about teaching students with disabilities?

20 Panelist Rebecca Walk holds an Associate's
21 Degree in Mental Health, Bachelor of Science in
22 Elementary Education, and a Master's of Art in Early

1 Childhood Education. Walk directed early childhood
2 centers for 13 years, taught special education in regular
3 education in a public school system, is a special
4 education consultant with the Wyoming Department of
5 Education, and for the past two years has served as
6 Wyoming State Director for Special Education.

7 William Sanders is manager of Value-Added
8 Assessment and Research for SAS in school in Carey, North
9 Carolina and has a research affiliation with the
10 University of North Carolina system. Over the past
11 decade, he has refined and applied value added assessment
12 using complex mixed model methodologies developed under
13 his leadership at the University of Tennessee, Knoxville.

14 In the process, he has revolutionized the use
15 of test data for educational assessments. School
16 districts across the nation are adopting his models to
17 explore the effects of schools, school districts, and
18 teachers on the academic progress of students. Sanders
19 has a Ph.D. in Biostatistics and Quantitative Genetics.
20 He recently retired from the University of Tennessee
21 after 34 years leaving his position as professor and
22 director of Value-Added Research and Assessment Center.

1 He joined SAS in school in 2000.

2 Frederick Hess is assistant professor of
3 education and government at the University of Virginia.
4 Dr. Hess earned his Ph.D from Harvard University
5 Department of Government in 1997. His research interests
6 include public policy, urban politics, and bureaucracy.
7 His educational research focuses on school reform, urban
8 education, school choice, educational government and
9 politics.

10 We look forward to hearing your words of wisdom
11 for us. Rebecca, you're first.

12 TESTIMONY OF MS. REBECCA WALK

13 MS. WALK: Good morning. I would like to thank
14 the panel for giving me this opportunity to present my
15 comments on the issues related to professional
16 development. The issues as I see it are twofold.
17 Preservice education programs in institutions of higher
18 education for those candidates who are wanting to become
19 teachers, and in-service training opportunities for those
20 teachers and administrators who are currently teaching in
21 our public schools.

22 I'd like to preface my comments by the

1 following recommendations: To provide grant
2 opportunities for colleges and universities to develop
3 new preservice curricula for colleges and universities
4 which will prepare all teachers to teach a diverse group
5 of learners.

6 To discontinue teacher preparation programs
7 that continue to separate general education and special
8 education; to provide financial incentives to
9 institutions of higher learning; programs to attract and
10 train new personnel; to redefine the comprehensive system
11 of personnel development in the IDEA; to change
12 requirement for states to compete against each other for
13 state improvement grants; to provide funding for staff
14 development for family service providers and preschool
15 teachers; to reduce paperwork for teachers, allowing them
16 the time they need to provide services students need to
17 become successful learners; to provide incentives to
18 states for recruitment and retention of quality teachers
19 by allowing states to focus on improved outcomes with
20 students with disabilities and not on the compliance
21 aspect of the process; to ensure that all teachers
22 receive quality preservice instruction that enables them

1 to provide research-based instructional activities to a
2 diverse group of learners. Children spend an enormous
3 amount of time being educated. To what end, one might
4 ask. To be a successful, productive, involved citizen.
5 This is what we want for all children.

6 The professionals responsible for educating our
7 children have a huge responsibility if, indeed, this is
8 what we want for all children. Therefore, it is
9 imperative that general education teachers, special
10 education teachers, related service providers, and
11 administrators be provided with quality, professional
12 development opportunities both in pre-service and
13 in-service levels.

14 When Public Law 94-142 was enacted, we wanted
15 children with disabilities allowed in public schools.
16 With the reauthorization of the IDEA in 1997, we asked
17 for more access to and progress in the general
18 curriculum. This meant that the performance of students
19 with disabilities in the general curriculum became a part
20 of learning. It is no longer acceptable for students
21 with disabilities to be included for inclusion sake only.

22 Teaching students with disabilities in the

1 general classroom to the same standards as their
2 nondisabled peers and to include these children in
3 district and statewide assessments has really taken many
4 professionals out of their comfort zones.

5 For the first time, teaching professionals
6 looked at special education not as a curriculum, but as
7 an integral part of education as a whole. While all of
8 this is a wonderful opportunity for students with
9 disabilities to perform and succeed, they can't do it
10 until the teaching profession as a whole moves forward
11 and commits themselves to teaching all students.

12 While I believe that most teachers deem all
13 students can learn and have a right to an opportunity,
14 many feel inadequately trained to teach children with
15 disabilities in the general classroom. This is true for
16 both special education teachers and general education
17 teachers. The reason being is that these groups of
18 teachers have been taught to teach in a silo. Special
19 education teachers only learn how to teach students with
20 disabilities in a resource setting, and general education
21 teachers never set foot in a special education practicum.

22 We cannot continue this practice. Individuals

1 who want to teach must be taught how to teach to an
2 increasingly diverse range of learners rather than a
3 single or homogeneous grouping. We need to work
4 collaboratively with our institutions of higher education
5 to bring about the changes in present curriculum and the
6 practice this will require.

7 In order to promote the changes that need to
8 happen so teachers leave colleges and universities
9 prepared to teach in an environment with a variety of
10 diverse learning needs, the institutions of higher
11 education should be provided financial incentives through
12 grants to encourage the use of a variety of methods to
13 attract and train new personnel.

14 There should also be grant opportunities for
15 the development and implementation of new curricula to
16 support the trend of inclusion in collaboration between
17 general education and special education.

18 For the numerous teachers out in the field now,
19 we must strive to provide them with research-based
20 effective instructional practices so that students with
21 disabilities can achieve to their potential. It is
22 critical that general education teachers are provided

1 with the support and strategies they need to be effective
2 teachers for diverse learners.

3 To emphasize the importance of this notion, the
4 National Academy of Science has released their report on
5 minority children in gifted and special education. There
6 is an overrepresentation of minority children in special
7 education and an underrepresentation of minority children
8 in gifted programs. The recommendations are: To more
9 tightly integrate general education and special education
10 services; to withhold judgment as to whether or not a
11 child has a cognitive disability or an emotional
12 disturbance until a child has received high quality
13 instructional and behavioral support in the general
14 education setting.

15 The notion for systemic professional
16 development was mandated in the IDEA through the
17 Comprehensive System of Personnel Development, which is
18 commonly known as CSPD. It is meant to ensure that
19 states have, in effect, a continuous statewide system
20 that provides quality staff development opportunities for
21 teachers, administrators, parents, and other
22 stakeholders. While states used to receive a separate

1 grant to carry this mandate out, this is no longer true.
2 States now must compete for state improvement grants.

3 I would like to make three points here. Number
4 one: It is critical for the states to receive the
5 support they need in order to carry out their CSPD
6 activities. It's quite a challenge to carry out an
7 unfunded mandate.

8 Number two: It is very difficult for small
9 states to compete with these grants. Let me explain.
10 I'm involved in the Small States Consortium which
11 includes Idaho, Montana, North Dakota, South Dakota,
12 Alaska, Hawaii, Maine, New Hampshire, Vermont, Rhode
13 Island, Delaware, and Wyoming. Each of our states is
14 comprised of a small staff. For several of us, that
15 number is between five and ten. We do not have grant
16 writers on our staff, nor can we afford to assign grant
17 writing as an extra duty. We have to contract outside of
18 our agency with a grant writer; sometimes these people
19 are from out of state. The administrative cost to us is
20 enormous. Both Delaware and Wyoming each have spent
21 close to \$100,000 in three attempts at the state
22 improvement grant.

1 We would very much like to see a change in the
2 competitive nature of these grants. Certainly, states
3 need to be held accountable for their CSPD activities,
4 but this could be done through negotiations between the
5 state education agent and OSEP.

6 Number three. Redefine the CSPD mandate in the
7 IDEA. The activities that comprise a state's CSPD should
8 all be linked to their State Improvement Plan. In some
9 cases, a state received their state improvement grant
10 before going through monitoring.

11 After implementing their state improvement
12 grant, a self-assessment was completed and a state
13 improvement plan developed. Unfortunately, the state
14 improvement grants and the state improvement plans were
15 two different documents. The state improvement plan
16 should be the driving force, while the state improvement
17 grant is the vehicle to carry it out.

18 Certainly, we know that early identification
19 and interventions are the best methods for reducing the
20 numbers of children who are identified as learning
21 disabled. The IDEA supports these efforts through Part C
22 and 619 funding. Unfortunately, these programs have been

1 consistently flat funded. The shame in this is we know
2 emphatically how critical the first five years are,
3 especially for a child with a disability.

4 We can implement all kinds of wonderful staff
5 development opportunities for K-12 teachers to learn
6 strategies for teaching already identified students, but
7 imagine how much more effective it would be if we
8 provided staff development opportunities for family
9 service providers and preschool teachers to provide
10 research-based, quality interventions before children are
11 identified.

12 Family service providers, early childhood
13 special education teachers, as well as early childhood
14 education teachers, and other related service providers
15 must be afforded the same opportunities for high quality,
16 purposeful staff development as do their counterparts in
17 public school.

18 While you may have heard some of these
19 statistics, I think it's important to pay very close
20 attention to them because they paint a picture of how
21 serious this situation is. The majority of special
22 educators report they spend less than one hour per week

1 in actual collaboration with colleagues, and they spend a
2 day or more a week on paperwork. The United States
3 Department of Labor estimates that by 2008, the demand
4 for special educators will increase by one-third. More
5 than 37,000 people without appropriate qualifications are
6 delivering special education to students with
7 disabilities.

8 College and university programs prepare
9 approximately 22,000 special education teachers annually,
10 which is about half the number needed to fill the
11 vacancies. Colleges and universities are experiencing
12 shortages of special education faculty. Every year, 30
13 percent of faculty vacancies go unfilled.

14 These issues must be addressed. We must work
15 towards the resolution of teacher shortages and
16 retention, both at the university level and at the
17 district level. We must work to develop and implement
18 research-based instructional strategies so that all
19 students, including students with disabilities, can
20 achieve to their potential.

21 Again I want to thank you for this opportunity
22 to speak with you today.

1 25

2 TESTIMONY OF DR. WILLIAM L. SANDERS

3 DR. SANDERS: Honorable Chairman and
4 distinguished members of the Committee. My name is
5 William L. Sanders. I'm a statistician. I'm not an
6 educator spelled with a capital E. Often real educators
7 want to know how come you're messing in our business.
8 Well, 20 years ago this coming May is when I first got
9 involved in educational research.

10 What we have done is developed a different
11 statistical approach to measure the impact that school
12 districts, schools, and teachers have on the rate of
13 academic progress in populations of people. Simply, we
14 follow every child as an individual. We follow the
15 progress of these kids as an individual over time, and we
16 measure the impact that school districts, schools, and
17 teachers have on the length of that progress.

18 By doing it this way, you basically can filter
19 out and distinguish between educational influences and
20 exogenous influences, which is in the context of the
21 Commission's assignment.

22 What have we learned now with nearly 20 years

1 of doing research following this? We have found
2 consistently -- and let me quickly say that we have
3 developed the largest longitudinal diverse database of
4 student achievement data ever assembled in the country.

5 Using this database, we can now track the
6 progress of each child through third grade right through
7 the time they take the college entrance exam. We also
8 know who taught the child each year. We are now working
9 with school districts around the country from numerous
10 states, so consequently here are some consistent
11 findings. And from these findings is what I would make a
12 recommendation from to the Commission.

13 Consistently, the single biggest factor
14 affecting academic progress of populations of children is
15 the effectiveness of the individual classroom teacher,
16 period. It makes all of these other factors appear to be
17 trivial, such as poverty status. The sequence of
18 teachers that a child has will add more to their own
19 personal academic achievement than probably any other
20 single factor.

21 Now, from this, what we have learned is that
22 the top 25 or 30 percent of teachers are already

1 differentiating instruction within their classroom. So
2 we look at that data -- if you look at it very, very
3 carefully, you will find that highly effective teachers
4 are reaching up to kids or reaching down to kids and are
5 providing instruction for the kids and are making
6 wonderful progress.

7 On the other hand, if you look at average,
8 average, average teachers, they are not nearly as
9 effective at special education instruction. You can see
10 from the data they are focusing their energy, their
11 effort, and their target to the top two-thirds of the
12 kids in the classroom or the bottom two-thirds of the
13 kids in the classroom. Somewhere there will be regions
14 in the classroom where the kids are making less than a
15 year's worth of progress in a year of school.

16 We also have found that there is definitely a
17 relationship between a teacher's years of experience and
18 how effective they are in the classroom. Our data
19 indicates so clearly that teachers on average improve
20 their effectiveness quite steadily from about year one of
21 teaching through year 12 of experience, then a ten-year
22 plateau spanning ten additional years. Around years 21

1 and 22, we see a very slow and steady decline. Those are
2 averages. The variability around those efforts is huge.

3 Clearly, beginning teachers on average are far
4 less effective. Beginning teachers are not nearly as
5 well-prepared to differentiate instruction within the
6 classroom. So under the big agreement of the Commission
7 relative to this part, I want to offer four suggestions
8 that I feel could assist any teacher to be far more
9 effective than when they differentiate; they've got to
10 differentiate instruction such that they can reach
11 individual children regardless of their previous
12 attainment level when they get there.

13 First of all, differentiating instruction is so
14 huge, and the beginning teachers are clearly not as well
15 prepared to do that. My second suggestion speaks to
16 that. And that is, most -- and I've talked to a zillion
17 teachers within the last 15 years -- most teacher
18 preparation programs are giving teacher candidates very
19 little, if any, guidance and tools and skills on how to
20 monitor the progress of individual children within their
21 classrooms.

22 If I could be the czar for a moment, the first

1 thing I would do is spend every dollar, federal and
2 state, in staff development activities to assist teachers
3 to learn how to monitor the progress of individual
4 children in the classroom. I would put that number one
5 because, clearly, we're going to bring special needs
6 children in, and I certainly am hesitant of that, and I
7 certainly can show that classrooms that differentiate
8 instruction, those children can make wonderful individual
9 progress in that type of a classroom if people are
10 differentiating instruction in reaching the needs of
11 individual children.

12 Using both external data and internal data
13 within the classroom is absolutely critical because most
14 teachers are given very little preparation in how to do
15 that.

16 In states and districts around the country now,
17 and especially with the federal requirement to start
18 monitoring the progress of children as individuals which
19 I think is absolutely critical, then basically these
20 systems of people who want to use that data in an
21 appropriate way is don't be critical. And that goes back
22 to giving these teachers a head start on how to work with

1 these students and how to learn to do that in a very
2 creative way.

3 Now, the next thing that I would strongly
4 suggest is to somehow, some way, we've got to get teacher
5 candidates more involved within schools through their
6 whole course of teacher preparation. Now, that's easy to
7 say, but when you start talking to people, in reality
8 that is harder to do. But -- and I must emphasize
9 that -- you're wanting these teacher candidates to work
10 with documented highly effective teachers. I can't think
11 of anything worse to do than to put a teacher in their
12 teacher preparation under the influence of woefully
13 ineffective teachers. Consequently, we would work within
14 the schools to get teachers and teacher candidates more
15 involved in that.

16 My fourth suggestion is that we've got to do a
17 better job of counseling teacher candidates as they go
18 through. If someone aspires to be a high school math
19 teacher, then certainly, their academic preparation has
20 certainly got to be among the top prior to their entry
21 into the credentialing preparation. I've got a new set
22 of research work that's not published yet that basically

1 documents that quite, quite nicely. You've got to know
2 how to teach, but you've got to have the course content,
3 particularly in middle and high schools.

4 I've now got a fifth one I did not put in my
5 written comments that I want to mention. It's probably
6 not wise to do that, but I'm going to do it anyway.
7 We've got to somehow entice more of the undergraduate
8 majors to consider teaching. Quite candidly, on most
9 university campuses and undergraduate education, there is
10 a perceived stigma about being in education. I strongly
11 believe that one way to combat that would be to start
12 recruiting more kids from the math and the sciences and
13 any of those departments. If nothing else, start working
14 with local schools in after school tutoring programs
15 under the tutelage and guidance of better teachers.

16 I think when a lot of these students begin to
17 have an opportunity to see the joy of working with
18 students and watching them make progress, I think that
19 will go a long way to breaking down some of that
20 perception that, unfortunately, has been so pervasive but
21 also erroneous. Thank you for your time.

22 TESTIMONY OF DR. FREDERICK HESS

1 DR. HESS: I'm Frederick Hess. I'm delighted
2 to be here today under the Commission. I want to speak
3 specifically about the issues of teacher licensure at the
4 state level. At the close of remarks, I will have a
5 specific recommendation regarding federal activity, but I
6 think we'll all agree this is really a state issue.

7 Existing state systems of teacher licensure for
8 special educators, with their various provisions for
9 alternative, provisional, and emergency certification,
10 ought to be radically overhauled. It is appropriate to
11 move towards a system that permits adults to seek
12 employment as special education teachers if they meet
13 three criteria.

14 Aspirants should be required to possess a B. A.
15 or B. S. degree from a recognized college or university,
16 should be subjected to rigorous criminal background
17 checks, and should be required to pass a test that
18 demonstrates competency in knowledge or skills essential
19 to what they seek to teach.

20 In the realm of special education, this should
21 mean two things in particular: Aspirants ought to have
22 attained appropriate mastery of the content they will

1 teach, and should have exhibited mastery and knowledge
2 and skills essential to serving the special needs
3 population. Aspirants who will serve that population
4 ought to be required to demonstrate appropriate mastery.

5 Where there exists a body of research-based
6 knowledge essential to educating children with particular
7 special needs, then licensure should ensure that all
8 certified teachers master that knowledge and not settle
9 for having passed a course of uncertain content merely
10 because it carries an appropriate label. Not all
11 individuals who meet these requirements will be
12 well-suited to teach, but they should be permitted to
13 seek employment.

14 It is necessary to sound two notes of caution.
15 First, a system such as the one envisioned here requires
16 that a new emphasis on outcome accountability be
17 substituted for regulatory control. Second, for some
18 kinds of disabilities, there may exist research-based
19 knowledge essential to serving an exogenous population.
20 Such knowledge ought to be demanded, again, demanded, of
21 all teachers serving that population.

22 Finally, in determining what constitutes

1 essential skills and knowledge, it is necessary to
2 consider whether the skills and knowledge to help
3 educators serve children with special needs are largely
4 transferable from one category of disability to another.
5 If not, it makes little sense to license special
6 educators and would make far more sense to certify
7 teachers as prepared to work with certain groups of
8 students.

9 Our nation's schools are desperate for
10 competent special education teachers. At the same time,
11 state licensure systems erect barriers in the paths of
12 potential applicants. On the one hand, we desire an
13 adequate supply of special education teachers. On the
14 other, we want to ensure teacher quality. The difficulty
15 is that efforts to increase the pool of teachers
16 typically imply a drop in standards, and efforts to
17 tighten standards a reduction in the teaching pool.

18 Resolving this dilemma requires recognizing
19 that the current system of licensure constricts teacher
20 supply without ensuring quality. The issue is not
21 teacher preparation, but whether we ought to, as best we
22 are able, bar from teaching those who have not completed

1 a teacher preparation program. Allowing someone to apply
2 for a job merely permits them to be hired if they are
3 deemed superior to the other candidates for that
4 position.

5 Licensure is most effective when it ensures
6 mastery of special skills and knowledge. Licensure does
7 not ensure that doctors, lawyers, or engineers are
8 talented practitioners in every sense; only that they
9 have demonstrated the minimum level of their professional
10 knowledge or skill.

11 In education today, despite the best efforts of
12 these groups, we have been unwilling or unable to
13 establish specific, agreed upon, measurable bodies of
14 skills that teachers must master. If standards are
15 unclear, we only hesitate to bring individuals from
16 practicing the profession. This is not because we think
17 incompetence is acceptable, but because outcome measures
18 and employer evaluation or federal regs fail to fully
19 assess and foster innovation.

20 Even in professions with clear standards,
21 licensure is not imagined to ensure competence in
22 ambiguous, subtle skills like comforting a patient or

1 swaying a jury. The skills that teacher educators deem
2 most important -- listening, caring, motivating -- are
3 not susceptible to standardized quality control.

4 To make teaching certification more akin to law
5 or medicine, it would be necessary to ensure the
6 applicant master a core of essential knowledge. The
7 obvious candidate has content knowledge even if we
8 recognize that such content knowledge is necessary, but
9 not sufficient, to be a good teacher just as knowledge of
10 case law is necessary, but not sufficient, to be a good
11 attorney. While content tests are commonly used in state
12 certification systems, the nature of the scoring content
13 means that they do little to ensure meaningful mastery.
14 Moreover, such exams rarely, if ever, demand aspiring
15 special educators to demand mastery of research and
16 knowledge relevant to the particular challenges they will
17 face in the classroom.

18 Our system of licensure rests on three
19 assumptions, each fundamentally flawed. Certification
20 does not ensure mastery of essential skills and
21 knowledge, does little to weed out unsuitable applicants,
22 and is an unconvincing and ineffective way to bolster

1 popular respect for teachers or teaching. Not only does
2 licensure not work as intended, it also entails real
3 problems. The opportunity and costs of preparation
4 programs can easily amount to \$35,000 or more,
5 significantly reducing the real compensation of teachers.
6 In fact, teacher preparation is currently quietly funded
7 by this massive invisible tariff on aspiring teachers.

8 Certification also dissuades potentially
9 effective teachers. It is energetic, talented
10 individuals with many attractive alternatives that may be
11 the least willing to endure the hoops and hurdles of
12 certification. There has to be some way to address these
13 problems without throwing our classrooms open to the
14 dangerous or incompetent.

15 Strong, competitive, certification could
16 improve the process and provide such a model. Under
17 competitive certification, we would join those
18 competitive districts who enjoy an adequate supply of
19 special educators. It is the troubled districts who
20 currently provide long-term substitutes and
21 underqualified teachers where these applicants may be a
22 welcome relief. While most new applicants may be deemed

1 unsuitable, I've known few principals who would not
2 welcome the chance to pick and choose from the ranks of
3 these new applicants.

4 The envisioned reform will permit schools to
5 consider employing hundreds of thousands of
6 college-educated adults who have extensive experience
7 working with children with special needs. It is at least
8 possible that a parent who had spent 18 long years
9 raising a child with a particular disability, for
10 instance, has the knowledge and skills to be an effective
11 special educator and might choose to use his or her
12 experiences to help other children.

13 This is not to say that such an individual
14 ought to be hired, only that principals should be free to
15 consider them. Because teachers, unlike doctors or
16 psychologists, always work for institutions, they will be
17 monitored by managers who are themselves accountable.
18 Quality control will require that these administrators
19 also be given new leeway to remediate or remove and be
20 held accountable for their actions.

21 Now, what about teacher preparation and
22 induction? Am I suggesting that such efforts ought to be

1 eliminated or scaled back? Absolutely not. In fact, I'm
2 suggesting quite the opposite. The current system does
3 not take teachers seriously enough. What will happen
4 when a district hires a new teacher who has not studied
5 education or engaged in student teaching? First,
6 recognize that it happens every day in thousands of
7 systems across the nation, though in a haphazard fashion
8 and with no meaningful induction.

9 Let's consider another profession, like
10 consulting, that requires a mix of know-how and
11 interpersonal skills. At the best consulting firms, new
12 employees receive a rigorous induction, are expected to
13 take advantage of ongoing development opportunities, and
14 are mentored while the firm invests in developing their
15 full panoply of skills. Meanwhile, the performance of
16 new employees is continuously monitored and both progress
17 and competence are demanded.

18 Competitive certification would create new
19 opportunities to enhance the quality and relevance of
20 professional development. Not all districts will take
21 advantage of this. Those blessed with plenty of trained
22 teachers might forego the headaches, but the less

1 fortunate may welcome the opportunity.

2 Districts might pay untrained teachers a
3 reduced wage in their first year or two, assign them a
4 reduced course load, provide mentoring and training, and
5 require that they observe colleagues. In fact, this
6 sounds a lot like model professional development. Rather
7 than hoping that an applicant's preparation is locally
8 appropriate, districts could tailor train to the needs of
9 their students and could contract with the most effective
10 teacher educators without regard to state boundaries.

11 In particular, given national efforts to
12 mainstream students, such changes would break down
13 existing barriers between special and general education.
14 Rather than training general and special education
15 teachers in largely separate tracks, providers would be
16 better able to prepare teachers to work with the students
17 they actually serve.

18 How to pay for all this? It will be
19 appropriate for states to encourage and to help fund
20 professional development, but it is vital to recognize
21 that some of the necessary resources could be recaptured
22 from beginning teachers at no net loss to these teachers

1 since they would no longer be required to bear the
2 monetary costs of licensure. There are legitimate
3 concerns that districts may underinvest in teacher
4 preparation, given the long-term nature of the benefits
5 and the fact that teachers may move and take their
6 training with them. This is a common challenge in human
7 resources. It argues for new, targeted state and federal
8 support that accounts for local need.

9 In no sense, then, is competitive certification
10 an assault on professional development or on schools of
11 education. Business schools do a brisk business, though
12 no one has to attend them, because applicants and
13 employers regard their training as valuable and useful.

14 In fact, leaders of many teacher education
15 programs welcome the envisioned reform. Why? Explains
16 one: We're constantly worried about state regulations
17 and state requirements. If we weren't in the
18 certification business, we'd be free to design programs
19 as we think best.

20 Faced with the cleansing wind of competition,
21 schools of education will enjoy new opportunities to
22 innovate, pursue research, partner with districts, and

1 train teachers as they deem best. At the same time, they
2 would be accountable for results, not to bureaucrats, but
3 to those who staff and run the public schools.

4 There are a number of incremental reforms worth
5 contemplating short of a full scale change. These
6 include: creating competitive certification zones in one
7 or more urban districts; expanding alternative
8 certification programs and making them more accessible;
9 directing resources to help develop and study appropriate
10 training and induction models; reevaluating and enhancing
11 the content basis and special education basis of
12 licensure tests, and providing support for efforts to
13 distill a research-based pedagogical canon that aspiring
14 special education teachers need to master.

15 Today, while schools and school districts are
16 desperate to find good special educators, hundreds of
17 thousands of capable, committed individuals who have
18 extensive experience with special needs populations would
19 be summarily rejected if they applied for teaching
20 positions.

21 In the 21st century, having finally recognized
22 that accountability and flexibility allow educators to

1 serve children better than bureaucracy and regulation,
2 can't we do better? Thank you very much.

3 CHAIRMAN BUTTERFIELD: Thank you. Some very
4 interesting and provocative ideas. What we're going to
5 do is proceed the way we have in the past Commission
6 meetings where, if you raise your hand, you'll be put on
7 the list so we can address your questions.

8 But I also want to invite the panelists to
9 respond to one another. You know, there may be some
10 points that you would like to make. So why don't we
11 start with Commissioner Hunt. We can go down the table
12 this way. Commissioner Hunt.

13 QUESTIONS FROM THE COMMISSION

14 COMMISSIONER HUNT: First of all, I want to
15 thank the panel for your very interesting comments. I'd
16 like to address two questions for Dr. Sanders. Dr.
17 Sanders, I've heard all the statistics and maybe you can
18 help me out a little further.

19 First of all, you had mentioned that success
20 almost always falls on the shoulder of the teacher's
21 effectiveness in the classroom. What does curriculum
22 have to do with any of that?

1 DR. SANDERS: If you view progress of a kid
2 over time, and you think of the curriculum as a ramp, not
3 a stairstep, and you're wanting all children to go up the
4 same ramp, if you begin to look to see what speed is
5 built up the ramp, then that's where all of our work
6 goes. The accumulation of teacher effects has very, very
7 little evidence of compensatory effects.

8 Well, clearly there has got to be a curricular
9 ramp by which folks are expected to teach. This is not
10 to say that in some occasions -- and it certainly
11 happens -- that there might be a local policy that the
12 fourth grade teachers are supposed to be teaching fourth
13 grade curriculum.

14 If you've got a kid who is chronologically a
15 fourth grader, but if that child's reading skills and
16 math skills are at the second grade level, if that
17 situation exists and people are not encouraged to reach
18 down to where the kid is and offer instruction, then
19 constraints of the curriculum can, indeed, affect.

20 But notwithstanding that, it is primary teacher
21 effectiveness that affects the speed that children will
22 progress. I'm talking about kids across the entire

1 district, high-achieving kids, average kids, kids with
2 learning disabilities.

3 COMMISSIONER HUNT: In your testimony, you had
4 mentioned if you had all money and you were the czar --
5 since we have the assistant secretary here -- why --
6 because he is the czar and he's got all the money. That
7 was a joke. You had mentioned that you would monitor the
8 progress of individual students.

9 DR. SANDERS: That's correct.

10 COMMISSIONER HUNT: Why is that not being done?

11 DR. SANDERS: As I have roamed around the
12 country, and in particular, the past six or seven years,
13 and talked literally with hundreds of teachers, what I
14 hear from them over and over and over is it's very hard
15 to do. Teachers are not getting the training, the
16 preparation to really learn how to monitor the progress
17 of the kids day by day, week by week, month by month, to
18 be able to focus their instruction on the needs of that
19 specific child. That's where it's got to be.

20 The experts are -- the real experts are already
21 in the classroom. What behooves the rest of us is to
22 learn that the variability in teacher effectiveness is

1 huge. It's true in all subjects, but it's dramatically
2 true in math.

3 I have been quoted widely in this around the
4 country. If any child, no matter how bright the child
5 is, catches two weak math teachers in a row, those kids
6 just about do not recover because math is so sequential.
7 This is why getting that notion in place of monitoring
8 where the kid is and providing instruction of where that
9 kid is, accelerating the progress of that kid under that
10 grant is what we've go to focus on.

11 I strongly believe if we're going under
12 President Bush's directive of leave no child behind,
13 well, obviously, we've got children way down here and
14 you're not reaching down to those kids and trying to
15 force them arbitrarily to a level that they're not ready,
16 it's not going do work. It is only when that instruction
17 is provided properly, that it will accelerate the
18 progress of that child.

19 COMMISSIONER JONES: Can I encourage all the
20 witnesses and commissioners to speak closer to the
21 microphones, although Dr. Hess you've done a very good
22 job. I would encourage everyone to please do that so our

1 court reporter is able to hear.

2 COMMISSIONER HUNT: So how do we get to that
3 point? What's your specific recommendation that you
4 would want to make with regard to this?

5 DR. SANDERS: Well, first of all, measurement
6 is key. I'm talk about the external measurement, which
7 under the new federal legislation, all states are going
8 to have to develop ways to measure progress of individual
9 children. Some states have already been doing that. A
10 lot of districts within states have been doing that. But
11 then, once you have the data in place, you do the very
12 best analyses in the world, but if teachers do not know
13 how to use and interpret that data in positive, creative
14 ways, it's not information.

15 That's from the macro view of looking at the
16 analyses, but then the micro is for teachers to better
17 understand how to monitor Susy and Johnny's progress day
18 to day, week by week, month by month, and so forth.
19 There, to me, is a major missing link in the preparation
20 of beginning teachers.

21 COMMISSIONER HUNT: One more follow-up, then.
22 I'm just trying to understand then, why you're saying it

1 hasn't been done to this point, what's the specific
2 recommendation?

3 DR. SANDERS: Well, the specific recommendation
4 is to go back to the teacher prep programs -- I just got
5 through doing an in-service training for representatives
6 from across the state that were here yesterday. Most
7 teacher candidates are given and have been given
8 virtually no preparation on how to use data in the most
9 simple, rudimentary way.

10 I'm talking about simple exercises that I
11 started with high-tech stuff, a piece of graph paper and
12 a ruler and a pencil, to start showing folks how you can
13 take his test scores over time and plot over time and
14 what can be important from them.

15 So I'm talking about starting with rudimentary
16 things like that to begin to give people a notion that a
17 lot of this can be quantified and measured to give that
18 feedback loop that's going on. That's what I'm implying.

19 COMMISSIONER HUNT: Thank you, Madam Chairman.

20 CHAIRMAN BUTTERFIELD: Commissioner Berndine.

21 COMMISSIONER BERNDINE: Thank you, Paula. I
22 also want to show my thanks to you for showing up this

1 early in the morning and taking the time to prepare your
2 testimony. I have some questions for all three of you.
3 Dr. Hess, my reading has just caught up with your
4 recitation of your piece.

5 I do have some questions, and I'll start by
6 looking at some broad brush strokes that all three of you
7 used with regard to teacher education in special
8 education. I'll try to get those brush strokes down to
9 some finer, more specific points of information which my
10 colleague, Commissioner Hunt, was doing.

11 Ms. Walk, in your testimony, I was particularly
12 interested in your comments with regard to CSPD. In your
13 opinion as a state director, can you give illustrations
14 of where the CSPD functions in your state have been
15 particularly productive with regard to personal
16 preparation?

17 MS. WALK: Some of the things that we've done
18 in Wyoming with regards to our CSPD activities, in
19 particular, are being carried out under our state
20 improvement grant and those revolving around the
21 preservice level at the university. We are working with
22 the University of Wyoming. We're an interesting state in

1 that we only have one university and several community
2 colleges, but one four-year university; so we are tied
3 pretty closely to that teacher prep program.

4 The university has hired an inclusion teacher
5 and our state improvement grant is funding an additional
6 faculty member at the university. These two faculty
7 members are working collaboratively to develop curricula
8 for inclusion so that students who are in the general
9 education track and students who are in the special
10 education track will now be receiving a cross-curriculum
11 of special education and general education. That's one
12 of the activities we're doing.

13 We have started a teacher mentor training,
14 which I believe Dr. Sanders talked about the importance
15 of that, of teaming experienced, quality teachers with
16 the new teachers. We're setting that up as a regional
17 system across the state of Wyoming.

18 We are also doing a great deal of parent
19 training because we believe the parents are the number
20 one educators for their children, and it's critical to
21 involve the parents in the education of their children,
22 especially for children with disabilities.

1 We have a large transition initiative going on.
2 That transition being transition for students from public
3 school to whatever they wanted to do after they finish
4 their education, whether it's postsecondary, whether it's
5 going into the work force, whatever that student's needs
6 are and what they strive for.

7 COMMISSIONER BERNDINE: In your testimony, you
8 indicate that you want to redefine the CSPD mandate. If
9 you're doing all these successful things, why would you
10 want to redefine CSPD? Why would you redefine it?

11 MS. WALK: When I was talking about redefining
12 the CSPD mandate, it would be to redefine the competitive
13 nature of how states have to receive their state
14 improvement grants. We used to get a separate grant to
15 carry out our CSPD activities; it was not a competitive
16 grant.

17 COMMISSIONER BERNDINE: It was a block grant?

18 MS. WALK: Exactly. And now we have to compete
19 for our state improvement grants to carry out our CSPD
20 activities. When states don't have a state improvement
21 grant, they have to use their set aside or discretionary
22 money to carry out their CSPD activities.

1 COMMISSIONER BERNDINE: So in other words,
2 you're satisfied with the CSPD model as it currently
3 stands with the exception as to how it relates to the
4 states?

5 MS. WALK: That's correct.

6 COMMISSIONER BERNDINE: Thank you. Dr.
7 Sanders, we actually have met in the past. I was
8 involved in the University of Kentucky. In the 80s, I
9 helped to develop the states first internship program,
10 and we modeled parts of it after Tennessee's and some of
11 your colleagues were involved in that activity. I have a
12 couple of questions for you. I want to compliment you
13 also. I think that your outline, or your description of
14 differentiating instructions is outstanding.

15 This is something that the Commission has heard
16 in the past; we've not heard it from a statistician.
17 It's interesting that this notion of instruction is
18 actually starting to attract the attention of number
19 crunchers.

20 Page 1 of your testimony under differentiating
21 instruction, could you talk to me a little bit about any
22 notions you have about career-long professional

1 development and differentiating instruction.

2 DR. SANDERS: When you begin the monitor -- I
3 really appreciate your comment about the number crunchers
4 beginning to see -- when you begin to look at the data
5 longitudinally, you look at the progress the kids are
6 making across the classroom. That's one of the things
7 that just starts jumping off the paper at you. These
8 highly effective teachers are doing it, and they are
9 doing it with a great degree of competency.

10 Now, when it comes to looking at beginning
11 teachers, which in the aggregate are far less effective
12 on average of 8 to 10 year veterans, and you look at the
13 pattern of progress that their kids are making in the
14 classroom, it's very clear that they're more narrowly
15 focused in their instruction. There will be regions
16 within the classroom for children who are not making
17 anywhere close to appropriate progress.

18 You see this somewhat consistently across
19 beginning teachers. Then I'm left to conclude and draw
20 inference from that that they basically are not -- they
21 don't have that experience base on which to draw, and so,
22 consequently, they're bringing to the classroom pretty

1 much a notion of preparing one lesson plan, preparing
2 that lesson plan in one size fits all, and so forth.

3 You usually see in the data that -- this is
4 often thought of as a thumbprint -- that I can start
5 looking at the beginning scores by appropriate measures
6 of prior achievement and have a very good idea of where
7 that instruction is being targeted.

8 If this is the part that you're referring to, I
9 use that finding and particularly look at the pattern of
10 beginning teachers, then I have drawn a conclusion that
11 whole notion of differentiating instruction needs to go
12 back to the preservice part whereby those beginning
13 teachers, when they get to the classroom, at least will
14 have a better chance of beginning to reach upwards or
15 downwards to all children in the classroom.

16 COMMISSIONER BERNDINE: You're not saying, and
17 I don't believe that I heard you at all say this, but, in
18 any respect, would an entry-level teacher have the same
19 level of effectiveness as a teacher of 8 to 10 years?

20 My question that I'm driving to is: Can you
21 see in your data the effects over time of professional
22 development on teachers? You have a large database, you

1 have one of the largest longitudinal databases that I've
2 heard about. Over time, can you see when you look at
3 that data, any trends in this level of objectiveness or
4 where it starts to drop off?

5 DR. SANDERS: Well, you definitely can see
6 trends in the aggregate with years of experience. Years
7 of experience certainly are related to teacher
8 effectiveness.

9 However, that other part that you were raising
10 in regard to how much of that is related to professional
11 development activities, I worked with another researcher
12 at the University of Maryland, in fact, about where they
13 had some large surveys done of teacher's separate grants
14 of their professional development activities. And sadly,
15 the results came back very strongly, most teachers feel
16 that the current level of professional development
17 activities is not giving them additional tools that they
18 need.

19 Now, I'm a strong advocate for professional
20 development activities, but there's some work done in
21 either the University of Michigan or Michigan State, I
22 forget which, that basically came to the conclusion at

1 present about 90 to 95 percent of professional
2 development activities are not having positive impact on
3 teacher improvement --

4 COMMISSIONER BERNDINE: Michigan State.

5 DR. SANDERS: Okay. So consequently, that's
6 different from saying that we need more professional
7 development activities. I think it's going to be pretty
8 directed and pretty promulgated relative to assisting
9 teachers to become more effective.

10 COMMISSIONER BERNDINE: Did you just say that
11 you could pull up special ed teachers in your database?

12 DR. SANDERS: The Tennessee database is where
13 the largest one is -- that's our biggest one, even though
14 we have them in other school districts outside the state
15 of Tennessee.

16 By state law, the kids that were flagged as
17 special ed are excluded from our teacher level analysis.
18 Looking back on that, that was a mistake. At the time,
19 I had drafted that, we didn't have millions of records
20 like we do now.

21 COMMISSIONER BERNDINE: Leading up to that,
22 sir, I'm aware of that. A cautionary note is I really do

1 appreciate the depth of your database; the fact of the
2 matter is that it does not include special education.

3 DR. SANDERS: Let me add that since we have the
4 data for the special ed kids, I've been able to run it
5 both ways. When we do the official reporting, the
6 special ed kids are excluded, but I do have it in the
7 database. Many teachers would welcome to have the
8 special ed kids data in there because from a value-added
9 perspective, if they're working with those children, they
10 can make heroic progress.

11 So, in the database, I've been able to locate
12 both the special ed kids included and excluded, even
13 though in the official future reports that go out, they
14 are excluded, I do have a way to look at it with those
15 children included.

16 COMMISSIONER BERNDINE: That would be very
17 interesting data. Your testimony was very intriguing.
18 You were using the term "longitudinal data." I thought
19 you were painting with a very broad brush there including
20 all teachers not being involved in data collection. I
21 was surprised by that.

22 There is a hallmark differentiation between a

1 special education classroom teacher and a general
2 education classroom teacher in these data collections.
3 Now, if that's not an evaluation, and that's not
4 longitudinal, I don't know what is.

5 Secondly, we have, by law, in special education
6 classrooms something called an IEP. The IEP mandates
7 data collections. Were you intentionally excluding
8 special education teachers in this broad brush, or was
9 that just an oversight?

10 DR. SANDERS: I have had been advised to speak
11 to the general population of teachers with regard to
12 this. However, if you'll notice in 2 there, I'm
13 including macro and micro. I suspicion if you look at
14 the patterns that kids are making across varying levels
15 of effectiveness of teachers, I think you would come to
16 the conclusion that a lot of teachers are not following
17 the progress of the individual children day by day, week
18 by week, month by month.

19 COMMISSIONER BERNDINE: I don't doubt that at
20 all. I don't think it's fair to represent special
21 education classroom teachers not being databased. I'm
22 very convinced of that. There are many of those that are

1 fully qualified and trained.

2 I need to move on. I need Dr. Hess. I really
3 enjoyed your presentation, and I don't have time to
4 really ask all the questions that I have. Some parts of
5 your presentation seem to indicate to me that you were
6 saying something to the effect that we need to walk in
7 the moccasin of others to really understand what they
8 need to do. You inferred that a parent who has raised a
9 child with a disability over 18 years, that parenting
10 process alone would be sufficient to make them an expert
11 for a special education teaching role. Did I misread
12 that?

13 DR. HESS: Yes. What I'm trying to do is make
14 it clear that licensure is a very simple premise. It
15 says that people making higher-end decisions at the
16 school or district level cannot be trusted to make
17 decisions in regards to some individuals; namely, those
18 individuals who do not hold certification.

19 What I'm suggesting is that I'm actually much
20 more comfortable -- that we should be much more
21 comfortable -- in a world where they no longer have
22 captive supplies of teachers because they actually enjoy

1 vast options more similar to that of the white male
2 population.

3 We have started to create a more appropriate
4 outcome-based mechanism. Now, of course, one question is
5 going to be when we actually do create an advanced
6 outcome-based mechanism. To the extent that we do not do
7 so, this approach, obviously, runs into should we or
8 should we not go with this approach in terms of
9 certification.

10 My only point in terms of that example is to
11 say look, unless we can clearly say why we are barring
12 some individual from the opportunity of being able to
13 apply for a job, until we can discretely identify those
14 skills, it seems to me that there are a number of places
15 which an individual might be able to garner the kind of
16 background and kind of skill that might be appropriate.

17 It's imaginable to me that a parent who has
18 raised their special needs child, in some cases, in
19 districts where they don't have fully trained candidates,
20 might be an attractive candidate. I'm suggesting that it
21 be up to the principal to decide whether or not, in that
22 case, they felt that individual's skills set was

1 appropriate.

2 COMMISSIONER BERNDINE: You talked in regard to
3 districts in competitive certification zones, you
4 referred to some urban districts having altered the
5 certificate route. Can you imagine any inherent
6 difficulties where a largely urban state, say Baltimore,
7 Maryland, who would be training their own teachers when
8 they have this critical shortage and getting a balance
9 between those essential skills you're talking about and
10 filling the slots? How would you handle that?

11 DR. HESS: I think you're exactly right.
12 That's one of the issues is that as we try to think about
13 two kinds of performance, there's obviously an issue of
14 capacity building, developing models, developing
15 training.

16 First off, as I tried to make clear, the notion
17 is not to do this when they are asked to do their
18 interning. Districts are perfectly free to continue to
19 hire graduates of professional preparation programs.
20 Nothing will change. The only change would be that it
21 would be permitted without going into emergency or
22 provisional processes to hire other people as well if

1 they so choose.

2 So, first off, everyone would be free to hire a
3 full raft of fully certified, trained graduates of
4 special education programs. Of course, as we're well
5 aware, the problem is Maryland, and most Maryland
6 districts, particularly Baltimore, cannot find those kind
7 of candidates. So right now, this is the boat we're
8 talking about.

9 In fact, when they go for inductions, they put
10 people in on emergency provisional credentials and then
11 ask them to go to UMBC, University of Maryland, Baltimore
12 Campus, and take evening courses while teaching five
13 courses a day or working with -- however the special
14 educators do assignment structure. Working with those
15 children from 8:30 to 4:00 every day, doing IEPs in the
16 evening, take these courses at night, do professional
17 development on weekends, it strikes me as being
18 impossible.

19 It seems to me that if you have other
20 individuals who would be interested in teaching in more
21 appropriate gradual induction models that would help them
22 work with this population, it is better to permit,

1 Baltimore schools, for instance, to partner with whoever
2 they choose -- University of Maryland, it could be Ohio
3 State, it could be Cal State -- whoever they chose to
4 work with, and what they would do is take advantage of
5 both of increased mobility, and they would be able to
6 work out whatever kind of arrangements that suits their
7 needs and their population, and they would be able to
8 create whatever kind of programs and mentor models they
9 thought were appropriate spending.

10 Now, where does this money come from is an
11 obvious question. What I'm suggesting is that -- right
12 now if you ask somebody changing careers, a college
13 graduate, to take a year out and get a degree, minimum of
14 \$5,000 at some places for the actual tuition, \$30,000 low
15 end for opportunity costs, that's \$35,000.

16 In effect, if you paid these people \$20,000 for
17 each of the first two years, they come out financially
18 ahead of where they would have been. The additional
19 \$35,000 resources can now be simply shifted and the
20 district can now spend it on partnership programs to get
21 teachers or whatever models they think are appropriate.

22 COMMISSIONER BERNDINE: You think your model,

1 then, has the flexibility that it can deal with a city
2 the size of Baltimore that has the population the same
3 size of the state of Wyoming -- in fact, it exceeds
4 Wyoming's population -- that's the dilemma this
5 Commission has with your recommendations.

6 DR. HESS: I understand that completely. What
7 I'm trying to do is -- the nice thing about the
8 competitive certification approach is, rather than trying
9 to substitute a new model for current certification
10 licensure requirements, what it says is, we're going to
11 trust that the officials in the many districts across the
12 nation; are the best judges of their needs.

13 If we actually hold them accountable, and to
14 the extent that we hold them accountable in terms of
15 special education, and that is appropriate, but to the
16 extent the we hold them accountable for serving students
17 adequately, then is that appropriate to permit them to be
18 the judge of how they can best locate and train teachers
19 they need?

20 COMMISSIONER BERNDINE: Thank you, that's very
21 informative.

22 CHAIRMAN BUTTERFIELD: Dr. Pasternack.

1 COMMISSIONER PASTERNAK: I'd like to just as
2 one question rather than a long series of questions.
3 First of all, I thank you for being here this morning. I
4 think all the Commissioners would have been here if they
5 could have. I think the Commissioners here today
6 recognize that if we don't have a highly qualified person
7 teaching kids, with all the laws and regulations, we are
8 never going to do that which we seek.

9 I guess my question is a follow-up to what
10 Commissioner Hunt asked. I don't understand why we're
11 not teaching teachers how to use progress monitoring.
12 We've known about progress monitoring for many years.

13 Now, you mentioned in your testimony the
14 importance of teachers knowing progress monitoring, so
15 I'm just curious from you all why you think it's not --
16 it just seems to be simple to me, and I don't understand
17 why it's not done and your suggestions about how we get
18 it done.

19 MS. WALK: While I think that general education
20 teachers may not understand the importance and may not do
21 individual progress monitoring, I think that special
22 education teachers do that on a regular basis. They have

1 to do that in implementing a child's IEP. Special
2 education teachers understand the importance of
3 monitoring a child's progress; that's what they're
4 trained for. That's why they write IEPs, that's how they
5 monitor a child's progress.

6 General education teachers do not have that
7 kind of training. They don't have that at the preservice
8 level; they leave that up to special education teachers
9 because special education teachers have to monitor a
10 child's progress throughout their IEP. That's how they
11 write goals and objectives; that's how they move the IEP
12 forward.

13 So special education teachers, I believe,
14 understand that. General education teachers don't have
15 that background and that understanding of monitoring a
16 child's progress. How do we fix that? Again, I believe
17 it goes back to the preservice level where general
18 education teachers and special education teachers are
19 being taught together. We're not teaching teachers in
20 separate silos. We have to get past that.

21 We've got to improve that at the university and
22 college levels to teach the importance of monitoring

1 individual progress. Special education teachers do
2 understand the importance of that and do follow it when
3 they write a child's IEP.

4 DR. SANDERS: The children that are labeled for
5 special education service are not in classrooms of
6 teachers that have been trained this way. They're in
7 classrooms that are more general in nature. And so,
8 consequently, when you look at the data, what you will
9 see is some kids that have been labeled as having special
10 needs in certain classrooms will make progress. In other
11 classrooms, they make no progress.

12 So, what I'm suggesting -- and I'm not
13 disagreeing with what she has said or what the
14 Commissioner has said -- I think this whole notion of
15 following the progress of individual children needs to be
16 included as part of the teacher preparation program for
17 all and to move it more towards like the concept of an
18 IEP regardless of where the children are.

19 But when you look at the data very, very
20 carefully, what you will see is that huge differences in
21 patterns of growth of the kids by classrooms, strongly
22 suggesting this is not happening in most -- in probably

1 the majority of the classrooms.

2 COMMISSIONER PASTERNAK: With all due respect,
3 I hear from too many parents across the country that
4 their kids are not making progress in special education.
5 The goals and objectives on IEPs do not change year after
6 year, and I think it's an outrage that you would say that
7 people are trained to be able to go ahead and monitor the
8 progress these kids are making, where in states like
9 Mississippi only 12 percent of the kids with disabilities
10 get a diploma.

11 So, I'm confused about how we say that people
12 are trained, but yet we have a graduation rate that is 57
13 percent -- 57.8 percent in the most recent data that we
14 have available. I'm still asking the question: Why
15 aren't teachers trained to monitor the progress of their
16 kids, and how are we going to get that done? It doesn't
17 seem that we need more research, it doesn't seem that we
18 need more models, it just seems that we need to get these
19 skills into the hands of teachers.

20 And I don't think, based on the data that you
21 spoke about earlier, we need four to eight years for
22 teachers to become the kind of special education teachers

1 that we need them to become. It's about the research
2 preparation, and that's my question. I still would like
3 to hear an answer.

4 DR. HESS: One of the issues is that there's
5 very different standards for teacher education programs
6 and school districts. School districts who are actually
7 being held accountable for student progress have very
8 real incentives for professional development in these
9 courses to help these teachers monitor this kind of
10 progress in those skills. Schools of education really
11 don't have incentives to necessarily address these issues
12 unless it happens to be something that interests the
13 faculty of that particular institution. Schools of
14 education are simply not in any way accountable if their
15 graduates graduate from the skills test which emphasize
16 their particular approaches or particular models and
17 don't have these kinds of skills.

18 The fact is, at the end of the day, it's a
19 buyer's market, and, you know, there's simply not enough
20 trained teachers in the country that graduates will be
21 hired. Because teachers are hired by districts with the
22 presumption they are certified professionals, we will

1 tend to get relatively weak, watery professionals.

2 So, by changing both the hiring process so that
3 it becomes more customer-oriented in terms of
4 preparation, institutions need to train teachers with
5 skills that districts are going to need. And then, by
6 moving away from this presumption that somebody who is
7 certified as a competent professional and moving towards
8 an understanding that education, like other professions,
9 tends to be one of continued growth. We are going to
10 create the opportunity to focus additional preparation
11 more on this kind of training and free up new
12 professional development resources to create this kind of
13 sustained enhancement throughout the teacher's career.

14 So, I would argue this is really a private set
15 of institutional incentives, and we can browbeat and
16 install folks all we want, but so long as we retain this
17 dichotomy produced by official certification, we're
18 unlikely to get meaningful progress on this.

19 CHAIRMAN BUTTERFIELD: Commissioner Coulter.

20 COMMISSIONER COULTER: Like my fellow
21 Commissioners, I would like to applaud you in your
22 efforts and your time. I, like Commissioner Fleming and

1 Commissioner Berndine, work in an institution of higher
2 education. I understand the fact that you have been
3 significantly challenged to look at accountability which
4 we do in a different way.

5 If I heard Dr. Sanders correctly, he mentioned
6 that he could track students by teachers that had taught
7 them, and that over time he could, in fact, construct a
8 profile, not just of student progress, but of the teacher
9 effectiveness with different students over time.

10 My question is if, in fact, we had those data
11 and the ability to make those kinds of analyses, how can
12 these data be used to provide feedback, incentives, and
13 possibly sanctions, to the institutions of higher
14 education that trained these folks.

15 DR. SANDERS: In fact, I think many of you know
16 that work that I started 19 years ago for many, many
17 years was extraordinarily controversial; some places it
18 still is. But I took more of a statistical approach than
19 what has been taken before because what I've been focused
20 on is a massive longitudinal analysis. Humongous
21 technical obstacles had to be overcome.

22 The challenge, in my view, now is to begin to

1 get this information which I think is far more allowable
2 in the hands of practitioners to have a better
3 understanding of how to better use and interpret it to
4 assist the children. Twenty schools agreed to go back
5 through their transcripts of teacher candidates for the
6 last ten years so as to try to glean from that what could
7 be learned about what made folks that came to the
8 classrooms already more effective and so forth.

9 What I strongly recommend in a macro, and I
10 hear what you're saying, you can't waste ten years with
11 all the research. There's lots of stuff that we know
12 now.

13 In answer to your specific question, I don't
14 know why teachers are not following the individual
15 progress of children. They're not doing it, and in lots
16 of cases, that evidence is overwhelming. Is it a lack of
17 skill? I think so. Is it a lack of training? I think
18 so. Is that the only reason? I don't think so. But the
19 answer to your question is, now, when we begin to get
20 more of this, hopefully, reliable information, feeding
21 back in the loop is the only way we're ever going to
22 start strengthening that variability in teacher

1 effectiveness.

2 Now, I am convinced that not all, but most, of
3 the teachers, even the less effective ones, are sincere,
4 educated, conscientious human beings. We're not making a
5 value judgment. Most teachers do not realize they're
6 less effective until they're confronted with their own
7 data; confronted in a very private way. A lot of
8 teachers, once they begin to see the patterns that
9 they're not reaching up to their higher-end kids or
10 reaching down to a special needs kid, a lot of those
11 teachers will start self-adjusting.

12 A lot of teachers only want help. We should
13 try to set a climate that this is not about beating on
14 people, this is not about making bad judgements, it is
15 only about helping less effective teachers. A lot of
16 these highly effective teachers do not want to be
17 identified. They do not want to be singled out. Some of
18 the folks that we really need to be learning from the
19 most and serving as mentors are going to take some
20 institutional encouragement because, often, they do not
21 want -- that's kind of a shock to me -- they do not want
22 to be put in the position of where the light is on them,

1 per se.

2 I think we need to help break that down. If
3 these highly effective folks become better able to assist
4 these less effective folks, the problem, folks, is the
5 variability in teacher effectiveness. All teachers do
6 not need to change. These highly effective teachers, we
7 shouldn't be messing with them; we should be applauding
8 them.

9 COMMISSIONER COULTER: At the risk of putting
10 words in your mouth, I think many of us also assume the
11 teachers in higher education are also, you know,
12 well-meaning people who think that they are doing a very,
13 very good job.

14 In the absence of accurate feedback about the
15 teachers that they are teaching and how successful those
16 folks are, I would assume that they are going to continue
17 to do what they've done in the past, absent data.

18 That's why I'm interested in the feedback
19 system that goes back to all of the well-meaning people
20 who are working hard and assuming what they're doing is
21 correct.

22 DR. SANDERS: I totally agree with that. One

1 of the things we're finding that shocks me is that in
2 schools, where a teacher candidate went to college has
3 virtually no predictability on how effective they are as
4 a beginning classroom teacher. All schools of ed are
5 turning out some highly effective teachers. All schools
6 of ed are turning out some woefully ineffective teachers.
7 The overall mean difference among institutions -- and
8 I've looked at thousands of them -- is very true.

9 So, consequently, I think this feedback loop --
10 schools of ed are doing that because it becomes a hugely
11 important thing. And you see, more of the data is going
12 to become available in the future since all states will
13 be testing each child each year, at least based on the
14 DSDA reports. This is going to mean more states are
15 going to have databases like this that will enable them
16 to perform on a feedback loop.

17 COMMISSIONER COULTER: And I would assume your
18 comments have as much to do with regard to the
19 reorganization of the Higher Education Act as it would
20 with anything else.

21 DR. SANDERS: That is true.

22 COMMISSIONER COULTER: Let me move to Ms. Walk

1 very quickly. You commented in your answer to
2 Commissioner Berndine about effective strategies, I
3 think, for professional development in undergraduates and
4 also in continuing professional development.

5 What measures of student outcomes or measures
6 of effectiveness of those particular strategies that you
7 just commented on are you systematically collecting so
8 that you know that what's been done actually has an
9 effect on student outcome?

10 MS. WALK: We are just starting those
11 activities in Wyoming. We just received our state
12 improvement grant last summer, so we are just instituting
13 those activities. How we have determined that we need to
14 do that was based on a needs assessment we did statewide,
15 and it encompassed the title programs, Title I and Title
16 II, Perkins, and IDEA.

17 We did a huge survey across the state of the
18 teachers and administrators who went through our
19 university program. Though that needs assessment, it was
20 determined a very high percentage of teachers left the
21 preservice program not feeling adequately trained at all
22 for teaching in an inclusive environment.

1 COMMISSIONER COULTER: You spoke, I believe,
2 very eloquently and importantly that there's a
3 fundamental disadvantage between state improvement grants
4 and state improvement plans. If I heard you correctly,
5 state improvement grants are funded on the basis of a
6 competitive grant that can have some relationship to
7 state improvement, but not necessarily so. And that, in
8 many instances, you were saying that the state
9 improvement plan was actually developed after the state
10 improvement was funded, those grants are usually for five
11 years.

12 What recommendations do you have to us, and
13 obviously to the office of special education programs, to
14 make a better connection between the funds that go for
15 state improvement grants and how that can directly affect
16 state improvement plans, which is the way in which
17 compliance is typically determined by OSEP?

18 MS. WALK: OSEP has changed the way they
19 monitor states, and we appreciate that. It is a kinder
20 and gentler way to monitor us, we state directors
21 believe, for the most part. It's been an evolving
22 process over the last several years.

1 Previous to the change of monitoring, we used
2 to have to write corrective action plans. OSEP would
3 come in, they would find compliance issues, and we would
4 have to write a corrective action plan. With the new
5 monitoring process, we write a state improvement plan.
6 It's a quality improvement plan.

7 My belief is that plan should be developed
8 before we get our state improvement grant because the
9 plan is how we are trying to move forward in providing
10 quality services for children with disabilities. States
11 have to do a self-assessment. We determined in our own
12 states what our needs are. Where are our own specific
13 issues? My issues in Wyoming are different than
14 Colorado's issues. My state improvement plan has to be
15 directed towards what I need to do in Wyoming. The grant
16 that I receive should drive that. So, the money that I
17 receive from the state improvement grant should drive my
18 plan.

19 Now, the grant has been out for -- I think
20 we're in our third round. I received my grant after
21 trying three times to receive my state improvement grant.
22 My monitoring, when I do my self-assessment, they

1 coincide, so my improvement plan and my grant are very
2 well connected.

3 COMMISSIONER COULTER: They're aligned is what
4 you're saying.

5 MS. WALK: Very much so.

6 COMMISSIONER COULTER: But not in all
7 instances.

8 MS. WALK: But not in all instances. Some
9 states received their state improvement grant three years
10 ago and they are just going through monitoring right now
11 in 2002.

12 COMMISSIONER COULTER: So it is possible they
13 wouldn't be aligned?

14 MS. WALK: Exactly. So when they received
15 their grant form three years ago, it may not be what
16 their state improvement plan needs.

17 COMMISSIONER COULTER: Thank you. Dr. Sanders,
18 one more quick question. With children with special
19 needs, children with disabilities, a lot of our
20 discussion this morning has been on student achievement
21 and student outcomes. There are other aspects, other
22 needs, that students with disabilities have; for

1 instance, related services, et cetera, that affect their
2 educational performance.

3 Does your database in any way differentiate
4 between those children who are receiving related
5 services, for instance, and those that do not -- and let
6 me add just one more thing which I assume you could
7 respond to.

8 In many instances, we have teams reporting to
9 us that children have special needs or related services
10 but aren't receiving them, and we would assume that, in
11 some way, is inhibiting their progress because they are
12 not getting all that they need.

13 What I would like you to comment on, in the
14 databases that you developed, is there any provision for
15 collecting information about related services being
16 provided and the effectiveness of those services?

17 DR. SANDERS: Some of the districts that we're
18 working with outside of the state of Tennessee are
19 beginning to put additional flags on the kids' records
20 such that it makes it very easy for us to create virtual
21 control groups, allowing good medical experimentation
22 such that you could filter out what those additional

1 services, those additional programs, those additional
2 impacts might have with regard to achievement level.

3 This is something I strongly encourage because
4 that enables one to even -- once you created the database
5 longitudinally, it opens a wealth of opportunities to
6 start partitioning to rearrange their schedule. In the
7 Tennessee database, the only thing we have is the
8 official levels of special ed services, and it is a
9 pretty crude approach. All we are saying is to put
10 additional flags on the children to start partitioning,
11 this thing will happen.

12 COMMISSIONER COULTER: Not now but soon maybe.

13 DR. SANDERS: As soon as the data were
14 available, then it certainly could be done very quickly.

15 COMMISSIONER COULTER: Thank you.

16 CHAIRMAN BUTTERFIELD: Commissioner Jones.

17 COMMISSIONER JONES: I just want to ask all
18 three of you one question. You've pointed to the
19 disciplines of medicine, agriculture, and law; most of
20 these are disciplines of biology, chemistry, and
21 architecture. There is a reasonably well-agreed canon of
22 knowledge that has to be conveyed as part of the

1 education progress. Does your training have such a
2 canon, and, if so, is it being utilized with enough speed
3 into your colleges, particularly focussed on special
4 education.

5 DR. HESS: I would argue that this canon does
6 not currently exist, that it certainly could; that the
7 conditions in medicine and education exist at very
8 similar conditions as they did in the mid 19th century.
9 By choosing who's operating the courses, in terms of how
10 they go about the scientific method, and in terms of the
11 approach to research in the field, as compared to those
12 courses over the past 150 years, most of the concerns
13 voiced difficulty in field trials and research
14 clarification in terms of medicine, criminal justice,
15 social welfare, and welfare.

16 We have chosen, however, to think in terms
17 of -- we've chosen to simplify results. To the extent
18 that we're willing to do those kinds of tasks and focus
19 ourselves on a couple of discrete outcomes, then it
20 becomes eminently possible. And we could probably quite
21 rapidly in human resources begin to assemble knowledge
22 because we have a great deal of capacity and folklore

1 that would actually be tested and run through appropriate
2 channels over time. For various reasons, regional,
3 political, cultural, not just for this, and that is part
4 of the problem in the current approach to teacher
5 development.

6 DR. SANDERS: I take a pretty pragmatic view to
7 this. Kids have been taught since the beginning of time;
8 one generation has always taught the next generation. I
9 think the issues -- let me say it this way. I do not
10 believe someone who would necessarily have the studies in
11 these differential equations could be a third grade math
12 teacher.

13 On the other hand, I would not want my children
14 to be in an algebra class in which all the math that that
15 teacher had was one year of algebra. That's where we're
16 making our research focus right now is by gleaning from
17 transcripts, and gleaning from other sources, to
18 hopefully begin to extract for policymakers along these
19 issues of credentialing and so forth, basically trying to
20 let the data speak.

21 I really think that until we begin to look at
22 it that way that we'll always be in this argument. Your

1 big question for this particular session is: Do
2 credentials guarantee effectiveness? Absolutely not.
3 Because the variability in teachers with the same
4 credentials is huge.

5 Now, if you ask a different question, what
6 about teachers teaching on special permits compared with
7 comparable years of experience with folks that don't have
8 credentials. That is a set of questions we're looking at
9 now.

10 I'm not ready to talk about that publicly --
11 give me about two weeks -- because it's just recently
12 that the Tennessee Commissioner of Education said -- a
13 few weeks ago, she said, Bill, I'm fixing to send you --
14 which I've never had -- all of the certifications of the
15 teachers in the state. I'm fixing to send you all of
16 that information. That enables you to begin to look at
17 all this variability for the folks with the same
18 credentials and the better comparisons. What about those
19 folks who have none of those credentials? Like I said,
20 ask me in two or three weeks and I may be better able to
21 shed some light on this subject.

22 I think that ought to be the approach that we

1 take in the future as opposed to just arbitrarily saying
2 here is a candidate.

3 CHAIRMAN BUTTERFIELD: At this point, we are
4 past our deadline. What I would say to Dr. Sanders is
5 that this Commission will want to hear from you in two or
6 three weeks.

7 COMMISSIONER BARTLETT: I wonder if we could
8 officially hold the record open for that report, hold
9 this hearing record open, officially, as we say in
10 Washington.

11 CHAIRMAN BUTTERFIELD: We have several more
12 Commissioners who are on the list. Maybe we should
13 confer about our time. What we'll do is, because we know
14 that you have a burning question, if we could just make
15 each exchange approximately five minutes, we'll cut that
16 out of our lunch time.

17 COMMISSIONER COULTER: I spent 25 years as a
18 special ed teacher, so there are two areas that I'm still
19 very interested in hearing from the panel. I heard
20 something to the extent of in-teacher training, how
21 significant developing the curriculum should be, and I
22 kept trying to hear what that actually meant, because

1 possibly, as the panel is aware, that when you're in
2 higher education and you are training, as I was, for the
3 emotionally impaired, you at that point are not trained
4 to deal with mental deficiency or the blind.

5 When you're talking about the development of a
6 curriculum in the classroom, I remember the kinds of
7 courses that were taught to get you ready for developing
8 what you were going to do with the students. Not being
9 aware that even with that small group of students, that I
10 had a mixture of emotionally impaired and mentally
11 deficient and sometimes hard of hearing, just a number of
12 them, how to put together the kinds of learning milieu
13 and developing the curriculum.

14 I didn't hear anyone really talking about that
15 as far as higher education and how you prepare teachers
16 for that, and again, I was here listening to -- just to
17 hear something about that other part of special ed
18 children which is behavioral. I didn't hear how that
19 actually is being addressed where you literally have --
20 as a special ed teacher, you have an assignment to teach
21 the curriculum, and one or two disruptive students, in
22 any given hour of teaching, you would also be called on

1 to handle that behavior.

2 I want to stress that I did this both in an
3 open classroom in public school, and also in a detention
4 facility in which the behavioral control was by
5 counselors. I didn't hear anyone address or anyone
6 suggesting for that classroom teacher, developmentally,
7 how do they prepare for this. Higher education, I can
8 admit, does not prepare them for their first day in
9 class.

10 DR. HESS: I would actually argue that it is
11 unreasonable to expect higher education to prepare them.
12 Generally, teacher preparation programs are operating on
13 kind of two simultaneous tracks. One is getting people
14 to go a whole bunch of potential districts within the
15 state, rural systems, suburban systems, urban systems,
16 all kinds of special needs populations. The professors
17 at these institutions are training these teachers in one
18 big classroom and cover a whole menu of potential issues
19 and potential situations.

20 There's another kind of situation in which
21 schools of education partner with local districts and are
22 simply working hand in hand with them, which is

1 prevalent, but also raises other concerns. Even in that
2 case, professional education, even working with a
3 district, even if they're training a teacher to go into a
4 district, they don't know the particular kinds of
5 challenges the teacher will meet.

6 These are the precise kinds of issues you're
7 talking about. The fact that preparation to deal with
8 one set of special needs is not transferable to other
9 kinds of special needs; the fact that as we mainstream,
10 we're asking teachers to deal with multiple sets of
11 issues in the same classroom; the fact that we're asking
12 special education teachers and general practitioners to
13 work together, suggesting a need for ongoing professional
14 development because these challenges change from year to
15 year.

16 Moreover, the very fact that these different
17 kinds of needs require different kinds of preparation
18 means that we're unlikely, even in a year or
19 year-and-a-half of teacher preparation, to be able to
20 guess and then adequately train future professionals in
21 all of the different challenges they're likely to face.

22 What this suggests is not that we throw up our

1 hands. Any kind of task, any kind of profession where
2 you are going to be faced with flexible challenges that
3 are changing on a day-to-day basis, suggest that
4 certification is not a particularly effective approach to
5 quality control.

6 All I can do is suggest that they master an
7 essential knowledge of skills. What you're pointing out
8 is that knowledge and skills that educators face,
9 particularly special educators, tend to evolve and
10 change. This depends on the resources of the district,
11 depends on what resources their college brings to the
12 table.

13 What this means in terms of ongoing, sustained
14 professional development is not that you come in and say
15 you need to have a couple of workshops to get certified,
16 but that every year we build in resources into the plan.
17 If we deploy professional development from its front end,
18 we presume we're going to get a plug-and-play and
19 let-them-go-model to sustain serious partnerships with
20 professional educators and in-district trainers to help
21 people learn to address these challenges.

22 COMMISSIONER COULTER: I'd just ask Special Ed

1 Director Walk to address that, too, because I remember in
2 my professional days that we were called in on one day
3 usually for about five hours. How are you able to
4 address that?

5 MS. WALK: Thank you. Professional development
6 is the crux of this whole matter between special
7 education and general education; that's the collaboration
8 between a general education teacher and a special
9 education teacher. At the institutes of higher
10 education, as far as addressing your curricular issue, is
11 teaching teachers about differentiating instruction,
12 about monitoring the progress of individual students,
13 teaching teachers how to accommodate for individual
14 needs, and providing those accommodations and
15 modifications in the general classroom.

16 On top of that, a general education teacher
17 desperately needs the support in his or her classroom
18 from the special education teacher. If that
19 collaboration between general education and special
20 education does not happen in the general education
21 classroom -- that's where children with disabilities are
22 being educated.

1 Professional development -- one day a year
2 maybe five hours, special educators go off into their own
3 domain and do their special education, and general
4 educators go off in their own domain and they do their
5 professional development, we've got to stop that.

6 General education and special education must be
7 doing professional development in a systematic,
8 purposeful manner, and it should be carried out at their
9 school at their district level for their school or
10 district improvement plans.

11 This can be monitored through accreditation;
12 there is an accreditation model that has eight
13 components, and staff development is one of those
14 components. Districts need to be held accountable for
15 professional development for all of their teachers.

16 CHAIRMAN BUTTERFIELD: Commissioner Hunt.

17 COMMISSIONER HUNT: Thank you. And since this
18 is cutting into our lunch time, I'll be brief. I just
19 wanted to take the opportunity, Mr. Hess, to say I agree
20 a hundred percent with your model.

21 I got out of the Marine Corps in 1980 and was
22 hired as an SBH class specialist in scouting, and I had

1 the two most important credentials. I was a person with
2 a disability and I had combat training. That was about
3 it. Certainly, I had no business being there.

4 You mentioned career counseling. I can tell
5 you after one week in the classroom, I realized it wasn't
6 for me. So, my specific question for you is: How do we,
7 as Commissioners, make recommendations since certain
8 cases are the responsibility of the state so ensure that
9 undergraduate students spend more time in the classroom
10 because I think that ultimately is the best kind of
11 career counseling there can be. Is there a specific
12 recommendation that you would make to us?

13 DR. HESS: I think one of the problems is
14 that -- well, there's two markets that we really need to
15 bring in, two groups of individuals we need to make up.
16 One is people coming out of colleges, and the second are
17 the people who are in a career.

18 Particularly after 9/11, I think we're all
19 familiar with the interest that's being shown by people
20 who have a variety of professional experiences who are
21 looking for something more meaningful, something they
22 find rewarding.

1 Of the disadvantages to our school systems is
2 we're losing large numbers of these people to other
3 careers which don't require the same kind of procedural
4 and professional hoop-jumping. In terms of the
5 population that we considerably talked about, yes, I
6 think, you know, that there's all kinds of incremental
7 sets and none of these are going to be whizbang
8 solutions, but they would help expose children to some of
9 the rewards -- not only the rewards, but also to the
10 possibilities.

11 If you could imagine some kind of scholarship
12 that -- we're talking on a very low level, \$500 or
13 \$600 -- for someone who we're interested in tracking on
14 the condition that they volunteer or participate in a
15 reading program or make some effort in a school
16 environment; just something to try to move these people
17 in.

18 We could make it a provision to require schools
19 of education to be involved in some kind of outreach
20 efforts. Thank you.

21 CHAIRMAN BUTTERFIELD: Well, I'd like to thank
22 our panelists for their very interesting, well-informed

1 comments, and we want to continue to follow up with you
2 frequently. If you have afterthoughts, we would welcome
3 hearing from you. Thank you.

4 COMMISSIONER JONES: I'd like to invite our
5 next two speakers up to the front table, and we will get
6 you started.

7 CHAIRMAN BUTTERFIELD: I believe we should get
8 started in the interest of time. Our next panel will be
9 discussing Preservice and Inservice Development, Where is
10 the Beef? Our panelists include Dr. Thomas Skrtic.
11 Thomas Skrtic is the Professor of Education and Chair of
12 the Department of Special Education at the University of
13 Kansas. Skrtic began his career at the University of
14 Kansas in 1986 and joined the Department of Special
15 Education in the former department of curricular
16 instruction.

17 He has published different books and articles
18 in the area of organizational theory, school inservice,
19 integration, and educational reform, particularly as it
20 relates to students with disabilities. His books
21 include: Behind Special Education; A Critical Analysis
22 of Professional Culture in School Organization. Skrtic

1 earned his Ph.D. in Special Education from the University
2 of Iowa.

3 Mary Brownell is a Professor of Special
4 Education at the University of Florida. Throughout her
5 career in higher education, Dr. Brownell maintained an
6 active research agenda. She is now the co-principal
7 investigator of an OSERS-sponsored program designed to
8 study teacher collaboration in urban elementary schools
9 and its effect on students with disabilities. Brownell
10 is equally devoted to preparing high-quality teachers and
11 educational leaders for inclusion.

12 Presently, she is the co-principal investigator
13 of a leadership grant funded by OSERS that is designed
14 with regard to students to work and unify teacher
15 education programs. Dr. Skrtic, you may begin.

16 TESTIMONY OF DRS. THOMAS M. SKRTIC AND MARY T. BROWNELL

17 DR. SKRTIC: Thank you. This is going to be
18 kind of a tag team match as Mary and I have each worked
19 on our testimony and began to see how it all fit together
20 as a whole, so we've submitted a joint statement. So
21 we're going to sort of share the responsibility of going
22 through this presentation.

1 Essentially, we want to do a couple things.
2 First, we want to talk a little bit about what IDEA
3 requires of teachers and administrators in most regular
4 and special education, and what they need to know to be
5 able to live up to the intent of the law, and what that
6 requires in terms of accurate personal preparation and
7 professional development. Then, what are the barriers to
8 actually carrying that out that kind of professional
9 education. Finally, our recommendations for how to
10 overcome some of these barriers.

11 The first slide, really, emphasizes what we
12 believe is the genius of the reauthorized IDEA.
13 Essentially, if you look at it as a whole, what we have,
14 I believe, is a new federal framework for educational
15 policy. What we refer to as standards-based integrated
16 policy framework. This integrated framework comes about
17 in several ways of linking IDEA with other federal
18 education laws.

19 We believe that is absolutely essential and has
20 a good chance of producing positive results for kids, but
21 we believe there's a missing link. The missing link is
22 between the IDEA and higher education. That will be part

1 of our recommendations a little later.

2 The IDEA, the first part of this new framework,
3 the standards-based part really comes by linking IDEA
4 with Goals 2000. Essentially, what that does and what
5 the requirements specify is that schools, of course,
6 teachers and administrators are to improve outcomes in
7 the general education curriculum for students with
8 disabilities by aligning special education systems and
9 services with the standards-based reform adaptation of
10 the Goals 2000. That's the standards-based reform part
11 of the framework.

12 The integrated policy framework part really
13 comes from linking IDEA with Goals 2000 and with the
14 Improving America's Schools Act. Essentially, what we
15 have there is the promotion of what some people call
16 school unification; that is the integration of general
17 education, special education, and compensatory education,
18 systems and services, while holding the entire
19 educational enterprise, all three of those integrated
20 systems, accountable for supporting all students in
21 achieving higher standards.

22 So the question then becomes, given this

1 standards-based integrated policy framework, who must be
2 prepared to do what? Well, obviously, there's joint
3 responsibility between general and special educators
4 especially since most students with disabilities spend
5 about half of their time in regular classrooms. And
6 about half of the students with disabilities spend most
7 of the their time in regular classrooms.

8 Clearly, you're not going to be able to achieve
9 the kinds of outcomes that we are hoping for under the
10 IDEA demands unless there's joint responsibility between
11 general educators and special educators. Therefore,
12 success in implementing the law depends on the will and
13 the capacity of general and special education teachers
14 and administrators to collaborate with one another and
15 parents to prepare and support students with disabilities
16 in meeting general education standards.

17 Now, in order to carry that out -- and that's a
18 lot to be on people's plates -- what must general
19 educators and special educators need to know?

20 DR. BROWNELL: The complex system that Tom
21 talked about in that educators have to have a complex set
22 of skills and abilities, general educators have to be

1 able to find maximally effective instruction for all
2 students. They have to be able to make routine
3 accommodations, they have to be able to collaborate with
4 parents and professionals, and they have to understand
5 disability from multiple perspectives.

6 We have too many children that are minorities in
7 special education, so these teachers must understand not
8 only educational issues, but ecological, social, and
9 political issues surrounding children with disabilities.

10 Special educators have an even greater task.
11 They need to be able to do most of those things, if not
12 all, and then some. Special educators need a specialized
13 knowledge of assessment, instruction, assistive
14 technology, and behavior. For example, special education
15 teachers need to know about functional assessments so
16 that they can look at what kind of situations are causing
17 children's behavior problems so that they can remedy
18 those situations.

19 They also need more refined collaboration
20 skills as they are often in charge of initiating and
21 coordinating parents and professionals who are working
22 together to help the child. The need for additional

1 special education knowledge is well-recognized in our
2 community, and it is in the INTASC standards, Interstate
3 New Teacher Assessment and Support Consortium -- that's
4 quite a mouthful -- where special educators need to know
5 most of what general educators need to know and then many
6 skills on top of that. That's a very tall order for a
7 beginning teacher.

8 In the United States, we're in the habit of
9 asking beginning teachers to do everything that a
10 ten-year veteran can do. Not all countries are like
11 that; there are some who are a lot more supportive of
12 beginning teachers. So, what we're arguing for is
13 looking at how initial preparation, beginning teacher
14 induction, and professional development can be used to
15 help remedy this situation.

16 So what does this research tell us about
17 beginning teacher preparation, teacher induction, and
18 professional development? While you didn't mention this,
19 I'm co-director for Personnel Studies in Special
20 Education, and so I feel really confident right now to
21 talk about some of these things.

22 Point one, if you look across these three

1 areas, preparation at each of these levels shows that we
2 can improve the instructional and management skills of
3 special and general education teachers. In fact, I just
4 received a study yesterday from George Mason comparing
5 traditionally prepared teachers with alternatively
6 certified teachers who had six or less hours of special
7 education course work, and on the practice three, which
8 is an excellent observation instrument that measures
9 planning and preparation, content instruction, classroom
10 environment, which has a lot to do with classroom
11 management, and professionalism. The traditionally
12 prepared teachers outscored the alternatively certified
13 teachers by a huge margin in the first three years, which
14 would be planning, classroom instruction, and creating a
15 supportive classroom environment. That's important
16 because those are probably highly graded areas of student
17 achievement.

18 Also, we did a study of students in our
19 integrated program where we were dually certified -- this
20 was before the unified program that we have now -- dually
21 certified teachers in elementary education and learning
22 disabilities, and those teachers, when we watched them,

1 were better able to plan for individual students, they
2 were better able to handle the classroom management needs
3 of students. They were better able to make behavioral
4 accommodations more so than you would expect of your
5 typical elementary teachers.

6 Point number 2, preservice preparation, teacher
7 induction, professional development, improved student
8 achievement for children with disabilities and without.
9 Some of the research in teacher education on preservice
10 preparation -- and I wish we had as well a complement in
11 special education -- shows that subject matter
12 preparation combined with content preparation is more
13 effective in producing better student achievement in
14 mathematics and science among secondary students than
15 subject matter preparation alone.

16 Also, there were five OSEP-funded research
17 projects that looked at linking research that had been
18 done in the field to practice in the classroom. Those
19 projects found that with sufficient support in
20 professional development, those teachers could learn to
21 implement evidence-based practices in the classroom, and,
22 in fact, improve student achievement.

1 Point number 3. These programs improve the
2 collaborative skills of beginning teachers and more
3 seasoned teachers. High quality mentoring programs in
4 special education have been shown to improve the
5 collaborative skills of not only the beginning teacher,
6 but also the mentored teachers.

7 Then there's a series of studies which I really
8 recommend you look out for which are being done by the
9 International Reading Association. That group is linking
10 exemplary programs of teacher education to beginning
11 teacher practices and, hopefully, they want to link them
12 to student achievement. What they're showing is that
13 graduates of these carefully crafted exemplary programs
14 in teacher education and reading, those graduates seek
15 out collaboration more and they are likely to be viewed
16 in their schools as professional development leaders.

17 Point number 4. Beginning teacher induction
18 programs in special education reduce attrition of
19 beginning teachers, and that's very important. And then
20 the last point that is these types of programs increase
21 the efficacy of both special and general education
22 teachers. This study is funded by OSEP and is a national

1 study of special educators and general educators and they
2 have found that teachers who have more intensive field
3 placement, enter graduate mentor programs, were more
4 likely to view themselves as effective in dealing with
5 children.

6 So what do some of these qualities, initial
7 preparation, teacher induction, and professional
8 development programs look like -- and we have probably
9 the best research on professional development. First of
10 all, they are characterized by intensive instruction
11 linking research, theory, and classroom practice. They
12 do this actively, and what I mean by that is they do a
13 lot of logging, coaching, and reflection that helps
14 teachers learn not only how to teach the strategy, but
15 the underlying theoretical principles for the strategy.

16 This type of learning is best accomplished in
17 the classroom where students, either preservice teachers
18 or inservice teachers, are learning theoretically and
19 having the opportunity to practice them in the classroom
20 and then receiving feedback. It is well-recognized in
21 teacher education that if you are in a classroom that
22 does not support what you are trying to accomplish in

1 teacher education, that a lot of the learning is
2 basically washed out.

3 Second, these programs, whether they are
4 initial teacher induction or professional development,
5 are developmentally constructed as the crux of teacher
6 learning. What do I mean by that? They take into
7 consideration the prior beliefs, the knowledge, and the
8 skills of the teachers when the learning situation is
9 organized, and there are many attempts to help teachers
10 realize their assumptions about learning and reflect on
11 whether kids are learning in the classroom.

12 Third, all of these effective programs exist in
13 collaborative communities where professional
14 collaboration is highly valued in everyone, faculty
15 working with teachers, teachers working with faculty, and
16 preservice students working with preservice students.
17 That's imperative because it allows teachers to engage in
18 the kind of collective problem solving that helps consult
19 the problems that were being addressed earlier. They
20 have to step outside of what they know and find new
21 knowledge.

22 Finally, they are all characterized by specific

1 goals and standards for evaluating success. Professional
2 development programs that are effective are clearly
3 focused on student goals. It's worth stating that, in a
4 national study, just even participating in lots of
5 professional development led to increased student
6 achievement. Institutions of higher ed that are highly
7 effective, there are well-articulated standards of
8 student performance and students are assessed on those
9 frequently.

10 The flip side of this is that there are a lot
11 of challenges to creating this kind of seamless system,
12 and I'm going to talk about the challenges with regards
13 to shortages of special ed teachers and then Tom is going
14 to talk about some of the institutional barriers.

15 All of you know that there is a critical
16 shortage of special education teachers, that about 10
17 percent of vacancies are filled each year by uncertified
18 teachers affecting 600,000 students. That national
19 average showed dramatic shortages in states like Wyoming
20 and states like Louisiana where 30 to 50 percent of the
21 students -- 30 to 50 percent of the teachers are
22 uncertified.

1 What's important about that is that there is
2 some contributing factors that you need to understand.
3 The rate of growth in special education is 45 percent
4 more than the rate of growth in the student population at
5 large, which means that that's a good indicator that
6 general educators are not being prepared to handle the
7 kids' needs because they're being referred to special ed.

8 Also, teacher attrition is a huge compounding
9 factor. Nearly 13.5 percent of special education
10 teachers leave the field compared to 6 to 7 percent of
11 their general education counterparts. This is a great
12 concern because novice teachers and uncertified teachers
13 are a huge attrition risk. When you have to constantly
14 hire uncertified people, you can create a revolving-door
15 effect.

16 Also, it's difficult to recruit teachers in the
17 field for a couple of reasons. The salary for beginning
18 teachers is \$7,500 to \$15,000 below the salaries of
19 teachers in other fields. Working conditions are a huge
20 detractor. I did one of the large attrition studies in
21 special education, and working conditions, school climate
22 and building administrative support, role overload and

1 factors like that -- this is consistent with the other
2 attrition findings -- were huge factors in teachers
3 leaving the field.

4 Also, part D funding in terms of constant
5 dollars has been cut in half. Part D funding supports
6 personnel and preparation programs. The capacity to
7 prepare these teachers is well below what it needs to be.
8 In addition, about one-third of faculty -- this was
9 mentioned earlier in IHEs -- one-third of faculty
10 positions goes unfilled yearly. There's not the capacity
11 to produce teachers, nor is there the capacity to produce
12 the kind of research that we need to make informed
13 decisions.

14 The chronic shortages and this turnover of
15 staff make it difficult to create a cohesive learning
16 community. Many of you who have worked with principals
17 know that they often keep teachers in positions because
18 they can't afford to let them go, even though they know
19 they're not the kind of teachers they would like, because
20 they can't fill that position with another teacher.

21 DR. SKRTIC: This next slide deals with some of
22 the institutional barriers which are also related to some

1 of the barriers -- some of the problems created by
2 chronic teacher shortages and the revolving door effect.
3 Probably one of the most significant barriers or
4 institutional barriers is, what we've called here on the
5 slide, lack of administrative support in schools, but it
6 really goes much deeper than that. It does sort of work
7 its way back to the administration.

8 Most special education teachers report
9 caseloads of students that are beyond their ability to
10 manage effectively. Competing responsibilities -- when a
11 teacher comes into a school setting, they have
12 responsibilities with respect to their colleagues.
13 Special education teachers have lots of other
14 responsibilities that are relative to the law and the
15 parents of students with disabilities. Oftentimes, there
16 are different expectations between parents and
17 administrators, and special education teachers get caught
18 in the middle between what parents want and what schools
19 and districts feel they can afford to provide. So, the
20 special ed person is often caught in the middle.

21 Worse than that -- I don't know what could be
22 worse than that, but as bad as that -- is that special

1 education teaches often find themselves at odds with
2 their that regular education colleagues over the
3 inclusion of kids with disabilities in their classrooms.
4 That's particularly problematic at the secondary level
5 where teachers tend to see their responsibility as
6 teaching content not students necessarily, and expect
7 special ed teachers to take full responsibility for kids
8 with disabilities that may be assigned to their
9 classrooms.

10 Beyond that, there's a lack of collaboration in
11 schools. Generally, all teachers work fairly much in
12 isolation, given the bureaucratic structure of schools,
13 but the law forces and requires this close collaboration
14 which kind of comes in contradiction for special
15 education teachers.

16 Special education teachers report not only
17 being isolated from their general education colleagues,
18 but also from each other. So, essentially what you have
19 is a beginning teacher who needs the initial teachers
20 preparation, goes into a school system where they fill a
21 role in which they are largely isolated for the rest of
22 their career; isolated from general education teachers,

1 isolated from other special education teachers. And what
2 you have then, is no feedback. You don't have teachers
3 observing each other, asking each other questions,
4 helping each other to improve their practice, which sort
5 of runs counter to the kind of ongoing system of
6 professional development that we, and other panelists,
7 have been talking about.

8 Finally, as far as lack of collaboration,
9 special education teachers report feeling like they're
10 not really part of the mainstream of schools, but they
11 exist sort of on the margins outside of the central core
12 of school.

13 Disincentives to collaboration in universities.
14 Well, to start with, higher education colleges and
15 universities are also organized as professional
16 bureaucracies which means that professors, too, tend to
17 work in isolation from one another. On top of that, the
18 reward structure in universities tends to reward
19 individual entrepreneurial work where you're out earning
20 your grants and publishing regularly in the scholarly
21 journals, and you're not rewarded for the kind of
22 collaborative work that it would take to reform a teacher

1 education program to make it better suited to prepare
2 people for IDEA implementation.

3 Finally -- and this is one we want to hit on
4 fairly heavily in our recommendations. There's really no
5 incentive for IDEA-related reform of teacher education.
6 There never really has been. There was in -- since 1974
7 to 1984, there was a federally funded project or
8 initiative called the Dean's Grants Projects. If anyone
9 was in higher ed at that time, they will remember those.
10 There were projects that, I think at the peak, Dean's
11 Grant Projects in 305 schools or colleges of education
12 around the country.

13 The reason they were called Dean's Grants
14 Projects is they couldn't give the money to regular ed,
15 they couldn't give the money to special ed, so they gave
16 the money to the dean and made the dean responsible for
17 promoting reform of general education teacher preparation
18 programs with respect to the demands of
19 Public Law 94-142. There were, I think, five rounds of
20 three-year funding cycles -- my university was heavily
21 involved in that. Basically, the dean's grants failed;
22 there were other competing priorities for universities

1 and schools of education. When the funding ran out, the
2 activity tended to run out.

3 At the University of Kansas, before the dean's
4 grant, we had something called the special education area
5 of emphasis which regular education teacher students --
6 teacher education students could elect to take, and it
7 was 12 credit hours. 75 percent of all elementary majors
8 elected to take it, 50 percent of all secondary. When we
9 got our dean's grant, we adopted the so-called "infusion
10 model." We took all content from those special ed
11 courses and infused it throughout all of the general
12 education courses, which made a lot of sense.

13 The problem was when the dean's grant ended,
14 they quit teaching that content to the general education
15 courses, and now we didn't have the separate program and
16 we didn't have the funds yet integrated. We've been
17 suffering from that for years. I think that kind of a
18 story was replicated around the country. Anyway, when
19 the dean's grants ended, there was nothing.

20 Here are our recommendations. I'll start with
21 the first one because this is a natural lead-in from my
22 comments on dean's grants. Establish shared

1 accountability for student outcomes -- that's outcomes
2 for students with disabilities. In addition, establish
3 teacher preparation programs and beyond into induction
4 and ongoing professional development. What we're
5 proposing is -- and by the way, these are summarized on
6 page 7 of the summary that I gave you today.

7 Essentially what we're proposing is to complete
8 the circle. We've already linked IDEA with
9 standards-based reform, and we've linked that to
10 Improving America's Schools Act, now known as the Leave
11 No Child Behind Act. What we really need to do is to
12 link all of that to the Higher Education Act. By that we
13 mean that Title II should be amended to require all
14 general education teacher education program completers to
15 demonstrate competency in the content, knowledge, and
16 skills necessary to serve students with disabilities
17 under the requirements of the IDEA.

18 Now, we already know that Title II does put
19 these requirements on schools of education to demonstrate
20 and publish the performance of their graduates. The
21 problem is that Title II just required them to use their
22 state teachers candidates. Our position is that most

1 state teacher standards are woefully inadequate in terms
2 of standards for general educators about serving kids
3 with disabilities, so that needs to be beefed up.

4 We're also proposing in that same
5 recommendation that an effort be put underway to actually
6 develop national standards, or at least guidelines, for
7 states of what they need to include in their standards
8 for general education teachers.

9 Finally, under that same first recommendation,
10 we're proposing sort of a new dean's grant. A new dean's
11 grant-type of situation that would help schools and
12 colleges of education make these reforms. We believe that
13 adding a new dean's grant program without the higher
14 education link would be probably a waste, because you get
15 the same thing that I think you got back in the 70s and
16 80s.

17 The second one is to create a seamless system
18 of career-long professional development. In that
19 recommendation, we note that -- and I think it's been
20 said already here today very eloquently -- is that we
21 really have to stop thinking about teachers who have just
22 graduated from their programs as being experts somehow.

1 We don't think that way in other fields. What we need to
2 think of instead, we're proposing, is a continuum of
3 confidence that ranges all the way from novice through
4 experts and runs throughout initial teacher preparation,
5 beginning teacher induction, and through ongoing
6 career-long professional development.

7 In order to achieve that, we are proposing a
8 revamping of the comprehensive system of personnel
9 development as a component of IDEA. There have been some
10 comments about that already today, but we believe that
11 the real problem with CSPD is that it's not shared
12 responsibility between the state and the locals and
13 higher ed.

14 We would like to see joint responsibility and
15 joint accountability for a revamped comprehensive system
16 of personnel development that had equal partnership
17 between state education, local education, and
18 institutions of higher education.

19 The third component and our third
20 recommendation. Really, if we could achieve those first
21 two recommendations, they would feed into the third one;
22 that is, improving the conditions of special education

1 practice. If we had better-prepared personnel and a
2 better seamless system for career-long learning, that in
3 itself would improve the conditions. We want to go
4 beyond that. We really don't know what to do right now,
5 but we know we need more research on it. The information
6 the we have, besides Mary's research and some research
7 done by the Council for Exceptional Children, there's
8 been very little done to assess the conditions, what's
9 good, what's bad, what are the necessary conditions.
10 We're proposing a research-type agenda on what are these
11 conditions and what are the approaches the systems change
12 to achieving those kinds of conditions in all schools.

13 Also, we are proposing under that same
14 recommendation that the Office of Special Educations
15 recently initiated research agenda on personnel
16 preparation in special education, the outcome of which is
17 the center that Mary co-directs. That center only deals
18 with preservice education. The agenda should be extended
19 to add beginning teacher induction and ongoing
20 professional development, that seamless system.

21 The next one is to increase the number of
22 qualified special education teachers. We can do that if

1 we can improve the conditions of special education
2 practice and do the first two recommendations above. But
3 beyond that, essentially, what we need to do, given the
4 numbers -- we're producing half the number of special
5 education teachers we need a year, given the increasing
6 number of students, given the special education teacher
7 attrition.

8 A big part of the problem is because we're only
9 producing half as many special education faculty member a
10 year to actually carry out that trend. So, what we're
11 recommending is to double both of those and, of course,
12 both of those are funded and supported primarily through
13 Part D of the IDEA which would require increasing the
14 support in Part D to double the number of special ed
15 teachers we produce, double the number of special ed
16 faculty.

17 The next recommendation -- I won't go through
18 these individually -- but we have a series of funding
19 recommendations that would support achieving these
20 recommendations above. Then the last one there, Mary and
21 I just threw that on there last night. In Mary's work
22 and in our work together in preparing here, the one thing

1 that you're hit with over and over again is how
2 inadequate state data are in terms of number of children
3 served, teachers certified, and where kids are being
4 served.

5 I mean, it's a monumental task and it's very
6 complicated, but we believe that in doing all of this
7 other stuff, we're going to measure it and know where
8 we're going. One source of data that we to improve upon
9 is state collection and reporting of data.

10 I'll stop there and open myself for questions.

11 CHAIRMAN BUTTERFIELD: Commissioner Coulter.

12 QUESTIONS FROM THE COMMISSION

13 COMMISSIONER COULTER: I would like to thank
14 you once again for the preparation and for your passion
15 on this topic. One of you in particular has been doing
16 this for a long time.

17 I would like to know in terms of the attrition
18 studies and the work that you've done in supporting new
19 special teachers, when you mention administrative
20 support, can you give us some very concrete brief
21 examples of what specific types of administrative support
22 lead to decreased attrition and better student outcomes

1 as it relates to the new special education teachers?

2 DR. BROWNELL: Who I can do is talk to you
3 about some of the things that special education teachers
4 said to us when we interviewed them. One of the most
5 profound things that I was struck by was teachers who
6 would say to me, this is a great school to work in. And
7 then I would start to ask why. They would say things
8 like, this school is my family, my principal really goes
9 to bat for me. The principal steps in when teachers are
10 being resistant to including students and reminds us of
11 the vision of working reform and helps us to do this.
12 And there is a great sense of emotional support.

13 Also, my work on teacher collaboration, the one
14 school was much better at establishing this, and what we
15 watched from that principal was that she was very clever
16 about publicizing the school's efforts. She was very
17 clever about getting resources, and she was pretty clever
18 about putting quality teachers into leadership positions
19 in the school.

20 Contrary to some of the things that were
21 mentioned earlier, my experience and my research and
22 other people's research, I would really question whether

1 all administrators really have the knowledge to hire the
2 best teachers and evaluate them.

3 COMMISSIONER COULTER: You mentioned the George
4 Mason study. I think in the last two or three days it's
5 gotten a lot of press. I haven't seen it. You said
6 you've seen it. That was a dissertation, correct?

7 DR. BROWNELL: Right.

8 COMMISSIONER COULTER: Let me ask, because I
9 haven't seen it, were there direct measures of student
10 achievement or student outcomes associated with those two
11 groups of teaches?

12 DR. BROWNELL: Not to my knowledge.

13 COMMISSIONER COULTER: In terms of the
14 induction programs that you described and recommended,
15 did this study look at -- were those teachers exposed to
16 induction programs that would support both the certified
17 and the noncertified?

18 DR. BROWNELL: They didn't talk about that in
19 the abstract of the study -- could I also bring up
20 something else about alternative training?

21 COMMISSIONER COULTER: Sure.

22 DR. BROWNELL: That research example only tells

1 half of the story. In the state of Florida, we did a
2 study of traditional programs, alternative certification
3 programs that were developed collaboratively with IHEs
4 and then district-run programs. The alternative programs
5 that were developed with IHEs, the graduates of those
6 programs came out pretty well on the Praxis III. In
7 fact, they looked almost as strong in many ways as the
8 traditional programs. They were better in terms of
9 professionalism, working with colleagues and things like
10 that. The traditionally prepared students were still
11 better in terms of content, which we really have to think
12 about because that's probably linked to student outcomes.

13 Well-defined alternative programs that have
14 high standards are not a bad thing. But the key is
15 well-designed.

16 COMMISSIONER COULTER: Thank you. Let me just
17 ask you both to respond to this issue because I know that
18 it's frequently mentioned that more money can help. I
19 was struck by Dr. Skrtic's comment about the fact that
20 the dean's grants, which were around for a considerable
21 period of time, many people, I think -- we have no data
22 to show that kids actually did better as a result of the

1 teachers coming out of these programs.

2 In view of the fact that, obviously, increased
3 resources would help, what do you see as the
4 accountability mechanism that should be attached to any
5 increased funds of Part D?

6 DR. SKRTIC: Well, for increased funds relative
7 to a dean's grant initiative kind of reform effort, those
8 funds in particular, I believe there shouldn't be funds
9 unless the first recommendation about the Higher
10 Education Act requiring demonstration and public
11 reporting of the performance of general educators and
12 administrators in serving student with disabilities.

13 And I think both of the those, especially the
14 performance, should look at not only student performance,
15 certainly, but also capacity for working with others
16 collaboratively in planning and working with parents and
17 so forth.

18 I think the main teachers who work would like
19 to see the ideal system included in those performance
20 updates. That would be the accountability. It's only
21 when I add, in its place, will I bring along the influx
22 of funding to support the reform. See, that's what we

1 were lacking back then and we still don't have.

2 I think a lot of people think that somehow
3 special education departments and faculty in higher
4 education have some control over general education and
5 what goes into that curriculum. Anyone who's ever worked
6 in schools of education knows that we in special ed are
7 really on the bottom of the totem pole. We have no say.
8 We are hat in hand, just like special ed teachers in
9 schools are hat in hand to get their kids included in the
10 classroom. We are hat in hand to get another course or
11 to allow our faculty to come into a methods course and
12 teach about accommodations. They're very guarded about
13 that. And we've been fighting this battle for more than
14 25 years. What we need is some leverage.

15 COMMISSIONER COULTER: Thank you, Commissioner
16 Butterfield.

17 CHAIRMAN BUTTERFIELD: Mr. Bartlett.

18 COMMISSIONER BARTLETT: I have three quick
19 questions. One, I'm quite impressed by your
20 recommendations of higher ed and linking higher ed to
21 IDEA. Madam Chairperson, I hope to we take those
22 recommendations seriously as we prepare the report.

1 My question is what level of support do you
2 believe that we can get from higher education and the
3 higher education community, who we'll probably get a fair
4 amount of opposition from the same community.

5 Could you expect -- what kind of support would
6 we get from them?

7 DR. SKRTIC: I think that -- just like there
8 was with Title II itself, when it first came in, it was
9 ridiculous, it was unprecedented, and who do they think
10 they are, and nobody knows the real picture -- this was a
11 very typical reaction. But, I think the general sense in
12 schools and colleges of education is that Title II is
13 going to be a good thing. I think that people have come
14 around to that.

15 I would expect the same kind of thing to
16 happen -- maybe not as easily with the one we're talking
17 about because, you know, to be frank, like it or not,
18 there still is a resistance, whether that's in public
19 schools or in society at large or in schools of education
20 to inclusion of people with disabilities.

21 COMMISSIONER BARTLETT: It will be a challenge.

22 DR. SKRTIC: It will be a challenge, but I

1 think the one way to overcome the challenge somewhat is
2 to provide the kinds of developmental support we're
3 talking about.

4 COMMISSIONER BARTLETT: Second question. Your
5 recommendations on changing federal law -- it's probably
6 unfair to overcharacterize it -- most of your
7 recommendations were focused on the supply side of
8 special education teachers.

9 Let me start out with the demand side. I like
10 the recommendations on the supply side. Let me turn over
11 to the demand side. Thinking about changes in the
12 classroom, and how those changes can be driven or
13 encouraged by veterans, what changes in federal law come
14 to mind to you in IDEA that would cause changes in
15 classrooms to reduce the attrition rate of special
16 education teachers? Is it outcome-based measurements,
17 those kinds of things? What kinds of things would you
18 actually recommend that would reduce attrition from the
19 federal law point?

20 DR. BROWNELL: In terms of IDEA, that piece I'm
21 not really sure of unless it's linked with some of those
22 other laws like the Higher Education Act. To me, one of

1 the biggest problems is that general educators and
2 building principals don't come to the table with
3 knowledge of special ed and why it's important to
4 collaborate.

5 In IDEA I'm not really sure where that's
6 fitting in, unless it fits in with access to the general
7 curriculum, unless legislation can be written about that
8 that holds them accountable to increasing kids' time in
9 special ed and showing them the kids are doing better and
10 holds buildings responsible for that.

11 DR. SKRTIC: If I could add -- I think one of
12 the changes that could -- and this is going to be
13 indirect and over time, it's not going to be immediate --
14 but the changes that we've recommended regarding CSPD I
15 think could make a big difference in changing classroom
16 practice. The way it is now, there's not much support or
17 additional training or training on the job, ongoing
18 professional development available.

19 I think from the research that Mary cited that
20 ongoing professional development can change classroom
21 practice. CSPD changes in IDEA would be geared to
22 professional development to change those. The other

1 thing I would recommend, and this is not in IDEA, but we
2 might want to consider it, and it's in Leave No Child
3 Behind Act; that is, the requirement that states will
4 have -- all teachers will be qualified by 2005, 2006.

5 I don't know what the mechanism is to get that,
6 but it's there. It's certainly an incentive for states
7 to move. What we propose -- short of that, I think that
8 may be -- that's one way to go about it. What we
9 recommend is that IDEA require that on the IEP document
10 be listed the qualifications of all personnel who will
11 deliver special education and related services.

12 COMMISSIONER BARTLETT: You heard Dr. Hess's
13 testimony this morning in terms of replacing current
14 certification system. As a special educator do you think
15 the competency test is going in the right direction or
16 the wrong direction?

17 DR. BROWNELL: I thought that Dr. Hess was a
18 lot more optimistic about who's out there and who is
19 uncertified than I am. Having worked in an urban, two
20 urban schools now for four and a half years, I don't see,
21 particularly in the most urban school that I was in, I
22 did not see uncertified people coming into the classrooms

1 as being very competent. I think the principal that I
2 was working with would not have hired them.

3 I think if it was performance-based, and a very
4 good performance-based instrument, I would be more
5 comfortable with the competency paper and pencil test.
6 By the way, research doesn't link them to any kind of
7 student achievement or they're not well linked to
8 administrators grading their teachers. So I think the
9 paper and pencil tests are really problematic without the
10 performance-based assessment.

11 I think we have to be honest with ourselves.
12 Special education is not a very attractive profession for
13 a lot of reasons. Who would we be recruiting among the
14 ranks of people trying to be teachers I think is really
15 the big question.

16 COMMISSIONER BARTLETT: Thank you, Madam Chair.

17 CHAIRMAN BUTTERFIELD: Commissioner Hunt.

18 COMMISSIONER HUNT: Thank you, Madam Chair.

19 With regard to your recommendations improving data
20 collections, is that synonymous with increasing data
21 collections?

22 DR. SKRTIC: For state education agencies?

1 COMMISSIONER HUNT: Right. Specifically with
2 regard to teachers' work. We understand that there is a
3 deluge of information and reports that people have to
4 fill out. Does this mean we're going to increase that
5 workload?

6 DR. SKRTIC: I wouldn't say so. Right now,
7 they are required to collect very definite information.
8 The problem is, it's not very reliable. I think even in
9 the reports to Congress there's always the caveat
10 about -- this is based on the reliability of information
11 from the states. I just think in the field, it's just
12 known that's it's difficult to trust state data. I don't
13 want to be blaming them. Generally, they would be
14 relying on the data they get from the districts.

15 I wouldn't say collect more data, I would say
16 let's make sure the data that we're already spending
17 money on to collect is vital and valid.

18 COMMISSIONER HUNT: But reliability indicates a
19 more stringent goal which seems to me would require for
20 time on behalf of those on the front line. I'm just
21 wondering, is there a way to reduce some of the ancillary
22 documentation that we're producing to make room for

1 improved data that's more important?

2 DR. SKRTIC: I guess you have to go that way.
3 I would hate to see that we put even more requirements on
4 people to keep track of what they're doing that take away
5 from actually doing it, even though I believe the
6 accountability is absolutely essential. Maybe the answer
7 lies in better technology, maybe better coordination.
8 It's kind of like management information system work, and
9 I just don't think we have very a sophisticated system in
10 place. I wouldn't want to increase the demands, but I
11 realize that improving reliability problems would take a
12 little bit more on the bottom end.

13 DR. BROWNELL: Could I make a comment to follow
14 up on that? It's really difficult because without that
15 data, you can't evaluate the quality. You can't tell
16 what effect attrition is having on improvement costs or
17 what effect uncertified teachers are having on the
18 student achievement. Those linkages in special ed are
19 going to be really hard to make, and I would ask you to
20 think about that carefully, because in special ed, we
21 keep talking about student outcomes. General ed teachers
22 are primarily responsible for them, so what's predicting

1 the student outcome and how do you measure it -- it's
2 really conflicting.

3 COMMISSIONER HUNT: But I don't understand.
4 Isn't the responsibility of our teachers to teach, not to
5 effect public policy? Why should we put the burden on
6 them to enforce public policy? Isn't there another way
7 around that?

8 I have a problem with making the recommendation
9 on improving documentation and improving reliable data if
10 that means that they're going to be filling out more
11 paperwork than they are teaching. I'm just wondering,
12 from your point of view, how do you plan to reconcile
13 that?

14 DR. BROWNELL: I don't think I can talk to you
15 about classroom teachers. There was at one time talk
16 about a requirement at the state level to collect better
17 data on attrition of teachers and -- you know, licensure
18 is a real good example. I can think of hundreds of
19 teachers right now who are working on waivers. That
20 doesn't help us figure out what's going on in certain
21 states that are reducing shortages versus other states.

22 DR. SKRTIC: I think we're talking about

1 information that states are already required to keep,
2 like number of children served by different disability
3 categories, number of personnel trained, and all that,
4 plus the things they don't keep like attrition rates and
5 so forth. With that, I wouldn't see putting the burden
6 more on the classroom teachers.

7 CHAIRMAN BUTTERFIELD: Dr. Pasternack.

8 COMMISSIONER PASTERNAK: I'd like to respond
9 to the point about special ed not being an attractive
10 profession. This concerns me greatly. I would not want
11 to miss an opportunity to tell you that fine teachers
12 work in classrooms across this county on behalf of kids
13 with disabilities. I really worry about the comment
14 being made that it's not an attractive profession, and I
15 worry about how we can continue efforts to emphasize the
16 critical importance of the contribution special educators
17 make every day in improving the quality of life for
18 children with disabilities.

19 My question to you is: Why do we continue to
20 use evaluations which have been in use for 25 years which
21 look at things like, was the room well lit, was the food
22 good? Are you aware of any models that are looking at

1 the impact of professional development as measured by the
2 achievement gains that students make from the teachers
3 that receive that certain kind of professional
4 development?

5 DR. BROWNELL: First of all, I want to point
6 out the state of Connecticut because the state of
7 Connecticut has done an A plus job of creating a safe
8 policy context that has eliminated the teacher shortages.
9 They've done it by increasing teacher salary, increasing
10 standards to get into the classroom, and continuing
11 ongoing professional development that is tied to what the
12 teachers do. The teachers are being assessed in and
13 ongoing way. It has had a dramatic effect on their
14 student achievement scores. I really recommend you to
15 look at what Connecticut has done.

16 Professional development that works when it is
17 tied to student achievement and specific skills and
18 abilities that you want teachers to engage in. Why we
19 don't do that on a large scale basis is difficult for me
20 to understand. I think it has a lot to do with some of
21 the institutional barriers that Tom talked about already,
22 and the fact that it's driven at the district level and

1 it's not driven at the building level on focused goals.
2 The fact that schools are held accountable for their
3 results is very problematic because when it is school
4 based, when it is driven at that level, when it's around
5 that level, it produces more effective results.

6 CHAIRMAN BUTTERFIELD: Thank you very much for
7 your information. It was very, very interesting, and, I
8 believe, productive for us. At this particular time,
9 we're going to take a brief break of 15 minutes. We want
10 people to come back promptly at 11:25 so we can begin our
11 public comment.

12 (Whereupon, a recess was taken from 11:13 a. m.
13 to 11:27 a. m.)

14 P U B L I C C O M M E N T S

15 CHAIRMAN BUTTERFIELD: We're now ready to begin
16 with the public comments. Our first speaker will be
17 Richard Mainzer.

18 DR. MAINZER: I was really impressed by the
19 remarks this morning. There were a lot of good and
20 positive ideas. I really appreciate the opportunity to
21 come before the Commission really to clarify for the
22 Commission the CEC's position. The sine qua non of any

1 profession is its willingness to set and enforce
2 standards. For over 75 years, CEC has done that. It is
3 the largest professional organization of special
4 educators out there. We have been the leader in
5 advocating standards for special education for a good
6 many years.

7 Right now, CEC's professional standards are
8 rigorously validated by practicing special educators,
9 research informed and pedagogically grounded,
10 performance-based and coordinated with INTASC and used in
11 partnership with NCATE to accredit special education
12 programs. The result is the most rigorous and
13 comprehensive study of national standards anywhere in the
14 preparation of high-quality special educators.

15 Through the partnership with NCATE, CEC
16 presently has agreements with 18 states in which CEC
17 conducts the accreditation reviews for all special
18 education preparation programs that seek national
19 accreditation. Maryland and Alaska have signed
20 agreements that all special education preparation
21 programs must be CEC accredited. Twenty-four additional
22 states have signed agreements to move their accreditation

1 towards CEC's standards. Four states have actually
2 adopted CEC's standards as their own standards. To date,
3 CEC has evaluated approximately one-half of all special
4 preparation programs in the United States.

5 I want to tell you also about the conversions
6 between INTASC, the national board, and CEC. We've been
7 working over the past couple of years to make sure that
8 our standards all align. In short, there is a set of
9 standards for quality in special education, and I want to
10 make sure you know about that -- there's a lot more that
11 I can tell you about it. They're published in here as an
12 excerpt of dealing with performance-based standards being
13 tied directly to the university showing what they're
14 graduates have learned; not what they've taught them, but
15 what their graduates have learned. That includes how
16 well they affect student learning. Thank you very much.

17 CHAIRMAN BUTTERFIELD: Deborah Ziegler.

18 MS. ZIEGLER: Good morning. I'm Deborah
19 Ziegler, and I'm assistant to the executive director of
20 public policy for parents with exceptional children. I
21 appreciate the opportunity to provide comment, and I
22 appreciate the comments from the panel. I think they

1 have identified the issue of highly qualified personnel
2 as a crisis of national proportion.

3 The recommendations for teaching these highly
4 qualified personnel are as follows: Number one. In
5 order to ensure that all children and youth with
6 disabilities achieve higher results, every child or youth
7 with a disability must receive services from a highly
8 qualified special education teacher or service personnel
9 and early intervention teachers, as well as highly
10 qualified general education teachers and administrators
11 consistent with the requirements of No Child Left Behind
12 Act of 2001.

13 This can be accomplished through capacity
14 building and coordination of IDEA, EMPA, the Higher
15 Education Act, through state, local, and families. We
16 would recommend that the complement system of personnel
17 development be amended and we have a recommendation more
18 specific with regard to that issue. We would also
19 recommend that all special education teachers and service
20 providers and early intervention teachers are highly
21 qualified by the year 2006-2007.

22 CEC recommends and the law requires that

1 resources be dedicated through B, C, D, to address the
2 following priority areas: Priority area number one.
3 Ensure that the nation has the capacity to prepare and
4 maintain a sufficient supply of highly-qualified persons,
5 special ed teachers, service providers, as well as
6 general education teachers to improve results for
7 children and students with disabilities.

8 Two. Ensure that states require a nationally
9 recognized entrance to effectively serve children with
10 disabilities.

11 Three. Ensure that states' licensing
12 requirements for all special educators require mastery of
13 appropriate standards to effectively supervise, develop,
14 and support delivery of high-quality special education.

15 Four. Establish a standard admission of
16 researchers, teachers, and parents in a cohesive,
17 long-term research agenda to improve the knowledge as its
18 regarded in preparation and in professional growth.

19 Number five. Establish a standing commission
20 of research for teachers and parents to provide the
21 necessary cohesive, long-term research to improve
22 teaching and learning conditions and enhance the

1 achievement of children.

2 CEC will provide these comments along with
3 specific strategies to accomplish these recommendations
4 in written form along with the recommendations for
5 implementation and manifestation of IDEA in the near
6 future. Thank you for the opportunity to provide
7 comment. CEC stands ready to assist and provide
8 additional information to the Commission on these
9 critical issues. Thank you.

10 CHAIRMAN BUTTERFIELD: I would ask anyone
11 speaking after this, to please address us by speaking
12 directly into the microphone so that the court reporter
13 can hear and make a record.

14 RABBI ABRAMCHIK: Good morning. My name is
15 Rabbi Abramchik and I am the principal of Hillel Academy
16 of Denver. We are the only Jewish school in the entire
17 state of Colorado that houses a special needs program for
18 children of our faith. Every one of our students in this
19 program have one disability or another ranging from
20 Down's Syndrome, hearing impairment, social-emotional
21 problems, to Williams Syndrome.

22 Now is not the time to describe each one of

1 these disabilities. However, what is important is to
2 make you aware how the program works and what it is you
3 can do to help make these children productive citizens of
4 society.

5 The Individuals with Disabilities Education
6 Act, as it is currently constituted, presents numerous
7 problems in terms of both its overall framework and
8 various provisions as well as in the way it had been
9 implemented by the local school districts in Colorado.
10 Allow me to suggest to you some of the changes that must
11 be made based on how things are currently operating.

12 The 1997 amendments are currently inequitable
13 vis-a-vis disabled public school students who are
14 receiving a full range of cost-free special education and
15 related services, but denies these basic rights to other
16 students with identical disabilities solely by reason of
17 their enrollment in nonpublic schools.

18 The stark inequity between the disabled public
19 and nonpublic students under the current IDEA is at odds
20 with President Bush's stated goals of ensuring that no
21 child will be left behind in the nation's educational
22 system and expanding parents' educational choices. My

1 proposal is to give the entitlement to every nonpublic
2 school student with special needs on par with public
3 school students.

4 The current method of federal allocations of
5 money does not seem to come down to the states and to the
6 local public school system in Denver. The formula should
7 be set up in such a way that both public and nonpublic
8 schools are given the same amount of grant money
9 proportionate to the number of students.

10 IDEA permits, but does not require, the
11 provision of services on the premises of a religious
12 school. As a result, the public school system of Denver
13 insists that the services they provide to nonpublic
14 school students be rendered only at public schools.
15 Please be aware that the IDEA regulations do, in fact,
16 encourage the local public schools to provide services at
17 nonpublic school sites so as to minimize and not cause
18 disruption of studies to a child's education.

19 In addition, off-site instruction is not
20 feasible in this day and age when both parents are
21 working during the school day and there are no funds in
22 either the public or private sector to bus special needs

1 students to and fro. The statute should make the
2 students' educational interests the determinative factor
3 in a system run by the public school regarding location
4 of services.

5 The IDEA embodies a very powerful idea; that,
6 if provided with the means to do so, children with
7 disabilities can meet the challenge of attaining the
8 academic potentials and become full, productive members
9 of society.

10 Unfortunately, the way the system currently
11 works in Colorado, and subsequently Denver at present,
12 the idea does not hold out that promise to students in
13 the nonpublic sector.

14 I am of the belief that if the system is
15 changed, as per what I stated above, not only will the
16 special needs students at Hillel Academy benefit, but
17 also all students of the nonpublic sector will gain from
18 these guidelines.

19 I would like to take this opportunity to thank
20 you for allowing me the time this morning to address you.

21 CHAIRMAN BUTTERFIELD: Our next speaker will be
22 Heather Marie, and then speaking after that will be Barb

1 Goday.

2 MS. MARIE: Good morning, and welcome to
3 beautiful Colorado. My name is Heather Marie, and I am
4 currently director for Sopris West Educational Services
5 here in Colorado. Before this, I was a national
6 consultant with Stetson and Associates, an educational
7 consulting firm instrumental in the 10 OSEP sponsored
8 "What a Great IDEA" conferences.

9 I also worked for Alief Independent School
10 District in Houston, as Dr. Fletcher did, as a
11 district-wide behavior specialist and before that, as a
12 special education classroom teacher, during which time I
13 participated in the National Institute of Child Health
14 and Human Development literacy study, conducted by
15 Barbara Foorman, Jack Fletcher, and others.

16 I am here representing Dr. Howard Knoff who is
17 a Professor of School Psychology at the University of
18 South Florida in Tampa. Dr. Knoff is also a past
19 president of the National Association of School
20 Psychologists, part of NASP's cadre in the OSEP-funded
21 ASPIRE network, and he was a committee member
22 participating in OSEP's five-year strategic planning

1 process on the positive behavioral support and
2 school-wide discipline work group.

3 Finally, Dr. Knoff is the director of Project
4 ACHIEVE director and the Institute for School Reform at
5 USF. This bring me to the point that I want to talk
6 about today. I want to briefly tell you about Project
7 ACHIEVE, and maybe, perhaps offer it as an invitation and
8 the blueprint for school reform, school implementation,
9 and improvement that is day to day, not only probably
10 statewide, but definitely district wide and, most
11 importantly, at the individual student level.

12 Let me offer the blueprint for you. Over the
13 past decade, Project ACHIEVE has received five OSEP
14 preservice personnel training grants, one OSEP
15 Demonstration Project Outreach grant, and one OERI
16 research grant. Project ACHIEVE was designated in summer
17 2000 as an evidence-based model program throughout the
18 U. S. Department of Health and Human Services Center for
19 Substance Abuse Prevention. It was cited as an exemplary
20 program during the 1998 White House Conference on School
21 Safety. It is identified as an effective school reform
22 program by the Center for Effective Collaboration and

1 Practice, American Institutes for Research. Project
2 ACHIEVE is an innovative school reform and school
3 effectiveness program that has been implemented in
4 schools and school districts across the country since
5 1990.

6 Ultimately, using school effectiveness in
7 professional development, Project ACHIEVE's goal is to
8 help decide and implement effective schools and schooling
9 processes to maximize students' academic achievements,
10 create safe school environments and positive school
11 climates, build effective teaching and problem solving
12 teams that speed successful interventions to challenging
13 students, increase and sustain effective classroom
14 instruction, increase and sustain strong parental
15 involvement, develop and implement effective strategic
16 plans. Thank you very much for your time.

17 CHAIRMAN BUTTERFIELD: Our next speaker will be
18 Barbara Goday followed by Superintendent John Condie.

19 MS. GODAY: We're definitely in a special
20 education crisis, and I really appreciate President Bush
21 appointing this Commission to do fact-finding for all the
22 special education students. I have worked in the school

1 system as a school nurse, and I have most recently worked
2 in the prison system as a nurse. This is a crisis
3 affecting all of us in society.

4 I would also like to mention that it was really
5 hard to get information on this meeting here today. I
6 personally had to call Washington, D.C. yesterday to find
7 out the specifics of this particular meeting. If you
8 could pass that on to future meetings, especially about
9 the agenda, it would be really helpful.

10 I'm a parent of children with special needs
11 ages 17 and 14. I am the creator and participant in an
12 Internet community web site for teachers and parents
13 joined together in a supportive, friendly environment to
14 problem-solve special ed concerns. I didn't realize
15 there was a special ed support group for special ed
16 teachers. This is the majority of people who visit my
17 web site and we have about 8,000 subscribers.

18 We've made it very clear that we have a need
19 and that there are problems in our education system.
20 Special needs children are not getting the proper IDEA
21 implementation. We've been told by our districts that,
22 yes, we agree there is a problem, but where do we go

1 after we get this knowledge.

2 Recently, there was a lot of discussion about
3 decreasing the amount of school psychologists due to the
4 whole controversy about medications in the schools. I
5 think that is really the wrong step to take and would be
6 very damaging.

7 I guess I better move on ahead. I just want
8 you to know there are many, many good things about IDEA.
9 At this time, I'd like to talk to you about a special
10 needs child named Noah. He is presently 19 years old.
11 He was born with cerebral palsy and basically can only
12 move his index finger. His mother has 29 adopted special
13 needs children. She lives in Iowa. Noah is a writer now
14 and graduated from high school in the top five percent of
15 his class. He sent this poem to me and he wanted me to
16 share this with you.

17 "Just give me one chance. What if I do not run
18 or play, does that mean I do not feel pain? What if my
19 language is sign and I cannot hear, does that mean
20 isolation in my silent world? What if movement takes me
21 too long, does that somehow mean my body is wrong? It
22 hurts to be different, set apart from the rest. I'm

1 doing my best. I laugh and cry and feel pain, too. I
2 dream of a friend, could that be you? I wait and I hope
3 with each passing day, just give me one more chance,
4 don't turn away. Just give me one chance, please open
5 the door to a life that holds more."

6 Thank you.

7 CHAIRMAN BUTTERFIELD: Thank you. And I would
8 remind all speakers if, for some reason, you don't have
9 sufficient time, you can give your written comments to
10 Tracey. Why don't you wave your hand. Tracey will make
11 sure that we receive those. Once again, I would ask all
12 speakers to speak clearly and naturally into the
13 microphone.

14 Our next speaker will be John Condie who will
15 be followed by Clay Gorman.

16 MR. CONDIE: Thank you, Dr. Butterfield and
17 Commissioners. There are four areas that I'd like to
18 address today. Today's topics deal with professional
19 development of our special education teachers. That
20 almost becomes a moot point when our teachers are taken
21 away from their teaching duties for hours and even days
22 at a time to document in excruciating detail all aspects

1 of each child's special education services. It is my
2 contention that instead of helping these children, it is
3 doing just the opposite if it takes the teacher away from
4 providing those direct services to those needy children.

5 On a related note, my special education
6 teacher, principal, and regular education teachers are
7 required to spend far too much time in staffing meetings.
8 Again, this takes my teachers away from providing direct
9 service to all children, regular education as well as
10 special education. Federal legislation is suffocating us
11 with onerous requirements. It's infuriating and
12 discouraging. You must cut back in at least half the
13 present requirements.

14 Last year, Congress almost passed the full
15 funding bill. Should the feds provide full funding at
16 the 40 percent level, we would receive about \$10,000 more
17 in my school district. True, that's not a great deal of
18 money for many school districts across the nation, but in
19 our district, that would be the entire textbook budget or
20 would help purchase microscopes or needed playground
21 equipment.

22 The proposed legislation now states that if the

1 full funding is passed, we will not be able to supplant
2 money we are currently putting in special education from
3 our general budget with the new \$10,000. How does that
4 help us? It doesn't. We need to be able to shift our
5 funds to benefit all of our children, not just special
6 education.

7 Currently, if a student with an Individual
8 Education Plan, or an IEP, causes a major discipline
9 problem, we must treat them differently than a regular ed
10 student if they go beyond ten school days. We need to
11 have the flexibility in the school district to be able to
12 treat all kids the same, and have the flexibility to
13 adjust the suspension or expulsion of a student if
14 extenuating circumstances warrant. That needs to be left
15 at the district level or at even the school level, not at
16 some other level. Thank you for your time.

17 CHAIRMAN BUTTERFIELD: Thank you. Our next
18 speaker will be Clay Gorman who will be followed by
19 Stacey Parment.

20 MR. GORMAN: Thank you, Commissioners. I'm one
21 of your special ed teachers. I've been in business for
22 about 12 years now. The district that I work in is in

1 northeastern Colorado. We have approximately 200 kids
2 K-12. When I look at my budget, with the five aides that
3 I hire and the proceeds that help us out, we
4 approximately spend \$150,000 a year on special needs.
5 That's just with one special needs teacher.

6 You're talking about how we're going to make
7 special ed fit all of these kids in there, all of the
8 teachers have the training they need for each individual
9 kid. When you're dealing with a smaller district, that's
10 going to be very difficult to do. Each year we give
11 greater responsibility, but yet I have diminishing
12 resources to deal with. That makes it very difficult.

13 I know right now if I walk out of teaching
14 today, they're not going to be able to find a qualified
15 special needs teacher to take my place. There are five
16 districts around us that don't have them.

17 Where are the funds now that we're going to get
18 for training for me and for my aides? If I look at the
19 resources right now as it stands, how am I going to find
20 the money to train those aides that I can't watch all the
21 time? I have five aides that work under me. I have
22 maybe -- in the materials that have, I get maybe 20

1 offers for inservices around the country, and I get at
2 least 200 catalogs every year. I have absolutely no idea
3 out of all of those which are going to be effective and
4 which aren't. Help me with that. Tell me what works.
5 Tell me what I can do. Everybody wants to tell me what I
6 can do, but they want to sell me something.

7 As far as education itself is concerned when we
8 look at special education, when we try to get people into
9 the business, I see it as painting a very rosy picture.
10 At times, it's not. We need to be realists and let the
11 people who are going to teach understand what education
12 actually looks like before they start. I have a lady
13 that I know very well down in Texas. Every year they
14 bring 20 people in out of the business community to go be
15 part of the teachers. By the end of the fourth week, two
16 of them are left. Help me out. Help us out. Do what
17 you can for us. Thank you.

18 CHAIRMAN BUTTERFIELD: Thank you. Our next
19 speaker is Stacey Parment followed by Lola Zussmann.

20 MS. PARMENT: My name is Stacey Parment, I'm
21 the director of Keshet of the Rockies. Keshet is spelled
22 K-e-s-h-e-t. Our web site is keshetoftherockies.org.

1 This is a special education program, a school within a
2 school at Hillel Academy Jewish School.

3 It has increasingly become a well-known fact
4 that education is a complete experience in its finest
5 form. Facts and figures are not in a vacuum, but in the
6 context of life itself, and how that information can be
7 practically applied is truly the essence of quality
8 education. The day school, clearly, not only works
9 within this realm, but fully encompass it to such extent
10 that it actually is the embodiment of the total effort,
11 to teach for the purpose of not just education, but to
12 teach to live an educated and quality life.

13 This educational approach is greatly enhanced
14 and becomes even more critical for the children with
15 special needs within our community. For them, with all
16 their support people and support systems, their world is
17 clearly not in a vacuum, but learning in the context of
18 their own world. What better way can we, as educators,
19 have impact than to encompass the rich and full culture
20 of Judaism into the context of their unique approach to
21 life? By doing so, we fully support the entire
22 collaborative effort of all those who formally and

1 informally, in and out of the school program, are models
2 and support systems for our children with special needs.

3 It is vital that these children develop an
4 identity, just as their peers do, that complement their
5 entire life experience. In our case, our religion is
6 steeped with much religious and cultural meaning. Our
7 school focuses on our highest ability in today's secular
8 and Jewish community. Obviously, student/teacher ratio
9 and the collaborative support professionals required,
10 such as special educators, paraprofessionals, speech
11 therapy, occupational therapy, and the like, make this
12 kind of education costly.

13 Monies have been quite an obstacle for this
14 program. Families have come together to fund-raise and
15 write grants. However, the money will run out and we
16 need to look at other options to continue this program.
17 It is only with the assistance of state and federal
18 funding can such programs continue to build and thrive in
19 meeting these vital objectives.

20 Each student in this program has an IEP,
21 Individualized Education Plan, outlining their individual
22 goals and benchmarks. It is important that we, as

1 educators, follow these objectives carefully to assume
2 appropriate curriculum based on the public school
3 assessments.

4 Having a school within your cultural realm is
5 important to not just the families, but the students
6 themselves. The students understand that they are Jewish
7 and this program enables them to become a part of their
8 culture. They have developed close friendships and are
9 socially integrated with the total school.

10 Many of the students at school take our
11 students and their buddy and help them around, either in
12 classroom studies, playing at gym or recess, or just
13 eating lunch together, et cetera. This social networking
14 has been an initiation by the students themselves, which
15 indirectly a Jewish school can teach.

16 CHAIRMAN BUTTERFIELD: Thank you. Our next
17 speaker is Lola Zussmann and after her will be Liz Wuest.

18 MS. ZUSSMANN: My name is Lola Zussmann, and I
19 deeply appreciate the opportunity to speak to you as a
20 parent of a child with special needs. I am co-president
21 of Keshet of the Rockies Jewish Day School Program at
22 Hillel Academy of Denver.

1 Every family who is burdened with a child with
2 special needs has their own unique story. Our son,
3 Ephraim, was born 12 years ago and was diagnosed at birth
4 with Down's Syndrome. Ephraim was our sixth child of
5 eight.

6 Being a committed Jew is an important priority
7 to our family. Bar mitzvahs, holidays, Jewish rituals,
8 and Sabbath are something to celebrate and appreciate
9 every day with all our children. Our Judaism daily
10 permeates every aspect of our lives; it is our way of
11 life to be kosher, visiting the sick, is our way of
12 thanking God for all the kind blessings he has bestowed
13 upon our family.

14 These are all lessons we teach our children
15 from an early age. Our son, even though he is a child
16 with special needs, he is accustomed to these rituals and
17 feels comfortable, like all kids, in an environment which
18 is familiar. Effie's learning in school reflects this.
19 His success has been due to his attending a Jewish school
20 like all his other brothers and sisters.

21 When Ephraim was born, his doctors told us all
22 of his limitations based on medical books. He would be

1 mentally retarded, have poor muscle tone, poor speech, a
2 sweet disposition, and probably be in the mild to
3 moderate category given intense therapies. They didn't
4 tell us that he would have definite likes and dislikes,
5 strengths and weaknesses.

6 Our son allows us to look at the inside of
7 individuals and see the untapped potential lying within
8 every human being. For years, I have made our son my
9 priority of the day. I have driven him to all his
10 therapies according to his Individual Education Plan,
11 which is two to three times a week minimum.

12 Ephraim has tried dual enrollment at one of the
13 public elementary schools along with the Jewish Day
14 School. Unfortunately, this setup was not ideal for him.
15 He would wash his hands before he ate bread like he was
16 taught at home, and the teachers would yell at him and
17 tell him to sit down. How confused he was.
18 Unfortunately, he could not explain why because his poor
19 speech would not allow him to explain his feelings.

20 Effie would go to King Soopers with his class
21 and bring home non-kosher food even though I explained to
22 his teachers previously that our family follows strict

1 religious guidelines, that we can eat only food brought
2 from home. This was to no avail. His Jewish attire
3 which he would wear every day was ridiculed by his
4 teachers because they found it a nuisance and a
5 disturbance to the entire class. This was so confusing
6 for him, as was Christmas, Easter, Hannakuh, Passover.

7 Putting this aside, dual enrollment is very
8 difficult for a child with special needs. Thank you.

9 CHAIRMAN BUTTERFIELD: Thank you. If you would
10 give a copy to Tracey, I'll see the rest of your
11 testimony. Our next speaker is Liz Wuest who will be
12 followed by Robin Brewer.

13 MS. WUEST: Hi. Thank you. First of all, I'm
14 Liz Wuest, I'm a parent, and I wanted to tell you how my
15 son's IEP has prepared him for the future. These are my
16 words, based on my son's reactions, as my son cannot tell
17 anyone what school truly means to him.

18 He is in middle school. His core classes are
19 English, social studies, history, along with P.E. and
20 choir. What he has learned, along with the other
21 students, that will help him in his adult life are
22 responsibility, getting himself to where his is supposed

1 to be at the right time, handing in papers when they are
2 due, being nice to others, the ability to work with
3 others in a group, using a computer, using art as a hobby
4 through an after-school activity program, that learning
5 never stops, and the joy of being with friends.

6 All of this is possible because of IDEA. This
7 law upheld his right to pursue the American dream, which
8 begins with a good public education. As President Bush
9 has said, No child is left behind. My son would have
10 been one of those children who was left behind because
11 his disabilities are pretty obvious.

12 At the end of last year, he had to miss two
13 months to recover from surgery. He was bored sitting at
14 home with not much to do. He wanted to go to school and
15 learn. We went to a fast food restaurant and ran into
16 some of his classmates. They asked when he was coming
17 back, and that made him feel pretty good. Going to
18 school is more than just learning the lessons, it is also
19 about making friends.

20 Elementary school was easier to work with than
21 middle school has been. One reason was that I
22 volunteered in my son's class and, therefore, I felt more

1 connected to the school. Another factor is the
2 difference in size between elementary school and middle
3 school. The special education department in middle
4 school is responsible for more students, more paperwork.

5 If the required paperwork were reduced without
6 harming any legal protections, the teachers would have
7 more time to be with the students. The most important
8 part of the IEP is where the teachers and I agree on what
9 is the best way for my son to receive his education.
10 Each student is different and needs the individualized
11 details in their own plan.

12 To do the best job in fulfilling the IEP,
13 teachers need training, too. They need to know how to
14 modify the curriculum. To keep those teachers that have
15 been trained well, their pay should match other
16 professions.

17 Parents also need training. I know my son has
18 a better education because I knew what was possible. The
19 advocate training that I have attended and learning about
20 the law has helped me tremendously. Things that I have
21 requested rarely involve more money. Many were small but
22 important or changes in thinking.

1 When you have the best trained teachers and the
2 best trained parents working together to give the
3 students the best education so they can be their best,
4 you come across the patriotic ideal that American schools
5 truly are in first place and worthy of blue ribbons.

6 I just wanted to add a quick quote because I
7 think it relates ot IDEA. "To furnish the means of
8 acquiring knowledge is the greatest benefit that can be
9 conferred upon mankind. It prolongs life itself and
10 enlarges the sphere of existence." John Quincy Adams
11 said that when the Smithsonian Institute was established.

12 CHAIRMAN BUTTERFIELD: Our next speaker will be
13 Robin Brewer who will be followed by Liz Hess.

14 MS. BREWER: I'm an assistant professor of the
15 University of Northern Colorado. Today we've received
16 some good comments that our division provided, but due to
17 the time, we won't be speaking of those now. Today, I'm
18 here specifically to talk about --

19 COMMISSIONER JONES: Ma'am, could you please
20 speak directly into the microphone so the Commissioners
21 and our court reporter are able to hear your comments.

22 MS. BREWER: -- children with behavior

1 disorders. The children with behavioral disorders is an
2 official division of the Council for Exceptional
3 Children. We are committed to facilitating the education
4 and general welfare of children with exceptional behavior
5 disorders.

6 The CCBD encourages the Commissioners to
7 consider the following points: Research has shown that
8 teachers must learn to implement classroom management
9 strategies early in their careers. Without this, in
10 addition to the other factors such as high caseloads,
11 paperwork, collaborative administrative support, and the
12 lack of financial incentives, teachers will continue to
13 leave their special education field after three years of
14 teaching.

15 Research has also shown that teachers who feel
16 that the environment is a collaborative one, will stay in
17 the environment even with all of these other aspects of
18 teaching. Research also shows that teachers who are
19 poorly prepared had more discipline problems. With the
20 increase in discipline problems, students were more
21 likely to be suspended, expelled, or drop out of school.
22 Some schools have tried to implement zero tolerance

1 policies. We've also seen that research does not support
2 zero tolerance policies in discipline.

3 Research also indicates that if we have systems
4 that differentiate between general education discipline
5 systems and these are not effective, that we must have
6 collaborative policies that are preventive and supportive
7 of the standards for discipline.

8 Research also shows that there are effective
9 behavior strategies that are implemented in a three tier
10 system -- school-wide, classroom, and individual -- and
11 must not continue to only address serious behavioral
12 problems. Ten percent of the teachers are uncertified in
13 the area of special education. This affects over 600,000
14 kids who are with teachers who are not certified in their
15 teaching, so we must address that.

16 With this, we urge the Commissioner to expand
17 professional development so that three-tiered systems are
18 implemented. Develop plans for professional development
19 that is a requirement. Ensure that all students with
20 emotional and behavioral disorders are taught by fully
21 qualified teachers. Develop programs that train teachers
22 who work with the students with emotional and behavioral

1 disorders, using alternative programs as well as
2 traditional programs, to make sure they are fully
3 certified to a high standard. Thank you.

4 CHAIRMAN BUTTERFIELD: Thank you. Our next
5 speaker is Liz Hesse who will be followed by Jean
6 Beirton.

7 MS. HESSE: Good morning, my name is Liz Hesse.
8 I am past president of the Learning Disability and Social
9 Issues of Colorado. Now I am chairman of public policy.
10 I am on the Colorado State Advisory Committee for Special
11 Education. I'm chairman of the board for a small private
12 school for learning disabled children ages six through
13 twelve.

14 First, I gave you some handouts. Our national
15 organization asked that we present to you their position
16 on this subject today, so I hope that you all will have a
17 chance to look at that. I would like to address to you
18 some other comments, these are from the Local Learning
19 Disability Association of Colorado. One of the handouts
20 I gave you also is something that I co-authored in 1996.
21 This was a survey that was submitted to the state
22 legislature about teachers' satisfaction, especially

1 special education teachers. I thought some of these
2 results were very interesting. I will mention some of
3 those in my comments. I have seen no other survey since
4 then, and I think the conditions are pretty much the same
5 or not as good as they were at that time.

6 First, we would like to tell you that we feel
7 IDEA is an outstanding law, for it gives the opportunity
8 to those who have a disability an opportunity to succeed.
9 The problems with IDEA are not with the law, but with the
10 implementation of that law. The state of Colorado makes
11 excellent suggestions, but does little to enforce the
12 law. Despite this environment, Colorado has been an
13 exceptionally low -- has had an exceptionally low number
14 of due process cases. Out of roughly 30 cases filed each
15 year, there were three decisions in 1999, six in 2000,
16 and four in 2001. A total of five of these decisions
17 were appealed over a three-year period.

18 Our basic problem here is that we handicap our
19 teachers. We provide very little substance in a
20 university-level training where they are trained more to
21 be generalists and specialists. They too often come away
22 not even understanding the world of learning disability

1 or what dyslexia is, let alone how to assess for it, how
2 to do daily assessments, how to provide intensive
3 educational services to them.

4 Foreign language is too often emphasized in
5 reading instruction. In schools, special education
6 teachers have high caseloads with a great diversity of
7 students, a diversity of disabilities, ages, academic
8 abilities, social/emotional disabilities, and other
9 areas. They are giving the teachers limited time to --
10 thank you for your attention.

11 CHAIRMAN BUTTERFIELD: Thank you. Our next
12 speaker is Jean Bierdon.

13 MS. BIERDON: Good morning. I'm Jean Bierdon,
14 and I'm director of special education services in the
15 Boulder Valley School District. I'd like to take a few
16 minutes of your time, three to be exact, to give you a
17 local picture of issues around professional development
18 and how the lack of special education funding affects
19 these issues.

20 I've been the director in Boulder for three and
21 a half years. Since I assumed the director's position,
22 these are a few of the changes in required training.

1 There have been new guidelines for speech and language
2 services. There have been new guidelines for students
3 with emotional disturbances, new guidelines for students
4 with sexual deviant disorders. They have also had to
5 educate us in the implementation of an IEP, we have
6 restraint training, our state CSAP training in CSAP-A
7 alternative testing, all of which have needed training.
8 Of course, costs vary.

9 In Boulder Valley, we must accomplish this in
10 six to nine hours per year of paid in-service time.
11 Boulder Valley special education department has \$40,000 a
12 year to pay for training for about 350 licensed personnel
13 and about 350 to 400 para-educators. Substitute teacher
14 costs are \$104 a day. Para-educators need significant
15 training to work with high needs students.

16 Teachers no longer have the time or the energy
17 or willingness to donate their time for training.
18 Para-educators cannot afford to. Consider all of this
19 with the needs of a district relative to training when
20 the percentage of students with autism has increased 600
21 percent since 1994. Consideration for the institutes
22 with a learning environment mandated by law is embraced

1 by Boulder Valley.

2 However, if people don't know how to deal with
3 their child with a severe disability when they're afraid
4 of working with a child with significant needs, I believe
5 that education is the only way to improve this situation.
6 It's the only hope we have for making inclusion really
7 work. It's the only way to change attitudes.

8 In terms of funding, we cannot do our effective
9 mandates or educate to meet our state guidelines. We are
10 expected to help our students meet state standards and
11 something other than unsatisfactory on the CSAP.

12 I realize that I'm almost out of time, so I'm
13 just going to say that Boulder Valley picks up 75 percent
14 of the funds needed to serve our special needs and
15 special education students. I really feel that the
16 system is broken and need some significant fixing. I
17 hope you'll give that serious consideration. Thank you.

18 CHAIRMAN BUTTERFIELD: Thank you. Our next
19 speaker is Marilee Miller.

20 MS. MILLER: My name is Marilee Miller, and I
21 don't have prepared remarks, but what I wanted to speak
22 to were some of issues that were raised earlier. After

1 20 years in the higher education in New York State, four
2 months ago I moved to take over the home of professional
3 development for special education in Albuquerque. I've
4 been a consultant, and I have a child who is disabled.
5 And I've seen many things happen over the past 30 years.

6 As to the issue of teachers monitoring
7 students' progress, there are many institutions of higher
8 education who do train them. Most in-service teachers
9 used to retort, but that's not how it's done. As to the
10 students -- the preservice students who are learning
11 that -- unless we went back and spent a tremendous amount
12 of time teaching them how to write objectives and how to
13 match their compilations with those objectives, they
14 never got to the point of monitoring student practice.
15 Within two months of a teacher education program, we knew
16 who would monitor and who wouldn't.

17 In-service education at the higher-ed level has
18 been very different in the sense that you have practicing
19 teachers who are culturated to the schools and come to
20 higher ed and say, that's not how it's really done. That
21 issue is one reason why I want to get into the public
22 schools and see if I could change it from there.

1 One of the models that I've seen that was
2 highly effective was in the Connecticut longitudinal
3 study that was referred to by Dr. Brownell. One of the
4 models that came out of there was early intervention.
5 Another model that has come out of New York State that I
6 would refer you to is the Systemwide Change Project where
7 they funded every college to get collegialities and
8 collaboration within the school of education. Then we
9 set up a task force statewide across institutions of
10 higher ed.

11 After five years, we then moved to the K-16
12 integration. Until you get the funding and the support
13 of all institutions to work that way, you won't get the
14 change in the classroom.

15 Last issue is certification. Certification is
16 a one-time measure, effective teaching is a longitudinal
17 process. We're looking at two different things there.
18 Thank you.

19 CHAIRMAN BUTTERFIELD: Thank you. Our next
20 speaker will be Kelly Stallman who will be followed by
21 Jane West.

22 MS. STALLMAN: Thank you for taking time to

1 listen to me. I only brought one document about my kids.
2 I'm the parent of three sons, and have medically fragile
3 twins who are nine. I've really here to talk to you
4 about the success that we've experienced over kind of an
5 evolution in the past five years in elementary. Mark and
6 Aaron -- Mark is nonverbal, nonmobile, uses a G-tube,
7 speaks with a computer box, and he can navigate all of
8 these pages in this computer and find what he wants to
9 say. We now have the technology to put it in a computer,
10 print it out, and turn it into the classroom teacher.

11 One of the three points I'd like you to leave
12 with are that we support IDEA; that without the IEP as a
13 cornerstone of IDEA, you have a lame duck piece of paper.
14 We have to keep the IDEA process. There used to be
15 accountability, and the piece to do that is fully funding
16 it, as well as the determination of eligibility.

17 By fully funding IDEA -- in Littleton Public
18 Schools, I sit on the special education services advisory
19 committee -- we get 19 cents on the dollar for every
20 dollar spent on special ed. You're asking teachers to
21 work in an environment that is very stressful with too
22 much paperwork, and in our case, they're doing a fabulous

1 job and they're getting the job done.

2 Then, the last thing that I'm very concerned
3 about and have been hearing a lot of about is changing
4 the IDEA eligibility process. That the way to save money
5 is to narrow the margin and serve less children.

6 My favorite quote is: Facts do not cease to
7 exist because they are in a corner. We should support
8 IDEA, keep the IEP process, and continue to provide
9 services for the children.

10 CHAIRMAN BUTTERFIELD: Let Aaron know that we
11 appreciate the reading why childhood is good for you.
12 Our next speaker is Jane West.

13 MS. WEST: Thank you, Dr. Butterfield. Good
14 morning, Commissioners. The Consortium for Students with
15 Disabilities is a national coalition of over a hundred
16 organizations based in Washington, D.C. representing
17 families of students with disabilities.

18 I'm here on behalf of the education task force
19 of the Consortium for Students with Disabilities which is
20 comprised of over 60 of those organizations. Our task
21 force decided that we would find the funds to send
22 someone to each of these Commission meetings because we

1 feel that we weren't represented appropriately, and we
2 wanted to be here to give the contributions and to
3 participate. I represent the higher education consortium
4 for special education, the teacher education division of
5 CEC on the task force.

6 Before I make a few recommendations, I'd just
7 like to ask you to see if there is anything that you
8 could do to enhance your activities that are intended to
9 engage the public. If you could put more information on
10 your web site about the location of your hearings, if the
11 papers that are presented could be up on the web site,
12 that would be terrific. All of our districts have
13 affiliates in every state across the country, and I think
14 you would see 300 people in this room if that sort of
15 information was readily available. I realize you have a
16 short timeline, and a lot of decisions have to be made
17 about what's to be done, but whatever you could do would
18 increase public participation, which I know you're
19 interested in.

20 The Consortium for Citizens with Disabilities
21 has developed principles related to IDEA that has been
22 e-mailed to all of you, so I know that you have those.

1 I'm just going to highlight a couple of those. First,
2 every child should be taught by certified, qualified
3 professionals, sets of professionals. And I think that
4 the No Child Left Behind Act does offer a very good
5 precedent in that it requires that every teacher be fully
6 qualified and certified within four years. That applies
7 to special education and related services and all
8 providers of services in the school system. I would urge
9 you to apply that same application to special education.

10 Secondly, that the shortage does not give way
11 to questionable quality. There are a lot of alternative
12 certification programs out there. Many of them are very
13 good, but they need to have standards; they need to have
14 some quality control just like other programs do. That
15 notion of training someone in three weeks to be a
16 qualified teacher just does not hold up.

17 Also, a significant influx of funding is going
18 to be required to address personnel problems that you
19 have talked about today. One of the things that you
20 might look at is how Title I, under the No Child Left
21 Behind Act, addresses these issues if they set aside 10
22 percent of the funding for Title I to address

1 professional development issues. That money is also
2 supposed to be spent to train general educators to work
3 with students with disabilities. You might want to look
4 at Part B in that same vein.

5 Finally, the payback provision, which is in the
6 personnel preparation section of Part D, provides
7 significant assistance to recruit new people into the
8 program --

9 CHAIRMAN BUTTERFIELD: Thank you. Our next
10 speaker will be Anne Doshen who will be followed by
11 Shelia Buckley.

12 MS. DOSHEN: My name is Anne Doshen, and I'm a
13 parent of a child who is seven years old. He is fully
14 included in his first grade classroom. He has Asperger
15 Syndrome, Tourette's Syndrome, and obsessive-compulsive
16 disorder. He was first identified when he was three and
17 a half years old. I had many concerns about his
18 behavior. He was very bright. It was Child Find who
19 identified that there was an issue, and I thank you that
20 we have that service. It really helped to have some
21 early intervention so that he's doing very, very well
22 right now with minimal support.

1 However, his teachers have been wonderful, we
2 have a really good working relationship. I think, to me,
3 the benefit is, you know, you go to the teachers and,
4 although there's not enough resources, they do more and
5 they are very caring; moreso than I would expect with
6 what they have.

7 As far as recommendations for IDEA in regards
8 to training. One of the things I'd like to see is the
9 issue of behavior. A lot of kids with behavior
10 disorders -- it's a type of brain disorder, it's not
11 something that they can control. I'm not saying that you
12 excuse that behavior, but really look at the behavior
13 plan. Everyone has a behavior, teachers have behavior,
14 parents have behavior, students have behavior.

15 Change the behavior plan into an inclusion
16 plan, and make it for all students requiring like a
17 20 percent or more self-contained classroom have an
18 inclusion plan for them. Instead of addressing the child
19 acting out, change it to what strengths does the child
20 have that can contribute to their success in the
21 classroom.

22 What does the functional assessment tell us

1 about the needs of the child, and really make the
2 functional assessment a requirement instead of just
3 something that they need to do if they really, really
4 have to or the parents sue us. How can people come into
5 contact with a child and help them to succeed? That
6 would be peers, general education teachers, special ed
7 teachers, and parents. How can they help a child
8 succeed? Look at what kind of things the teachers can
9 change in how they teach that will help the child? What
10 kind of training? Peer-sensitivity training, parent
11 training, communication training, just learning how to
12 write letters to effectively communicate.

13 Then, for accountability, I would report like
14 suspensions and expulsions of students with IEPs as well
15 as the graduation rates because a lot of these kids end
16 up in prison when they don't get services.

17 Then, as far as funding goes, tie the funding
18 to the specific needs.

19 CHAIRMAN BUTTERFIELD: Thank you. Our next
20 speaker will be Shelia Buckley who will be followed by
21 Ken DeLay.

22 MS. BUCKLEY: Thank you. I am Shelia Buckley

1 from the Learning Disabilities Association of Colorado.
2 I have a child with a learning disability. I've heard a
3 lot of wonderful comments here. The panel, I believe,
4 had wonderful ideas and suggestions, far greater than I
5 could ever give to you. My comments are just sort of on
6 what I've heard here.

7 I know we talked about the amount of the
8 paperwork and how teachers feel overwhelmed with that. I
9 think that is a product of a problem, not the problem
10 itself. The aspect is we have -- don't have enough
11 special ed teachers and that they have a large caseload.
12 To go back at looking at what your panel just said about
13 how to increase special ed teachers and general ed
14 teachers and to be able to collaborate to know what to
15 do, I'm very, very grateful that IDEA is federal law and
16 that schools are mandated to follow that law. Like one
17 mother talked about, the IEP is a wonderful program for
18 children and thank heavens we have it.

19 They talked about discipline, and I know we are
20 very concerned about that. I think my kid has done a
21 good job of adjusting because we used the functional
22 behavior assessment. That could eliminate a lot of

1 problems that you're having. They had a lot of good
2 ideas; I think we just need to implement those. We need
3 to use the research and the data that's out there and
4 start using the appropriate programs.

5 One other comment I'd like to make was on -- I
6 think it was Dr. Sanders talked about differential
7 teaching. I worked with a bunch of kids in Colorado
8 Springs who had formed their own support group. They're
9 high school kids, and they started this and now they've
10 been doing this for eight years now. The first group
11 that came on had all been to universities, went to
12 college or are in college. It's amazing to see how well
13 they've done.

14 I asked them after we started getting together
15 why are they successful versus all these other kids who
16 have not graduated from school, going into the criminal
17 justice system, whatever. Every one of them, all of
18 those kids said that one teacher really made a difference
19 in their lives and believed in them and inspired them.
20 It's so important that we train these teachers, either
21 general ed or special ed, how to make this world of
22 difference and that you can save a child.

1 Leave No Child Behind is a wonderful, wonderful
2 philosophy, and IDEA, I think, exemplifies that thought,
3 but we need to do that. In Colorado, I'm impressed
4 because we do have CSAPs, for good or bad; we have to
5 have something to assess progress. In Colorado, we do
6 differentiate and pull out the disabilities. The
7 learning disabled category has shown a lot of progress.
8 So, we're going the right things, and there are a lot of
9 success stories. I'm hoping you'll listen to what the
10 panel said and implement teacher training for
11 professional development as we need. Thank you.

12 CHAIRMAN BUTTERFIELD: Thank you. Our next
13 speaker will be Ken DeLay, and the final speaker will be
14 Jeanette Klinger.

15 MR. DeLAY: Good morning. My name is Ken
16 DeLay, and I am the executive director of the Colorado
17 Association of School Boards, but before I took this
18 position a couple of years ago, I practiced law for 20
19 years ago in this state. I primarily represented school
20 districts, and I spent a lot of time working in special
21 ed areas, so I'm a little bit excited about some of the
22 issues that go on.

1 I know your purpose of your hearing here today
2 is primarily staff development, and I'm certainly not
3 qualified to talk much about that. But I wanted to urge
4 you in thinking about staff development, to not think
5 about it in isolation as some of the other parts of the
6 system. I know you won't do that, and I was struck by
7 Commissioner Bartlett's question earlier this morning
8 about what about the demand side of keeping these
9 teachers in the classroom and putting these high-quality
10 teachers in the classroom. I think that's a good and
11 insightful comment.

12 When I first started out 20 years ago, the IEP
13 was a couple of pages long, maybe three pages. Now, they
14 run closer to 50 or 60, depends where you are and how you
15 want to approach it. Things like standings and IEP
16 meetings and hearings have just literally eaten many of
17 the folks alive in special education.

18 I think Commissioner Pasternack's question
19 about how is it that we have the same IEP year in and
20 year out notwithstanding the training that we get to
21 monitor, set goals and objectives. Why is that we have
22 that? I think it's because of the way the system

1 operates, the system that we've set up. And we need to
2 think a little bit about that.

3 Teachers are not spending time in the classroom
4 today. Sort of the excitement and creativity that we had
5 in the special ed community 20 years ago is by and large
6 gone. Many of the brightest and the best people don't
7 stay anymore; they get frustrated with all of that burden
8 and that paperwork.

9 I might close with a short story. One of the
10 last cases I handled before I left my practice and came
11 to this profession we had a hearing request filed against
12 us in a small school district in western Colorado. Over
13 the course of the next six weeks or so, we solved that
14 problem. In fact, we set up a great program.

15 Even now, a couple of years later, people that
16 I've spoken to in that district tell me it's worked well.
17 But in the course of about a month, I spent somewhere
18 between 30 and 40 hours with the classroom teachers and
19 somewhat lesser time with several of the other
20 professionals. We spent ten hours in a mediation, and
21 then we had another nine hour IEP meeting. I'm done.
22 But I would say to you the same thing I said in the

1 hearing when that was all done: Where do you suppose all
2 the time came for -- the educational time came from for
3 these proceedings? It came out of the classroom.

4 CHAIRMAN BUTTERFIELD: Thank you. Our final
5 speaker will be Dr. Klinger.

6 DR. KLINGER: Good afternoon. I'll like to
7 address today's topic of professional development. I am
8 an associate professor with the University of Colorado,
9 Boulder, formerly of the University of Miami where I
10 earned my doctorate in reading and learning disabilities.
11 I worked as a special education teacher for ten years,
12 and I am the parent of two children with special needs,
13 one highly gifted and one with an emotional disorder.
14 I'm also a researcher, and as the co-principal
15 investigator, I'm now in the fifth year of a grant
16 focused on professional development.

17 We've been quite effective with our
18 professional development model. Now we're studying how
19 to scale up to sustain the implementation of
20 research-based practices. I was the principal
21 investigator and director of a 10 plus million dollar
22 Title II teacher quality enhancement grant in Miami. I

1 was the professor of residence in a very successful
2 professional development school. I'm also affiliated
3 with an OSEP grant focussed on disproportionate
4 representation, and in that capacity, worked for the
5 Harvard Civil Rights Project where my focus was on
6 professional development.

7 As you can see, I've been immersed in
8 professional development for several years with many
9 publications, primarily with Sharon Bond of the
10 University of Texas Austin. I'm also on the executive
11 board of the division for research out of the Council for
12 Exceptional Children.

13 My purpose in speaking to you today is twofold.
14 First, to let you know that I am available should you
15 wish further information about the special ed research on
16 this topic. Second, to emphasize that we in the special
17 education research community do know a great deal about
18 effective professional development and what it takes to
19 facilitate the use of research-based practices,
20 especially with progress monitoring, which I agree is
21 very important. I do think the panelists today did an
22 excellent job of summarizing what we know.

1 I do think, though, that most professional
2 developments do not follow an effective model. As part
3 of my grant, we conducted a national survey with
4 follow-up interviews of district-level special education
5 directors and reading/language arts directors about this
6 professional development in their districts.

7 We found a great deal of money has been spent
8 with very few programs targeting special ed. Most of the
9 programs implemented are one-shot programs without
10 follow-up, without checking to see if teachers are
11 implementing the practices they have learned. So, I do
12 think that professional development is key, but that we
13 need to take into account what works. Thank you.

14 CHAIRMAN BUTTERFIELD: We'd like to thank all
15 of the people who have taken the time to come and present
16 to us. We have come to the end of the time allotted for
17 public input. However, I would strongly encourage you
18 stick around this afternoon. We have some wonderful
19 speakers and panelists this afternoon, and you might have
20 an opportunity to address individual Commissioners.

21 Our lunch break will be begin now, and we will
22 begin promptly at 1:30. The panel discussion will be The

1 Medical Profession in Educating Children with
2 Disabilities. Thank you very much.

3 (Whereupon, the hearing recessed for a lunch
4 break at 12:34 p. m.

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1 AFTERNOON SESSION

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3 DR. BUTTERFIELD: We'll call the
4 Commission meeting back to order. Our next
5 discussion will be of the medical profession in
6 educating children with children's disabilities, and
7 we're very pleased to have Dr. Mark Batshaw join us.
8 He had to go through quite a few barriers to get
9 here, so we're appreciative of his effort.

10 Dr. Batshaw is Chief Academic Officer of
11 Children's National Medical Center in Washington,
12 D.C., where he also serves as Director of the
13 Children's Research Institute. He was Chairman of
14 Pediatrics at the George Washington University School
15 of Medicine Health Science. Dr. Batshaw has spent
16 more than 25 years treating children with mental
17 retardation and other developmental disabilities. He
18 is the author of the textbook, Children with
19 Disabilities in its fourth edition. And when your
20 child has a disability, it is a complete sourcebook
21 of daily medical care for parents with children with
22 disabilities.

1 We're pleased to have you here,

2 Dr. Batshaw.

3 DR. BATSHAW: Thank you. My mother thanks
4 you also. I actually wanted to tell you what my real
5 qualifications were before I go forward. They
6 started off that I had ADHD and learning disabilities
7 when I was a child at a time in the 1950s when this
8 really was not recognized and when I was identified
9 as either being dumb or not well motivated and the
10 treatment was that because I was so fidgety my chair
11 was placed outside of the classroom in the hall so I
12 could look in and see the teacher but I would not be
13 disturbing any of the other children. So certainly
14 special education has come a great distance since
15 then. I'd also note that as a result of my
16 experience, when I was growing up, I wanted to do one
17 of three things, either to become a social worker,
18 which both my parents were, a teacher or a doctor
19 caring for kids with disabilities. And in my nuclear
20 family I've been able to accomplish all three of
21 those things because my wife and one of my sons are
22 social workers, my daughter is a special education

1 teacher. Now our third son, our youngest, when he
2 was 6 years old and I visited him at school, it
3 became clear he had the same difficulties that I had
4 experienced, only his experience at school and with
5 the subsequent use of stimulant medications really
6 resulted in a markedly different experience in
7 childhood than I had. And he graduated from Vassar
8 and is now a computer programmer at Berkeley. And
9 that's where I came from this morning, visiting him
10 and giving lectures.

11 So with that background, I'd like to share
12 with you some thoughts I had about the relationship
13 of the medical community and the special education
14 community and aspects that you may want to consider
15 in the reauthorization of IDEA.

16 One is the importance of incorporating new
17 medical knowledge into an educational pedagogy, and
18 I'd like to talk about some recent research that's
19 been done in three different areas that show how
20 important this is. One, the human genome project and
21 the role of inheritance in disorders leading to the
22 need for special education services. A second, new

1 knowledge of neurochemistry and neuroimaging in
2 school age children, and especially as that relates
3 to what the underlying problems are with learning
4 disabilities, attention deficit disorders, and the
5 use of stimulant medications. And finally, the
6 emergence of our understanding of behavioral
7 phenotypes. That is a group of behavioral patterns
8 that are specific to certain syndromes ranging from
9 Fragile X Syndrome to Downs Syndrome.

10 This is from approximately a year ago.
11 This is the title page from signs where they actually
12 published the human genome, and here you can see
13 they did it with five individuals. These weren't
14 actually the individuals, but it was to show the
15 different ethnic and racial groups they came from and
16 the baby is to represent the child, She'll Lead Us
17 All Forward, and one of the most interesting parts of
18 if all was the issue of race and ethnicity really
19 doesn't make much sense in the genome, because all of
20 us are so similar to each other.

21 But what has been done is that if you look
22 at severe mental retardation, for example, over two

1 thirds of all of the identifiable causes of severe
2 mental retardation are due to genetic process and due
3 to problems that occur prior to the birth of the
4 child. Furthermore, if you look at autism,
5 hyperactivity, reading disability, and you look at
6 the A which is the genetic variance, and 2. 2. 4. 6 is
7 the percentage, so this would be 80 percent of all
8 hyperactivity of kids with ADHD can be attributable
9 to a genetic component, with autism. It's even
10 higher than that. Reading disability approximately
11 50 percent. So that many of the common developmental
12 disabilities have a genetic component. They're going
13 to have many individuals within the family and by my
14 understanding, the genetic pattern will be able to
15 understand better and different approaches to
16 treatment.

17 This is a functional imaging study that
18 was done on an individual with typical reading scales
19 here. An individual with specific reading
20 disability. You can see that, while the occipital,
21 rear part of the brain lights up in the child with
22 the specific reading disability, the area in the left

1 hemisphere that's involved in phonological decoding
2 lights up in the typically developing individual is
3 not at all lit up in the individual who has reading
4 disability. And yet in schools we are still using
5 the discrepancy model between IQ and performance. We
6 are then developing new techniques to actually look
7 at the underlying cause of reading disability. And
8 we now know that in very specific regions, for
9 example, here a rule basing a base analytic function
10 in this area, the brain with structured memory base
11 function in this area here fine-grained articulation
12 recording.

13 As we learn more and more from research,
14 we need to have ways of rapidly taking this from the
15 laboratory into the classroom. And there needs to be
16 funding to help this move forward.

17 This is from, this is a functional imaging
18 scan from a child who has ADHD prior to a couple of
19 hours after being given Ritalin. And what you are
20 seeing here is the actual blood flow through certain
21 regions of the brain. Much less blood flow prior to
22 the use of the Ritalin, much more afterwards,

1 especially in the areas that we now recognize are
2 involved with attention and other of the core
3 symptoms of ADHD. There seems little doubt in
4 correctly diagnosed children with ADHD the vast
5 majority, up to 80, 90 percent of them will have
6 specific benefits from stimulant medications and this
7 is demonstrable now by these research techniques.

8 This is a functional imaging of a child
9 who is having a seizure, a subclinical seizure, one
10 you can't really see. But you can see that as the
11 seizure progresses, a change in the function of the
12 brain in children who are having seizures that are
13 really controlled clearly isn't going to affect their
14 brain functioning and it's very important for
15 teachers to recognize this. But as I'll talk about
16 later there seems to be very little interaction
17 between teachers and the physicians taking care of
18 the child, and so these areas may just not be seen.
19 The teacher may be observing things which he can
20 communicate to the doctor and lead to a change in
21 medication. And these things are just not happening
22 and need to happen.

1 In terms of behavioral profiling, I want
2 to contrast Williams Syndrome, which is a form of
3 children of short stature and certain congenital
4 heart defects, and they have mean IQs of around 40 to
5 50. Very similar to those in children with Downs
6 Syndrome. On the other hand, if you do focused
7 neuropsychological testing you can see they're
8 extraordinarily different in their strengths and
9 challenges. That while children with Williams
10 Syndrome have correct and complex speech and
11 semantics and rich linguistic affect, the children
12 with Downs Syndrome are very delayed in this area.
13 If one then looks at functional imaging studies and
14 compares the amount of cortex, the area that's
15 involved in language, comparing control individuals
16 with those with Williams and Downs Syndrome, you can
17 see the children with Williams have a much greater
18 cortical area involved with language than those with
19 Downs Syndrome.

20 On the other hand, if you look at visual
21 motor skills, it's just the opposite. The children
22 with Williams Syndrome do very poorly in this area,

1 whereas the children with Downs Syndrome do much
2 better. This is what he is called the global local
3 test, one of the neuropsychological tests. If you
4 see it globally, as you should, and you are asked to
5 reproduce this, you'll reproduce an A. If you see it
6 locally, you will reproduce the atoms. And here you
7 can see with the Williams children, they have no idea
8 of the status, whereas the children with Downs do
9 very well.

10 When a man looks at functional imaging,
11 you can see that the children with Down's Syndrome
12 have extremely well-developed central areas of the
13 brain called the laticular area. Now if one
14 recognizes these differences, these two groups of
15 children that have the same IQ, will require very
16 different educational patterns, and yet they're
17 placed in the same categorical class. The children
18 with Williams Syndrome, who are going to learn much
19 better auditorily and linguistically, and the
20 children with Down's Syndrome who are going to learn
21 better visually may be treated the same.

22 This is a functional image of a child with

1 autism and one who does not have autism when the
2 child was looking at a face. You can see that, in
3 the child, that normally this area will turn on, this
4 is a typical individual, and this area will turn on
5 when you're looking at face and it's face
6 recognition. And children with autism, this doesn't
7 happen at all. We're beginning to understand now
8 what the underlying problems are with autism, and
9 once we you understand this, we'll be able to develop
10 improved ways of treatment.

11 So these are some of the issues that I
12 think medical research is coming out with that needs
13 to be translated into educational pedagogy over time.

14 The second point I make is there needs to
15 be an increased role for the physician. First of
16 all, the role needs to be clarified and enhanced in
17 IDEA. Right now it really is just sort of left out
18 there. The physician needs to be involved in IEP and
19 ISP services, but there needs to be some way of
20 reimbursing them for those services. The
21 pediatrician, on the other hand, needs to be much
22 better informed about IDEA. We are not trained to

1 learn this in medical school, and that's a big
2 problem. And we need to understand the importance of
3 referring early for early intervention and for other
4 school programs, and most physicians are not.

5 Pediatricians need to be involved
6 proactively, not just when the educational system
7 fails. We should be part of the whole process. We
8 should be involved in the diagnostic services. We
9 should be involved in the behavioral discipline issue
10 before the child is ready to be expelled and we're
11 asked to put them on medication and to write a letter
12 saying that they're ready to go back to school. We
13 should be more involved in this process early on and
14 prophylactically, if possible.

15 We should be responsible for providing a
16 medical home for the child. There should be one
17 physician, one pediatrician who is taking care of the
18 child with special needs and who can really, who
19 takes upon herself or himself the responsibility of
20 dealing directly with the teachers.

21 There are many technologies available now
22 that don't require the physician actually to be in

1 the classroom or be in the IEP meeting but still can
2 be an important part of that and we should be using
3 it more. When I first started out as a
4 developmental pediatrician, I went into the schools
5 many times a month. I haven't done that in years. I
6 haven't been asked to do it. And I think there needs
7 to be that changed.

8 There needs to be improved exchange of
9 information. I mentioned to you my daughter is a
10 special education teacher. She's been a special
11 education teacher in a ED self-contained classroom
12 for five years, first in New York City, and now in
13 St. Louis. She has never once been asked by a parent
14 to contact the physician, nor has she been directly
15 contacted by a physician, and she herself doesn't
16 feel that it's her -- that she has the ability to
17 directly contact the physician herself without
18 permission, obviously, and she feels very frustrated
19 by this, and there needs to be, again, this back and
20 forth where we're dealing with ratings scales,
21 reporting adverse effects of medication, identifying
22 worsening of medical conditions. All of this needs

1 to have a triad of the physician, the parent, and the
2 teacher. Right now you have the parent and the
3 physician and the parent and the teacher, but not all
4 three of them working together.

5 There are also a lot of problems in the
6 definition of classification terms. In IDEA, the
7 definition of ED is very different from that in the
8 medical literature and Diagnosis and Statistics
9 Manual put out by the American Psychiatric Society.
10 So we talk different languages here and in other
11 areas.

12 Also there's the whole issue of the
13 medical model versus the educational model where we
14 physicians tend to look at deficits rather than in
15 education we try and look at strengths and teach the
16 strengths. We need to have the opportunity of
17 understanding each other's perspective. And even now
18 the school systems sometimes will just reject out of
19 hand my recommendations by saying, Oh, he's following
20 the medical model. And maybe that's true. Maybe
21 it's not true. But I think there needs to be much
22 better communication and the partnership that I

1 mentioned earlier.

2 We need to deal with related services for
3 associated deficits. We understand more and more
4 that children -- the more severe disability a child
5 has, the more likely they are to have more than one
6 disability. So the child with mental retardation is
7 likely to have vision and hearing problems or ADHD;
8 the child with ADHD is likely to have learning
9 disabilities. If not all of the associated deficits
10 are being dealt with from an educational perspective,
11 the child is not going to learn optimally, and it's
12 tremendously important we have these related
13 services.

14 Yet there really seems to be a lack of
15 clarity about the circumstances which necessitate a
16 child's exclusion from school for medical reasons,
17 certainly about the responsibility for our
18 administration of complex nursing or therapy,
19 inconsistencies in state and local guidelines about
20 interpretations, about which health care
21 professionals should prescribe the type and amount of
22 related services. Uncertainty about medical

1 liability for therapists administered in school
2 making them concerned about that, conflicting
3 opinions about propriety of the use of certain
4 therapies. You know, the medical literature very
5 early on felt this facilitated communication was not
6 a tested and appropriate means, and yet it was
7 continued to be used in many school programs for a
8 number of years afterwards.

9 Concerns about the rising cost of special
10 education, especially related services and whether
11 they are warranted. How do we develop specific ways
12 of looking at outcomes and making sure what we're
13 doing is actually having a beneficial effect if it's
14 not stopping it or changing it. A lack of provision
15 of related services for children who may not qualify
16 for special education but still have chronic
17 illnesses or disabilities that impair their ability
18 and readiness to attend or participate in school. We
19 need to help these children.

20 We need to increase access to behavioral
21 management, and there's a severe lack of therapists to
22 provide these related services even if we think that

1 they're necessary. My personal experience has been
2 that over half of the kids who I've asked for related
3 services for and the school has agreed to, there has
4 been a 6 months or more delay in getting those
5 services because of not having the therapists
6 available for that purpose.

7 There needs to be improved funding and
8 medically-related services. There seems to be
9 inequity in interpretation and provision of services
10 between and within states and school districts.
11 There needs to be a common way of looking at this
12 across the country. The issues of who will provide
13 the appropriate services and how payment is made has
14 to be dealt with. There has to be an improved
15 interchange between the school and the HMOs, the
16 other insurance companies, to decide who is going to
17 pay for what and whether you can do things together.
18 Right now you'll have, for example, physical
19 therapists at school and private physical therapists
20 in the home paid for by two different mechanisms
21 working on two completely different things and not
22 talking to each other instead of having synergy

1 between them.

2 There needs to be improved funding of
3 adaptive equipment that is going to be necessary for
4 the child's ability to learn. If they're not in an
5 adaptive wheelchair, for example, with a child with
6 cerebral palsy that allows them to focus on the
7 teacher, to be able to respond in class, they're not
8 going to learn effectively, and yet there isn't
9 adequate funding for that.

10 There needs to be improved school nursing
11 training for the care of special education services
12 and improved training for the teachers too. As we're
13 seeing more and more severely physically involved and
14 medically involved children in the school, it scares
15 the bejesus out of, not only the teachers, but the
16 school nurses who don't have the preparation for
17 that. And yet, without any direct linkage to the
18 doctor, the medical home, who might be able to come
19 in and send their nurse in to help make people feel
20 more comfortable with the school, these kids are not
21 getting optimal educational care. We also need to
22 recognize increased prevalence of certain diagnoses

1 that are going to require special education services.
2 Autism and ADHD are the two most common examples, but
3 in addition to that, we have to be aware that there
4 are a lot of previously fatal disorders that are now
5 chronic diseases and will require special education
6 services and which we haven't had before. The
7 children with HIV, with cystic fibrosis, with
8 muscular dystrophy who are going to have perhaps
9 wheelchairs, perhaps feeding tubes or other things,
10 and who used to be cared for by home schooling and
11 who now fortunately may not die and who can come into
12 school but are going to need very special services
13 that people just are not used to dealing with.

14 So there will be the result of an
15 increased prevalence of children requiring
16 technology, ventilator dependent, tube feedings, and
17 the rest. Furthermore, teachers need to understand
18 the natural history of the disorder. For example,
19 where kids who have acquired brain injury, traumatic
20 brain injury, as they recover from that injury, from
21 a car accident, their behavior is going to change,
22 their cognitive skills are going to change. They're

1 not going to be at a plateau and unless the teachers
2 are aware of those sort of things or can learn it
3 from the medical team, they may teach the child at
4 one level when they need to be aware that that level
5 is going to change over time.

6 And in addition to that, we probably need
7 to consider renaming TBI, traumatic brain injury, as
8 acquired brain injury so that we can deal not just
9 with traumatic brain injury but things like
10 encephalitis, drowning, and other things. We need to
11 look at the definitions. We're looking and seeing
12 whether they need to be expanded or better defined.

13 So in summary, what I leave you with is my
14 thought that right now there is very little role for
15 medicine in IDEA and that's a loss for medicine.
16 It's not having us take responsibility for a very
17 important task that should be within our purview.
18 It's not giving a lot of information to the schools
19 and special educators that could help them teach and
20 care for their children better. Thank you very much
21 for allowing me to give this testimony.

22 DR. BUTTERFIELD: Thank you. Do we have

1 any questions, Commissioners? Commissioner Fletcher?

2 MR. FLETCHER: Thank you. Thank you for
3 your illuminating testimony. I thought the research
4 that you showed that demonstrated some of the
5 neurochemical inaccessibilities in attention deficit
6 disorder and brain disabilities were particularly
7 illuminating given the concerns some have expressed.
8 These disorders do not have the physiological basis
9 and should be part of IDEA. I think the Commission
10 has has got a clear demonstrationl of what this
11 research is really about and how far it has
12 progressed in the last five to seven years. In point
13 of fact, much of what you were showing is very recent
14 research; isn't that correct, Doctor?

15 DR. BATSHAW: That's correct. All of
16 these slides were taken from research published
17 within the last year or two.

18 MR. FLETCHER: And we have a real
19 explosion not only knowledge about these kinds of
20 disorders but also about disorders like traumatic
21 brain injury, where there have been a lot of
22 advances, for example, rehabilitation methods. Is it

1 your feeling this information has really penetrated,
2 for example, the training of special educators and
3 general education teachers at this time.

4 DR. BATSHAW: Not at all. I don't think
5 they have the vaguest idea about it. From my own
6 experience and from reading the literature, and I
7 think it's partially the fault of the medical
8 community for not going into the schools and making
9 ourselves more available. But frankly, we haven't
10 felt welcome. There really has been this medical
11 model versus educational model dichotomy that you
12 don't know the educational system and how can you
13 really contribute other than writing prescriptions?
14 And I think that we can learn. We need to learn, and
15 we need to learn from each other.

16 MR. FLETCHER: Thank you. I remember that
17 when the term mental brain dysfunction was
18 developed -- and I know you know the history as well
19 as I do -- in the early 1960s one of the impetuses
20 for the development of the definition of learning
21 disability by the then office of education was
22 concerns about the intrusion of physicians into

1 schools. But do you remember that?

2 DR. BATSHAW: I do indeed. But I think
3 times have changed and I think the problems are great
4 and that is, with the new healthcare environment,
5 physicians are having to see patients much more
6 rapidly. They don't have the time to take a few
7 hours off to go into a school, and -- or when I see a
8 patient and it takes me an hour and a half to see a
9 new child with learning disability as a developmental
10 pediatrician, I will get paid little more than if I'm
11 seeing a child for an ear infection. So that there
12 is this dichotomy of the great needs and yet the
13 insurance companies are recognizing and not
14 compensating for it, and the educational system is
15 not really, I think, adequately recognizing how the
16 medical community can be of help to them. And should
17 have the responsibility to help.

18 MR. FLETCHER: To take the attention
19 deficit disorders as an example, I think it's also
20 true you don't have access to expert psychologists,
21 for example, who might do an evaluation of a child
22 with ADHD and advance care requires you as a

1 pediatrician to do the evaluation yourself.

2 DR. BATSHAW: That's right. So it becomes
3 extremely difficult and sometimes impossible, and
4 it's going to become more difficult as we learn more
5 and more about the underlying physiological
6 underpinnings. We're going to get neuropsychological
7 technology functional imaging which are all going to
8 cost more money, and the question is, are people
9 going to be ready to pay for that? Through insurance
10 companies, through other services? And the
11 educational system should not be responsible for
12 doing these sorts of things. They should only be
13 responsible for providing services that directly link
14 to education, but they should be very much involved
15 in promoting that so it does occur.

16 MR. FLETCHER: Right. To take the
17 attention deficit disorder as an example, there's a
18 lot of people expressed concern about the 319 percent
19 increase in other health impaired categories which
20 attribute to access to special education for children
21 with ADHD through health impairment categories. And
22 it's been claimed some of the things I have read that

1 it requires nothing more than physicians doing what
2 parents want. Just listening to parents complaints,
3 saying, Put my child on Ritalin, and then sign a
4 piece of paper that makes the child eligible for
5 special education. But in fact, aren't there some
6 guidelines for pediatricians in terms of how children
7 with attention deficit disorders should be evaluated?

8 DR. BATSHAW: Yes. First of all, there
9 was a recent study in the Journal of the American
10 Medical Association that showed one-third of all
11 children who are receiving stimulant medication don't
12 have and DHD and one-third of children who have ADHD
13 are not being diagnosed and treated appropriately.
14 So to begin with, there's a real problem with
15 diagnosis, and as a result of this, as you know, the
16 American Academy of Pediatrics came out with very
17 specific guidelines to help, first, in a step-by-step
18 fashion. Make the diagnosis, the correct diagnosis
19 of ADHD. And that is actually being promoted very
20 heavily, and the hope is it will decrease both the
21 false positives and the false negatives that are
22 occurring. The other issue that has come up has been

1 the concern that stimulants have been used
2 inappropriately in individuals who are in minority
3 populations and recent studies have shown, in fact,
4 what seems to happen is what happens in all other
5 aspects of health care, which is that there's a
6 disparity of care and, in fact, minorities are less
7 likely to be treated appropriately, for example,
8 being placed on stimulant medications when they have
9 ADHD than are the majority populations.

10 MR. FLETCHER: I have just one more
11 question. I wondered if you would comment on
12 legislation such as that in Connecticut that
13 indicates that teachers are not allowed to recommend
14 to patients that they use stimulant medication.

15 DR. BATSHAW: Well, I think teachers are
16 not physicians, and so they shouldn't be prescribing
17 medication. But they are extremely good observers
18 and most of them are very good at identifying ADHD.
19 And for them to be able to talk to the parents,
20 especially the triad I had spoken about, so that the
21 teacher and the doctor and the parent are working
22 together, that's the ideal situation, and then you

1 wouldn't have to consider the laws or other things
2 like that. It's really using common sense, the three
3 people who can interact most about the child should
4 be involved.

5 DR. BUTTERFIELD: Commissioner Coulter?

6 MR. COULTER: Dr. Batshaw, thank you very
7 much for your remarks. You mentioned several times,
8 and I think it's the matter throughout much of your
9 presentation about calling for some change in the way
10 in which physicians are prepared to meet the needs of
11 families and children with disabilities, especially
12 as it relates to the culture of the school, which, as
13 you so carefully pointed out, is a different culture
14 from medical care. Do you have any recommendations
15 as it relates to training of teachers and
16 administrators and related services personnel on how
17 they can better communicate with physicians, as well
18 as vice versa?

19 DR. BATSHAW: Well, let me give you the
20 vice versa first, which is, I think that medical
21 schools, as part of the training of doctors, should
22 include this training and understanding the

1 educational system, especially for those who are
2 going to go into pediatrics and who are, as part of
3 the pediatric residency, we should be having special
4 educators coming in to the hospitals, to the
5 residency program and speaking about IDEA, speaking
6 about the school, having the residents' departments
7 make site visits to a school and see what special
8 education services are. That requires the school
9 system to be willing to do that, and to set up an
10 educational program for pediatricians. But I think
11 it would be very worthwhile to do that, and I believe
12 that young minds of the residents would be very, very
13 open to that and it would be a way of your
14 inculcating into us the educational model so that we
15 can integrate that into the medical model. In the
16 same sense, I think that most special educators are
17 not adequately educated about medical fact as to
18 disabilities and how they interact with the
19 educational system. That was actually the rationale
20 for my writing my textbook to begin with, and I think
21 more and more the school system should be inviting
22 physicians and other academics who have knowledge in

1 this area not only about the medical aspects but as
2 Jack was speaking of, about the new things we
3 understand about reading disabilities, behavioral
4 phenotyping that I spoke of. So I think it's a
5 question of education -- special education both for
6 the physician and for the educator. It is not
7 occurring. And the hard part of that, I think, is it
8 eventually will start working together and that
9 triumvirate I am speaking of will happen naturally
10 rather than having to be mandated.

11 MR. COULTER: Thank you.

12 MS. BUTTERFIELD Thank you. I have a
13 question. One of the points you made was that there
14 is an increased prevalence or recognition of autism.
15 And this is something that's vastly concerning
16 educators, because I think it's an area that we are
17 all learning a great deal about. And I'm
18 wondering -- it's kind of a two-part question -- one
19 is, why do you think that's the case, and the second
20 is you that you stated on ADHD about a third of the
21 children diagnosed as ADHD were misdiagnosed. Is
22 that -- is there research in the area of autism that

1 gives those kinds of statistics.

2 DR. BATSHAW: I don't believe that there
3 is specific statistical information. The studies
4 I've been reading in terms of the issue, is autism
5 increasing in prevalence or just in recognition,
6 seems to pretty strongly point towards increase in
7 recognition rather than in its prevalence. Although
8 there are going to be some studies done, prospective
9 studies done by the Center for Disease Control which
10 over the next 3 to 5 years will really answer that
11 question definitively. But I think we are expanding
12 our understanding of, autism. We're diagnosing the
13 kids earlier, we're recognizing that you can diagnose
14 it at two years of age. We're expanding in the other
15 direction in terms of Asperger's Syndrome looking at
16 the less severely afflicted individuals. And I think
17 it's become a very hot topic, and so people are
18 thinking about it more. It used to be more kind of
19 out there, out of the main stream. Now people are
20 thinking, gee, every time a pediatrician is seeing a
21 child with a developmental disability, and now
22 specifically asking could this be autism, and there

1 are some pretty guidelines for pediatricians and
2 psychologists in diagnosing autism. So I think that
3 it's most likely due to increased recognition and
4 earlier recognition which gives us the opportunity to
5 intervene earlier. And as we understand more about
6 the physiology, as I was showing you, the face
7 recognition, and we can start understanding what
8 actually is going on biologically with autism, we'll
9 be able to design much, much better interventions
10 educationally.

11 DR. BUTTERFIELD: Thank you. Commissioner
12 Bartlett?

13 MR. BARTLETT: Are there any successful
14 state models, state or school district models you can
15 point to that are successful in education and medical
16 collaboration and if not, what would one look like?

17 DR. BATSHAW: I am not aware of that.
18 Jack, are you aware of any models that work?

19 MR. FLETCHER: No.

20 DR. BATSHAW: I am not aware. I suspect
21 they don't exist. I think it would have to involve
22 some of the things that I have spoken of, that is,

1 that the HMOs and other insurers would need to start
2 interacting with the educational services and start
3 sharing costs appropriately for the related services.
4 It would need the, a way of them funding or someone
5 funding the physicians to become more involved in the
6 educational program, and it would involve the
7 education system really wanting the input of the
8 physicians beyond the traditional model of dealing
9 with acute disease and prescribing medication.

10 MS. BUTTERFIELD Thank you.

11 DR. BUTTERFIELD: Thank you for your
12 patience, Commissioner Hunt.

13 MR. HUNTT: Thank you. My question's along
14 the same lines as the previous one. State and
15 federal vocational rehabilitation programs have a
16 standard fee they pay out for diagnostic assessments.
17 The Bureau of Disability Determination and Social
18 Security has standard hourly rates that are for every
19 state that they can pay. Mental health system is
20 alike. Are you saying that special education doesn't
21 have the same standard they can pay for diagnostic
22 assessment and be involved with the programs?

1 DR. BATSHAW: I'm not aware of that.
2 Certainly in the states that I've been -- now
3 certain schools will develop contracts with the
4 individual physicians and/or psychologists to do
5 testing. And there's EPSDT which is -- but beyond
6 that, I don't think that that exists.

7 MR. HUNTT: Would that be something that
8 would be beneficial?

9 DR. BATSHAW: Yes, it would.

10 MR. HUNTT: You would recommend adopting a
11 standard nationally as VR does, perhaps?

12 DR. BATSHAW: I would make a Suggestion.

13 MR. HUNTT: Well, I want to ask --
14 I don't want to take credit -- I want to ask you,
15 as far as the sense that there maybe a bias against
16 the medical model from educators, is that based on
17 the fact they don't have the resources to have you
18 there, or is there really a bias against the medical
19 model.

20 DR. BATSHAW: Well, I think there really
21 is a bias against the medical model. I think they --
22 for example, physicians are more likely to recommend

1 self-contained classes or individual speech and
2 language therapy. And that, obviously, is very
3 different from the educational model. And so,
4 frequently they'll dismiss that sort of setting. So
5 I think there are certain philosophical differences.
6 It may also be a lack of the physician's really
7 understanding modern education and its limitations.
8 It's clear that most of the physicians I interact
9 with think that not all children requiring special
10 education should be in the general education
11 classroom. There are certain of these individuals,
12 children, who would do better in self-contained class
13 and many of the physicians feel that the educational
14 system just doesn't cure them about that. So yes, I
15 think it's real. And probably from both directions.

16 MR. HUNTT: Thank you. Thank you, Madame
17 Chairman.

18 MR. FLETCHER: Of course, at the schools,
19 the child on medication they adopt the medical model
20 pretty quickly, wouldn't you say?

21 DR. BATSHAW: Yes, I do. But I will tell
22 you, I've had wonderful success with teachers filling

1 out rating scales, and once you contact a teacher who
2 is having problems with one of their students and
3 they see that you're listening to them and you
4 develop a dialogue, it's just a wonderful experience.
5 So I know this can work. It's just it doesn't happen
6 very often or often enough.

7 DR. BUTTERFIELD: Mr. Jones?

8 MR. JONES: One of the things you brought
9 up was the growing knowledge of genetic for some
10 conditions and other markers for indicating existence
11 of conditions. How realistic is it to expect a or
12 easier -- much faster or easier methods of doing
13 screening for children early on, or the other
14 question, low-cost methods of doing ED screening to
15 allow schools to more quickly identify which children
16 may have needs based on disability.

17 DR. BATSHAW: That's a wonderful question.
18 Let me blue sky to begin with. There is a new
19 technology in the last couple years called gene chips
20 or expression rate. And these allow you to put
21 thousands of strands of DNA, basically individual
22 genes on a chip. You can then put a drop of blood on

1 that chip and you can see which genes are turned on
2 and turned off, and if the gene is turned on, that is
3 not expressed. Then it may not be expressed because
4 there was a mutation or error that the child was born
5 with. Well, this means, theoretically, that the
6 newborn period, you know, 10 years from now, 20 years
7 from now, the drop of blood that we now take from the
8 newborn to test for birth defects you can put on a
9 gene chip and you would be able to tell whether that
10 child has turned off the gene for chronological
11 decoding, or the gene for autism, or because of the
12 high genetic prevalence for most of these things.
13 Many of these, once you know that very early on, you
14 can start treatment presymptomatically or certainly
15 very early on, and we all know that the earlier you
16 identify any of these disabilities, the better the
17 outcome is in most cases. But furthermore, there may
18 be different approaches that gene therapy or other
19 sorts of models that would allow you to correct or
20 turn on the gene. Now none of these are going to be
21 inexpensive. Medical technology always seems to come
22 with a cost, but I think -- I think what's going to

1 happen is that over the next five or ten years we're
2 going to have a proliferation of new technology, both
3 medical, psychological, educational, that's going to
4 allow us to identify early. But, of course,
5 identification early only counts if we have effective
6 treatment there and have the money to actually
7 provide it. And it always seems that our technology
8 is advanced beyond our society's ability to use it
9 effectively.

10 MR. JONES: What I appreciate about that is
11 that since this is a panel whose job it is to do
12 early identification and looking forward to what our
13 needs will be in five or ten years as this relates to
14 the conditions we've had.

15 DR. BUTTERFIELD: Any other questions?
16 Dr. Pasternack?

17 MR. PASTERNAK: You know, one of the
18 interesting advances that you've helped, too, in the
19 old days, as you know, we used to shape strategies,
20 mutagenic and other misdiagnoses and misattribution
21 and all that, we've made significant improvements in
22 that area and realize it's a neurological disorder,

1 my question is more about the treatment issue. Kids
2 with autism pose such a challenge to us in special
3 education that my whole thing about being sure the
4 right kids are in special education to achieve the
5 right services from the right people, those results,
6 no one can argue those kids are critically the right
7 kids to be there. My question is: From the work that
8 you have done, do you have any sense of what kinds of
9 approaches seem to be showing the most value in terms
10 of helping unravel some of the mysteries of autism?

11 DR. BATSHAW: Well, it certainly looks
12 like autism has something to do with neurochemical
13 abnormalities in the brain, especially with serotonin
14 system. And there are some medications that affect
15 the serotonin system have been found to be helpful in
16 studies both in terms of language and social
17 interaction. They are clearly not a magic bullet by
18 any means, and advances or maybe improvement of 20
19 percent. But I think that it is leading us in the
20 direction to look further into neurotransmitter
21 alteration and to understand better what areas of the
22 brain are not turning on, and with functional imaging

1 techniques we'll be able to try different medications
2 and see whether things turn on the same way I have
3 showed what happened when you used Ritalin on the
4 child with ADHD.

5 The other thing is ten years ago we
6 thought ADHD was only present in individuals with
7 typical intellectual functions. Subsequently it was
8 clear to us that children with mental retardation
9 could also have ADHD and also respond to stimulant
10 medications. Once we recognized that, many of these
11 children who are not doing well at all because, in
12 addition to that, mental retardation, they also have
13 ADHD, and were not being treated, and once they were
14 treated, had marked improvement in terms of
15 educational functioning. So I think there may be
16 medications that already exist out there that may be
17 of some value over time in treating children with
18 autism. And of course the use of language-based
19 therapy and imaging. It's going to have to be
20 multi-modal.

21 MS. BUTTERFIELD Any questions, Doctor?

22 MR. FLETCHER: You were talking earlier

1 about training programs for pediatricians to
2 familiarize themselves with what happens in
3 education. Are you familiar with any programs that
4 do that successfully in, for example, Wechsler
5 programming?

6 DR. BATSHAW: I'm not familiar with those.
7 I am trying to develop those now in Washington at my
8 institution. I figure if I can't do it, it's not
9 doable. But if I can serve as a model, the
10 initial -- we have just taken over the school nursing
11 program for all of DC at Children's National Medical
12 Center, so I think that's going to be an ideal
13 opportunity for us to be able to go into the schools
14 to train there the school nurses and to get with the
15 school nurses to help train the educators, and then
16 vice versa, bring the teachers from the school to
17 help educate our residents and give our residents
18 opportunities to work in the school nursing program.
19 So it would be great if you would like to fund this
20 initiative for us.

21 MR. FLETCHER: It's like a hard
22 question. Because we've had a program where we've

1 been trying to do this in the department of
2 pediatrics for almost 20 years now. We've have two
3 problems, and I am wondering what you think of these.
4 One is lack of support among our faculty members who
5 tend to tell the residents to take their vacations
6 during the developmental session, and the other is
7 lack of support from the residents themselves, most
8 likely doing medicine unless they're on the intensive
9 care unit or seeing really sick kids or things of
10 that sort. Do you have any advice about how to deal
11 with those particular problems other than
12 periodically pointing out to the chair.

13 DR. BATSHAW: As the residents get older,
14 they get wiser so that if as a first-year resident
15 they want to save lives, once they get to be a senior
16 resident or third-year resident in pediatrics, they
17 recognize when they go out and practice about half of
18 what they're going to be doing is behavioral medicine
19 developmental medicine. So I don't know when your
20 developmental rotation is, but I think having it
21 later in residency may be one approach to it. But it
22 also has to be that there's respect from the other

1 faculty members for developmental and behavioral
2 pediatrics technology. And it's important. So it's
3 a tough nut to crack, but I think it clearly can be
4 done.

5 MR. FLETCHER: I think it's fair to say
6 that as a developmental pediatrician, you sometimes
7 have experienced difficulty getting respect from
8 other pediatricians.

9 DR. BATSHAW: Discrimination. Yes.

10 MR. FLETCHER: It's not generic to any
11 particular part. It happens within medicine itself?

12 DR. BATSHAW: Yes.

13 MR. FLETCHER: And another question I
14 wanted to ask you is, I believe it's correct that
15 most health insurance policies won't pay for services
16 in regard to education -- which I suspect is one of
17 the problems you experience.

18 DR. BATSHAW: Yes. That's correct. And
19 that's a real problem. That's one of the reasons why
20 I think the educational and health care system has
21 got to do a better job of working together.

22 MR. FLETCHER: So it's an obvious problem

1 for learning disabilities, because as more and more
2 insurance companies begin to find ADHD an educational
3 problem, you can't, for example, be asked to do
4 medical evaluation unless the school district agrees
5 to reimburse you for that. Not be on the health
6 insurance.

7 DR. BATSHAW: Many times we have to use
8 the term encephalopathy instead of ADHD to be paid.
9 Encephalopathy is a medical condition, even though
10 that's not what the child has.

11 MR. FLETCHER: And let me ask you to
12 comment about two things. One is the, I'm sure
13 you've had some experience with the relationship of
14 Medicaid services and the educational system for kids
15 for being served in school that has significant
16 medical needs. How will the system work together?

17 DR. BATSHAW: Very poorly. And you know,
18 the expectation is that you can cure these
19 children of -- the anticipation of HMO is you can
20 cure the children with ten sessions of physical
21 therapy, and they can't understand the issue of a
22 child with cerebral palsy needing therapy over time

1 and that advance may be being able to take a single
2 step. And that's very difficult.

3 MR. FLETCHER: And then I noticed in your
4 written testimony that you had a section on the role
5 of physicians in infant and toddler programs, you get
6 a chance to discuss in your testimony I was wondering
7 your thoughts on that.

8 DR. BATSHAW: Well, here again, I think
9 just like physicians are rarely involved in the
10 development of IEPs, they're rarely involved in the
11 development of ISP. We're getting somewhat better in
12 terms of diagnosing the kids early enough and
13 referring them to early intervention services, but
14 even that still needs to be worked on more
15 effectively. And here again, physicians need more
16 education in terms of early diagnosis and not simply
17 saying he or she is going to grow out of it.

18 MR. FLETCHER: Thank you.

19 DR. BUTTERFIELD: Do we have any other
20 questions from the Commissioners? We find ourselves
21 with a rare opportunity since we have an expert here
22 and we have parents who perhaps would like to ask a

1 question, and since we have just a little bit of
2 extra time, I thought I would open the microphone.
3 We would want you to limit it. We are still on
4 schedule. I think the bottom line here is at 5
5 o'clock they're moving us out and moving in 900
6 people for a banquet. But at this time, if we have
7 someone who would like to ask a question, if you
8 would please state your name.

9 MS. DAY: My name is Barbara Day. Anyway
10 I mentioned before --

11 MS. JONES: Hold on. We'll try to get the
12 microphone operating.

13 MS. DAY: Before break today I mentioned
14 before I was school nurse, and if there was a
15 registered nurse in every school of the district, and
16 there aren't school nurses anymore. I don't know if
17 everyone is aware. Now they have secretaries passing
18 out medication. So that's one huge area. The school
19 nurse is now extinct. What most districts do is one
20 nurse covers six or seven schools and delegates to
21 the secretary giving out medications. So the idea of
22 of having nurses, maybe that's not suggested, but

1 Washington -- secondly, I mentioned I am the parent
2 of a child with disabilities, and I work very much,
3 very closely with our physician. My son's problem
4 was attention deficit disorder, and we went to the
5 top people in Denver, as far as we could, child
6 psychologists, and initially the school tested the
7 child, said he needed education, to buckle down. So
8 we went to outside private testing and the school
9 district said, Wow, there's something going on here.
10 So say we do have the doctor's more involved, we
11 still have the problem of funding, because I would
12 take my report from the physician, the pediatrician
13 who diagnosed attention deficit disorder and
14 recommended certain things in the classroom plus the
15 child psychologist report and this is written in
16 IDEA. My sense of the IEP, looked at it and said,
17 We've considered it, and then ignored the report. So
18 that is -- that's the problem. I think even if not
19 we do have the physician input, the schools and I
20 can't speak for all school districts, but most
21 schools won't want to take him on because they can't
22 -- they don't have the resources. And I'm not

1 blaming the schools, but it's a huge problem and we
2 do have the technology and what do we have. We don't
3 have the resources.

4 DR. BUTTERFIELD: What we want to do is
5 open the floor for questions.

6 MS. DAY: Is there a way that you can take
7 the recommendations back? I know this is going to go
8 back to the lawmakers on the funding but they could
9 look at the medication.

10 DR. BATSHAW: What I would say about the
11 school nursing is that it is a problem that in
12 Washington, for example, one school nurse may be
13 responsible for two or three or four schools at a
14 time, and some of the schools we've found, when we
15 took over the program, didn't even have a
16 refrigerator to refrigerate the medicine. So some of
17 the things are extremely basic and it's clear there
18 needs to be adequate funding so that at least the
19 bare necessities are taken care of.

20 DR. BUTTERFIELD: This is time for
21 questions only. So if you have a question.
22 Otherwise, we're not soliciting any more testimony.

1 UNI DENTI FIED SPEAKER: Okay. One of the
2 questions would be how important is delegation in the
3 Medi caid school district delivery of service? And
4 what I am getting at is that we do 12 tube feedings
5 per day 6 per child for two hours. When you do that
6 in the school system, and if you have the teachers
7 doing it, or the special educator, you're delivering
8 the education at the same time you're getting the
9 Medi caid under EDSTP and doctor and nurse CNA if
10 that's allowed. How important would that delegation
11 be to the success of the synergy of the process?

12 DR. BATSHAW: It's very important. I
13 think that's why you need to have the two working
14 together instead of -- what's happening in most
15 cases now are what's trying to hoist the cost on the
16 other, and so there is the parent is put in the
17 position of trying to mediate between these two.
18 There is not adequate funding for either. I think
19 it's just another example of the medical system and
20 the educational system not working together. It's
21 not just the doctors not working with educators, it's
22 that the health care organizations are not working

1 with the school systems.

2 UNIDENTIFIED SPEAKER: Yes. Would EDSTP
3 allow this to happen?

4 DR. BATSHAW: That would certainly be a
5 mechanism to start the discussions, I think.

6 DR. BUTTERFIELD: Okay.

7 MS. McNAMARA: My name is Diane McNamara.
8 Thank you for your testimony. You have mentioned
9 there should be increased roles for physicians in
10 IDEA. One of the things we have heard today here
11 from a lot of educators and a few parents is the
12 amount of paperwork and how that's slows down the
13 process and the educational piece that does not get
14 taught because there's so much paperwork. Do you
15 have any suggestions as to how that can be, what's
16 going to happen, how we get another person on the
17 team of the physician involved, the paperwork that's
18 involved with that?

19 DR. BATSHAW: Well, it's a complicated
20 question. My hope would be, eventually all this
21 would be web-based and you would have IEPs that would
22 be done on the web, and people could put in their

1 pieces that way. That would make it a lot simpler
2 and it would allow you to have things shared between
3 different groups. You could then have everyone
4 looking at the same time with video and e-mail. So I
5 think that--I don't think it has to necessarily be
6 paperwork, but there has to be a way of measuring
7 outcome, so it has to be that balance where, you
8 know, President Bush has, I think, rightly said,
9 whatever we do, we have to be able to measure whether
10 it works or not, and that should be true for
11 individual children as well. And the IEP is a
12 mechanism of making sure that everyone is
13 understanding what everybody else is supposed to do
14 and then looking to see whether the things are
15 happening or what the outcomes are. Whether there
16 are ways of doing it more efficiently, the basic idea
17 is very important.

18 DR. BUTTERFIELD: Thank you very much. At
19 this point we're going to take a 10-minute break, and
20 we'll come back at 5 to 3 and we'll have our next
21 presentation.

22 (Brief recess.)

1 MS. BUTTERFIELD While everyone is getting
2 back in place I would like to explain something. The
3 names of all of the Commissioners are up there on the
4 screen, and I don't want you to think they're playing
5 hookey. The reality is the full Commission, that all
6 of us met last week in Houston, and this is a task
7 force of the Commission. Each of us as Commissioner
8 serves on two sub-task forces of the Commission.
9 Every one on this task force was present so that we
10 can mark our report cards 100 percent.

11 We're very pleased to have a number of
12 panelists and I do not have a bio of everyone there,
13 so I would ask perhaps Dr. Bales could introduce her
14 guests, but let me start by introducing Dr. Joyce
15 Bales. She is Superintendent of Pueblo School
16 District No. 60 here in Colorado. Because of her
17 leadership for the first time, the Pueblo School
18 District students enrolled in several Title I
19 supported schools achieved erratic results in reading
20 and mathematics that were at or above school
21 achievement in non-Title I schools. Dr. Bales holds
22 a Doctorate of Education degree from the University

1 of Tennessee.

2 Also on the panel is Dr. Thomas Bellamy.
3 Dr. Bellamy is the interim vice chancellor for
4 Academic Affairs at the University of Colorado at
5 Colorado Springs. He spent 4 years at the United
6 States Department of Education as its Director of the
7 Office of Special Education programs and as a Special
8 Education Advisor to the Assistant Secretary, Office
9 of Educational Research and Improvement. In Colorado
10 he served on the State Task Force for Special Forces
11 Personnel, the Colorado Education Goals Panel and the
12 Colorado Charter Schools Commission. Dr. Bellamy has
13 published books and chapters in both English and
14 German on the education and integration of children
15 and adults with severe disabilities. He earned his
16 Ph.D. in special education at the University of
17 Oregon and has spent time there as a researcher and
18 professor in the Division of Special Education and
19 Rehabilitation. We welcome our panel.

20 DR. BALES: Thank you.

21 DR. BUTTERFIELD: I have another bio here,
22 and I apologize to you. In addition we have Beth

1 Schaffner -- is that correct -- who is the Director
2 of Curriculum and Technical Assistance of PEAK Parent
3 Center, a statewide organization of Colorado parents
4 of children with disabilities that reaches out to
5 assist other parents and professionals. Ms.
6 Schaffner began working for Peak in 1987 and has
7 completed a great deal of training with educators
8 around friendship, facilitation and inclusion.
9 Schaffner worked as a special education teacher for
10 20 years and for about the last 6 of those years
11 served as Inclusion Facilitator in the school
12 district for supporting general education teachers to
13 include kids with disabilities in their classrooms.
14 In the midst of her 20 years of teaching, Schaffner
15 became the parent of a child with disabilities.
16 Ms. Schaffner has co-authored several books including
17 teams, collaborations to connect students' strengths,
18 windows into learning, curriculum, getting into the
19 heart of the matter, instruction-bearing methods of
20 teaching and friendships building relationships among
21 classmates.

22 DR. BALES: Thank you. Good afternoon, Dr.

1 Butterfield.

2 MR. JONES: Let me also, since you came in
3 a little later than our early morning activities,
4 please speak as directly into the microphone as you
5 can so we can be sure our transcriber can transcribe
6 what you say. Thanks.

7 DR. BALES: Is that better? Thank you.
8 Good afternoon Dr. Butterfield and members of the
9 Commission. Todd Jones is a graduate of Centennial
10 High School in Pueblo School District 60. It's good
11 to have you back in Colorado.

12 I'm going to introduce two people here
13 with me: Arianne Lane who is a fifth grader in our
14 school district who overcame great odds as a toddler,
15 been successful as a student, and her mother, Geri
16 Lane, who is a teacher in our district and leader in
17 our district. It's my pleasure to share some of the
18 things we have done in School District 60 for
19 children with special needs, and particularly the
20 focus on quality of professional development.

21 We do have a brief Power Point
22 presentation we want to share with you that will

1 capture our vision that all students can learn and
2 can learn at higher levels than previously believed.
3 We have proof of that.

4 In order to establish a view of our
5 district and to show our confidence in the
6 recommendations I'm making to the Commission today,
7 particularly pertaining to quality professional
8 development, the first term that the state assessment
9 was given here in its Colorado assessment for
10 students is we refer to it as CSAP. We had the third
11 lowest performing school in the state of Colorado,
12 highest percentage of free and reduced lunches, and a
13 high percentage of minority students. Five students
14 could read at proficiency and only one student could
15 write at proficiency. So the teachers who were
16 there, some who were members of the community wanted
17 to reconstitute the school, but the teachers who were
18 there said, We're better than that. Two of those
19 wonderful teachers are here today: Karen Brown and
20 Rhonda Holcomb. The teachers decided to turn the
21 school around. And they did. And as you can see
22 from the data, the second year the school made the

1 greatest gains in the state of Colorado, and they've
2 made continuous improvements since that time. And
3 because they've done so well, parents do not want
4 their children to leave that school. Next year it
5 will be a K-8 academy.

6 It has everything to do with professional
7 development. We did -- Lindamood-Bell reading
8 process and I will describe that as we go along. One
9 of the other things we did is when the third grade
10 literacy law kicked in the next year, we had 472
11 students who were not proficient at reading. We got
12 busy that summer and all of us worked together as a
13 clinic in the annex building next to Bessemer, and
14 Arianne Lane was the first student that showed up the
15 day we opened the clinic for our reading assessment.
16 And what we're going to find as we go along is
17 professional development and teacher effectiveness is
18 the key to student success.

19 This is looking at the third grade scores
20 where in the first year was given we had 2 out of 3
21 students proficient. Now we have 3 out of 4, and the
22 best thing that's happened is fewer and fewer

1 students are in the unsatisfactory range. Here my
2 recommendation's not offered to the Commission today.
3 Every district must have a vision with a clearly
4 defined goal. As our first goal is that all students
5 will reach a proficiency in reading and that all
6 students will increase in academic achievement year
7 after year. It's our job, my job particularly, to
8 remove any barriers for children and to open doors
9 and support our teachers. The demographics of our
10 students of our district, about 59 percent minority,
11 our largest population is our Hispanics, and 57
12 percent are free and reduced lunches.

13 Last year to just establish a little bit
14 of credibility for us, we made the second greatest
15 gains overall in the state of Colorado with four
16 times the percentage of students on free and reduced
17 lunches as the first district that made the greatest
18 gains.

19 The interest released some information in
20 January of 2002. All across the United States they
21 beat the odds. There were 20 in the state of
22 Colorado. Six of those were in Pueblo School

1 District 60. And as you can see, these are Title I
2 supported schools that several of those schools were
3 very high. Southpark was more than 80 percent, 87
4 percent, both third grade and fourth grade reading.
5 Has everything to do with professional development
6 and a strong instructional leader at that school.

7 Quality teachers are necessary and Dr.
8 Sanders said earlier, teacher effectiveness is the
9 single most important predictor of student success.
10 We found that to be true in our district. The first
11 year we did the state assessments, I called Dr.
12 Sanders. Dr. Sanders was testing fourth grade
13 reading and writing. Next year, third grade reading,
14 and next year, 7th grade reading and 8th grade math
15 and science. I don't know how we're going to figure
16 out how students are making progress, and he said,
17 You can't. So we decided at that time we would put
18 together our own longitudinal database.

19 We need to recruit, prepare and sustain
20 quality teachers. We have a very difficult time
21 finding special education teachers. Presently out of
22 over 200 teachers we have probably 20 of those

1 teachers are not fully certified nor endorsed, and
2 this state has also relaxed the requirements for
3 special education. In the past you had to have an
4 undergraduate degree and be specialized and a lot of
5 people have not done that, so it's probably not good
6 for children because they're not coming with specific
7 types of techniques to work with on children. But we
8 are working hard to find teachers and to make sure we
9 find the best people and recruit them into teacher
10 preparation programs, and particularly the areas of
11 greatest needs, which, the number one need for us in
12 our district and several other districts in the state
13 is special needs.

14 This is looking at your increase in the
15 numbers of students from 8 percent 1447 ten years ago
16 to 2005 students this year which is about 12 percent
17 of our student enrollment. And most of the time
18 children who have special needs do not come with a
19 single need but with multiple needs.

20 Again, this is looking at the ethnic
21 breakdown for special needs children. We do need
22 full support for children with special needs. We

1 need quality teachers. And the other people that
2 need our support, for instance, the occupational
3 therapists and physical therapists and regular
4 teachers who know how to identify and really meet the
5 needs of our special needs children who are included
6 in those classrooms. Teachers for children whose
7 primary language is other than English, and then to
8 prepare our teachers to do adequate assessments of
9 children's needs and to know what to do to address
10 those needs. It's really important because IEPs are
11 written for children maybe to have four meetings a
12 month for physical therapy or occupational therapy.
13 That is really not enough. I think everything that
14 Mark said earlier to make us know that people who
15 have special needs in special areas need more
16 intensive intervention, not less.

17 We do work with our business and community
18 leaders to support us and to talk about how they can
19 help. We have an upwards reading program where we
20 have more than a thousand volunteers who read with
21 our children and to our children.

22 But professional development and

1 particularly being able to help teachers be
2 career-bound learners is a real key to their success
3 and to the success of our children. What we get is
4 we implement a continuum of career long professional
5 development that, to use the best research
6 information available that provides leadership both
7 in teaching and learning and leadership. That's the
8 real key to making sure people are successful.

9 We now have in our district a model that
10 we call the Lindamood-Bell reading model. Small in
11 nature. Thirty years of research. And it's a
12 medical model because we do diagnostic testing and
13 then immediate intensive intervention. We have
14 Lindamood-Bell clinicians that we actually hire from
15 a clinic to come and work in our schools and to go
16 into the classroom and model for the people here
17 today our Lindamood-Bell training. Geri Lane is,
18 Rhonda Holcomb is, and Karen Brown. All of these are
19 some of the people who became trained in the
20 Lindamood-Bell reading model. Now they're the
21 literacy leaders for our district. Rhonda is
22 language and literacy leader for the entire

1 district. The state, our other person, to come and
2 work. We had to put together our own language and
3 literacy program for E and L students. Again, we're
4 not teachers trained in the student preparation
5 purpose here in the state of Colorado, so we put our
6 own program together which has become a model for the
7 state of Colorado. We need to make sure that our
8 teachers intern with master teachers, teachers who
9 have the strong knowledge and skill base and give a
10 student teacher intern a chance to practice those.

11 It is critically important that we have
12 early identification of children, and I know
13 sometimes that people say, Will children outgrow some
14 of these issues or just give them a little bit of
15 time. They're not mature. We need to do a quality
16 early identification of our children to give them a
17 headstart and not allow them to get behind.

18 We need to use data to improve our
19 professional development model. And that's what
20 we've done in our district, that has been beneficial
21 to children. Here are eight tests that are given
22 through the Lindamood-Bell model. You can see it

1 focuses on vocabulary, spelling, reading. It is the
2 gray oral test actually look at reading rate,
3 accuracy which leads to fluency, and the real gray
4 aspect of this. It is multi-sensory visual kind of,
5 and the whole key to reading is to learn
6 comprehension. If that is the real key to learning
7 in every area is being able to read and understand.

8 The intensive intervention addresses the
9 needs for small children. Once we get the intense
10 test, we do work with those children in those special
11 needs. That's the reason we call this medical model.
12 We've done the diagnostic testing, so we make sure we
13 identify and work with those children and give them
14 immediate attention with a sense of urgency so that
15 they do not get behind any more than they already
16 are. Our teachers in our schools, our low-performing
17 schools gave up the activities that did not add value
18 to the children, for instance, centers, a lot of
19 crepe paper hung up for oceanography and rain
20 forests. The things they gave up to devote time on
21 task to the real things to help children become
22 independent learners was a real key to success for

1 children in our high-quality schools.

2 Professionally developed ED teams all in
3 order to become a Lindamood-Bell school, the
4 principal, assistant principal, the teachers and the
5 support staff go through the professional development
6 as a team so that everybody supports one another, and
7 then we have a literacy leader for each school that
8 stays in that school. Models provide feedback and
9 intervention with children that have special needs.

10 This is the Aaron Levinson. Aaron came to
11 us about three years ago. Karen Brown is an
12 outstanding special education teacher who worked with
13 Aaron. His mother had had an Aaron placed in private
14 schools. Aaron is dyslexic, dyspraxic, and on the
15 high end of autism. He cannot read simple words like
16 cat or dog. Karen did intensive intervention with
17 him using multi-sensory processes. Aaron is now in
18 the sixth grade. He's not writing at the sixth grade
19 reading level, but he is probably close to the fifth
20 grade. He is operating with his peers and he still
21 gets the support he needs. Again, a mother who took
22 many avenues to try to get support for her child.

1 This is looking at our special needs
2 children and the third grade state assessment last
3 year 163 students and out of those students, 62
4 percent of those students scored proficient and
5 advanced on the state assessment. It tells us that
6 the reading model and the language development we are
7 doing really pays off for children. The 20 students
8 near the 12 percent are children who have the severe
9 limited intellectual capacity, but what is shown to
10 us is that children have greater capacity and
11 potential than people ever thought before.

12 There's more than ten million children in
13 the United States who have difficulty learning to
14 read. Anyway, I believe that's true just looking
15 across our district. We now have a reading clinic in
16 intensive intervention for children in every single
17 school in our district including our high schools.
18 There are children in every socioeconomic area and
19 every school that need and want to learn how to read.
20 And I believe that is the thing that parents would
21 like to have the most from a public school or any
22 teacher is please teach my child how to be fluent in

1 the language, how to read, how to think and how to
2 communi cate.

3 This is just a little bit more information
4 about some of the statistics that we have seen and I
5 think some of these were mentioned earlier and about
6 being able to do an MRI and look at where the
7 language is processed. And Dr. Eden and her husband
8 found, and we have looked at this research, where the
9 language area developed about the size of a di amond
10 in a child's head and after intensive intervention,
11 that activity area had increased to about the size of
12 half a dollar, which shows that the brain can be
13 stimulated and that the language connections can be
14 developed using the right techni ques.

15 This is some of Dr. Sanders' work having
16 an effective teacher, a less effective teacher, and a
17 least effective teacher. We've actually used our
18 data to take a look at the same research statistics,
19 and we found it to be true. This is just like
20 looking at one year of a child who has a least
21 effective teacher based on looking at the
22 performances that that teacher over a 3-year period,

1 and the most effective teachers. And you can see
2 what kind of labels go to children who have very
3 effective teachers and those who have less effective
4 teachers.

5 This is from Dr. Robert Montrose' work in
6 Dallas. We chose it to show other people have looked
7 at the same model. Sixth grade students who were
8 exhibiting in the fourth grade in the 60th percentile
9 and those students who had 3 very highly effective
10 teachers in a row, they increased to 76th percentile.
11 Those who had 3 very ineffective teachers in a row,
12 they dropped down. Those are the children who get
13 names and labels, remediation, summer school,
14 detention, whatever that the negative labels are.
15 And it's not the fault of the child. It's the luck
16 of the draw with the teachers oftentimes. And I can
17 tell you this, that educators put their own children
18 with the best teachers because they know who they
19 are, and we ought to be sure we put every child with
20 the best qualified teacher that we can prepare.

21 This is also data looking at 3 large urban
22 school districts. This is Dr. Sanders' work, and

1 what he found looking at 3 years of teacher data with
2 with the teachers with it went from zero to ten
3 years, student achievement improved as teacher
4 experience increases. From ten years to 22 years it
5 pretty much plateaus, and then from 23 years to 30
6 years, there's a decline in student achievement.
7 This the best statement we can give for career-long
8 professional development. And educators, of all
9 people, should be career-long learners. Plus the
10 fact it tells us we've got to give beginning teachers
11 a lot of assistance as they come in, set them up for
12 success, put them in with the very best teachers, and
13 make sure one of the things we have done with our
14 teachers, our university, is we decide where the
15 student teachers go who come to our district, and we
16 ask for teams of five so they don't feel isolated,
17 but we put them with our very best teachers. Past
18 practice was to put them in high-quality areas where
19 there wasn't a lot of student achievement, and I can
20 hope to tell you fairly soon, if they're in our
21 district, they're going to be with the best teachers,
22 because most of our teachers now have been through

1 intensive professional development in reading.

2 Best practices, another recommendation,
3 they should be research-based, and again, that the
4 only way their children will be successful is if we
5 have highly-qualified teachers in every classroom.

6 Some of the best practices focus on
7 teaching and learning and looking at the two
8 together. The more we focus on learning, and student
9 achievement, the better job we're going to do
10 supporting our teachers. To place students only with
11 highly effective teachers and to provide appropriate
12 instructional services and materials. I get these
13 from my people, and sometimes children in special
14 education classes often get watered down coloring,
15 ditto sheets, whatever, instead of high-quality
16 interaction with the teacher. We don't want that to
17 happen. We're the only people that can stop that and
18 provide professional development for all staff.
19 Everybody in the district.

20 Some of the resources -- we've got to
21 align resources very carefully, and to make sure that
22 we secure additional sources of funding. We have 2

1 to 7 grants for every school in our district that
2 deals with quality professional development, new
3 knowledge and techniques, and it was like a lot of
4 work, but it was worth it, because now everybody can
5 say, I can do professional development for my
6 teachers.

7 This is Aaron. Aaron Torres is a student
8 who came to us modelling Spanish-speaking only. His
9 family -- also his mother is learning to speak
10 English with our Lindamood-Bell process as well, and
11 they have told us and teachers have told us that the
12 reading process we use as multi-sensory has really
13 helped our parents learn to speak the language.

14 This young man now is reading at a senior
15 college level. He was interviewed by the TV station
16 at the opening of school and they asked him how much
17 television he watched, and he said, About 30 minutes
18 a month. And then the Denver Post came down and
19 interviewed Aaron. He was at Bessemer when we made
20 the dramatic improvement and they asked him why he
21 was featured on the front page of Denver Post, he
22 said, you know, I think it's just because we're poor,

1 they think we can't learn. But he's a fluent reader,
2 and I compliment him on almost everything he reads.

3 We do have grants. We help active
4 legislation in this state for read to achieve and for
5 teacher development. Read to achieve targets second
6 and third grade students, and the state actually
7 starts testing in reading at third grade. We do 3
8 tests on kindergarten children and also standardized
9 tests for our second graders, and there's a high
10 correlation between the standardized tests and the
11 CSAP. It's at .98. It gives us some real
12 indications of how we help those children who are
13 behind. We improved student achievement by
14 redirecting the resources that we have about \$4.5
15 million in Title I funds. There was no appreciable
16 improvements in reading and mathematics, and on
17 January 28, 1998, the Board asked us to save time
18 out, how can you better use these funds? And that's
19 how we did the Lindamood-Bell reading first, was with
20 the professional development that we funded out of
21 Title I plus we displaced new teacher assistance for
22 teacher aides who are actually teaching reading who

1 had been prepared. We reduced class size and put a
2 quality teacher in every classroom.

3 DR. BUTTERFIELD: I can see how
4 enthusiastic you are. Dr. Bellamy?

5 DR. BELLAMY: Thank you, Dr. Butterfield
6 and members of the Commission. I appreciate the
7 chance to be here and share some thoughts about
8 professional development with you. My assigned topic
9 was, along with Dr. Bales, alternative practices for
10 teacher preparation and professional development in
11 special education.

12 I guess I would start simply by perhaps
13 extending to members of this panel my sympathy and
14 encouragement that I believe you have taken on one of
15 the toughest problems associated with reauthorization
16 of IDEA and of understanding where we stand in the
17 nation some 25 to 30 years after the initial
18 Education of the Handicapped Act was passed in the
19 mid-seventies. Personnel has been a consistent
20 puzzle for both policy at the state and federal level
21 and district providers of special education services
22 to solve. And I know that I don't need to review the

1 data for you on shortages and many of the other
2 issues, but there are a couple of things I do want to
3 highlight as I start my presentation that I think
4 needs some of the picture just how complex this issue
5 is. Not to repeat everything that's in the written
6 testimony, you have that, but let me first point out
7 the real difference between the vision that comes to
8 mind for parents and for professionals and for
9 administrators when we talk about highly qualified
10 teachers.

11 For a parent and I am sure that Beth can
12 paint this picture better than I -- but for a parent,
13 when we talk about the teachers having the
14 specialized skills they need, that typically means
15 really understanding the specific disabling condition
16 and how that condition might affect the child's
17 learning and what to do about it. A qualified
18 teacher means someone who really knows and cares
19 about my son or daughter who is going to ensure that
20 they're in a safe environment and who can provide me
21 as a parent some assurance that they understand both
22 the curriculum of the school and the picture of the

1 future that I have in mind or am trying to develop
2 for my son or daughter after they leave school.
3 That's a qualified teacher from the standpoint of a
4 family.

5 A qualified teacher from the standpoint of
6 the profession, I include those of us at the
7 universities and those in districts and others there,
8 is quite different. It often is the teacher who can
9 serve children with many different primary
10 disabilities, because particularly in the rural west,
11 it's not possible to staff schools so that there are
12 specialists associated with each condition. It's
13 frequently a teacher who knows a particular program
14 such as the Lindamood-Bell program that fits within
15 that district as well as the programs that might be
16 used in other districts, so that possibility across
17 districts can be supported. It is an individual who
18 understands the regular education curriculum and can
19 coordinate between special and regular education who
20 can help keep schools safe, keep the school district
21 operating legally, provided liaison with the
22 community, the Court system, and so forth.

1 In other words, we have quite a different
2 picture, and I suppose making both those two even
3 more complex is the fact that the knowledge base
4 associated with special education teaching is still
5 contested across several different professions, as I
6 am sure you've already heard. We have quite
7 different visions of what knowledge is required that
8 come from educators and psychologists, from
9 clinicians, from medical practitioners, and on and on
10 and on. In fact, there are many different aspects of
11 what someone needs to know to serve a child with
12 disabilities well, and the teacher as the person on
13 the front line, has to be a very good broker of all
14 that information.

15 So the demands associated with these
16 positions are quite extreme. A secondary that I
17 think highlights the complexity is that there are
18 many of what the current statute calls low-incidence
19 problems associated with serving children with
20 disabilities, whether they are disabling conditions
21 that occur in a very small number of people, whether
22 they are therapies required by only a small number of

1 people, or perhaps, in the rural west, again, there
2 are a fairly small number of special education
3 directors and other kinds of administrative or
4 faculty positions that are often needed.

5 And see that creates a real puzzle in
6 terms of the way that the normal financing works for
7 higher education preparation because there is not a
8 market for higher education programs that sustains
9 the investment of the university. And so what tends
10 to happen is those programs disappear. They often
11 start with the interest of a particular person, but
12 then disappear.

13 We see an awful lot of faculty members who
14 have been trained in some of these low incidence
15 areas who, before too long in their career, begin to
16 retool their skills in other areas and leave service
17 to those low-incidence professions and areas.
18 Particularly in the rural west we have a real problem
19 in serving children and supporting professional
20 skills in a lot of low-incidence conditions.

21 The next complexity I would like to
22 highlight is one of persistence. I expect that

1 members of the Commission know the data as well as I
2 do about the number of jobs that go unfilled each
3 year and so forth. One bit of data from the recent
4 studies in personnel preparation caught my eye, and
5 that is that ten times as many special educators
6 leave their jobs to go to general education
7 positions. That's a pretty clear statement about the
8 demands of special education versus teaching as they
9 are perceived by the teachers themselves. So these
10 aren't individuals who are leaving education or
11 leaving school teaching. They're simply moving from
12 special education to general education. So that has
13 a lot to do with some of the shortages we have today.

14 There are two other aspects, I think, I
15 would highlight. The first is what general education
16 teachers and principals know is of paramount
17 importance in those districts or the special
18 education programs. In fact, we've got quite a bit
19 of data that the most important influence on teachers
20 during this initial two or three years is the
21 principal of the school. Even more than another
22 teacher, mentor or other groups, the principal is the

1 primary influence as reported by teachers in terms of
2 the developing skills, their decision to stay or not,
3 the way they perceive the working conditions in the
4 school, and so forth. And I will come back to that
5 in a moment with my recommendations.

6 The second general bit of data that I
7 would highlight to note the complexity of your task
8 is that the federal investment in professional
9 development is a very tiny fraction of the funds that
10 are actually spent on professional development each
11 year. Most funding for professional development
12 comes either from universities, school districts, or
13 teachers and prospective teachers themselves. The
14 federal investment -- I expect -- I am not sure if
15 there's any data on this -- is far more than 5
16 percent of the total. What that means is there's a
17 huge challenge to leverage how funds are used by
18 universities, distributions and teachers and
19 prospective teachers if we're going to have any
20 impact upon the problems that we have. Let me move
21 from that picture of complexity to a couple of quick
22 stories, if I could. The first is of at least a

1 12-year partnership between the University of
2 Colorado at Denver and the Commerce City, Colorado,
3 schools Dr. Elizabeth Koslowski here in the audience,
4 one of the primary architects of that partnership,
5 has been a leader for sometime. This is an effort to
6 work in-depth with one school district to prepare
7 teachers who then can serve much of the metropolitan
8 area. The Denver metropolitan area has some 20
9 school districts and serves some 350,000 children
10 and, of course, what we do in one school district
11 doesn't meet all of that need, but I think it does
12 provide an example of what universities and districts
13 can do working together. Some 8 years ago there was
14 a decision all teachers prepared in the CU Denver
15 program both general and special education teachers
16 would spend pretty much an entire year in the
17 professional education development school and we set
18 about creating long-term partnerships between the
19 universities and professional development schools,
20 mostly in the poorest, most adverse communities in
21 the metropolitan area. In this commerce city school
22 district, we also worked very hard to build several

1 alternative routes into teaching for special
2 educators, what I called the Cadillac model is
3 spending your partnership schooling learning to teach
4 and then move from there typically into a leadership
5 role as a teacher. There are other models that
6 involve career development, math from
7 paraprofessionals to teachers, others involved, paid
8 interns, paid by school districts or half-time
9 internships as they're taking university courses, and
10 of course the sink-or-swim model where people start
11 immediately in the classroom and are working on the
12 coursework while they're teaching in the day, and
13 while that's pretty tough to take on, many people see
14 success that way as well. What I think is impressive
15 about these alternatives, while they provide many
16 different pathways to teaching, they ensure the same
17 high standards before a licensed provider and I think
18 that's a key concept that I hope the Commission will
19 consider that we do need many different pathways.

20 There are many people who can start a way
21 with the sink-or-swim support but by the time we
22 license a teacher as fully-qualified to teach in

1 special education, we need to make some kind of
2 guarantees to the parents on what that teacher knows
3 and can do. Alternate routes should not be alternate
4 standards. Some observations about which partnership
5 over a period of 12 years I would want to share,
6 first when university faculty members spent a day of
7 the week out of their life over several years in a
8 school, you get a deep appreciation of the reality of
9 life in schools that profoundly affects curriculum,
10 admissions, standards for performance, and a number
11 of other things. It creates a grounding in what
12 happens in schools that is critical if university
13 faculty are going to be really effective in preparing
14 teachers. Secondly, I think that this kind of deep
15 partnership is probably the most important way to
16 stimulate renewal in both districts and universities.
17 We can always find individual leaders in districts or
18 individual leaders in universities who can prompt
19 significant progress. But for sustained ongoing
20 renewal, the kind of push and pull that occurred in a
21 partnership, if that partnership is really mandated,
22 if you will, from the top of the two organizations,

1 we get renewal that can stimulate changes far better
2 and far more quickly than a federal or state funding
3 loan can do. The student learning outcomes in these
4 partnerships, like those in any high impact school,
5 are present, but they're hard won.

6 I'm reminded of a school in Colorado
7 Springs, one of our faculty members has been working
8 with the last couple of years that has the same sort
9 of dramatic improvements in reading and math scores
10 that you saw on the slides earlier. It's clear these
11 are possible.

12 And I think the final point, I believe,
13 has some important implications. I'll come back for
14 a moment to the legislation. Within the framework of
15 alternative routes to teacher preparation, the
16 distinction between initial licensing, preservice,
17 full inservice, professional development has been
18 very significantly blurred. What it traditionally is
19 called, preservice often happens when people are on
20 the job. What happens for preservice very often
21 happens for preservice candidates who are working in
22 partner schools. The providers of preservice in

1 partnerships or districts and both universities, and
2 the same is true for inservice. That would be a
3 different conceptualization than underlies the
4 current statute.

5 If I may, I want to close with four quick
6 recommendations for the panel for the statute. The
7 first relates to learning the strategies for earning
8 federal funding. I guess I would suggest it's a
9 waste of money to spend federal funds directly on a
10 professional development program where most of the
11 funding is supported by federal funds. Since the
12 federal funding is such a tiny percent, we need a
13 strategy built into the legislation that assures that
14 the primary purpose is to leverage how the fund is
15 already being spent by universities, districts, and
16 individual teachers and prospective teachers, to
17 leverage how that funding is used. That is a
18 different model than exists overall, although
19 certainly we've been making step by step progress in
20 that over the years in implementation of IDEA.

21 A related issue is that we need to reduce
22 the decline in the investment in professional

1 development with inflation adjustments. It's less
2 than half what it was 20 years ago.

3 My second recommendation is that the
4 Commission look seriously at the kind of partnership
5 models between universities and districts that can
6 result in sustained ongoing improvements in both
7 inservice and preservice, or as I suggested, in
8 blended models of the two.

9 And third, I recommend that the Commission
10 look very seriously at funding models that stimulate
11 cross-university coalitions in these low-incidence
12 areas. With distance learning and other means of
13 collaboration, it's quite possible to imagine right
14 now a coalition of five or six universities in a
15 region joining together to develop programs in some
16 of these low incidence areas that no university on
17 its own can afford to do. We have a long history of
18 trying to regionalize those programs and what that's
19 typically done is create a lot of richness in the
20 immediate vicinity of the regional program and not
21 much elsewhere. But with distance learning and some
22 other connections, I think there's some possibilities

1 of some new models to address that.

2 My final point would be that one way or
3 another we need to pay very particular attention to
4 the role of principals and the knowledge that
5 principals have about special education. It's
6 something that the statute -- that IDEA has never
7 really dealt with directly. It's been permitted, but
8 it's not something that's been carefully attended to.
9 And I will say one other thing, and that is that I
10 recently chaired a task force for the American
11 Association of Colleges and Teacher Education that
12 resulted in a set of recommendations for colleges and
13 university faculty about how to improve both general
14 and special education, teacher education in order to
15 serve children with disabilities well, and we will
16 provide a copy of that report to the panel. That you
17 very much.

18 MR. FLETCHER: Thank you. Ms. Schaffner?

19 MS. SCHAFFNER: I want to thank you on
20 behalf of the PEAK Parent Center for the opportunity
21 to talk with you today. PEAK Parent Center is
22 Colorado's centrally-funded Parent Training

1 Information Center or PTI. We were actually funded
2 through a piece of IDEA, and it actually is part of
3 IDEA. The personnel present and I mentioned that
4 first off, just because I feel I'd like, probably,
5 the opportunity to question, that I want to address
6 with you all day related to the personal
7 preparations. Where do families fit into this
8 picture of professional development? And in order to
9 do that, you already heard in the introduction I want
10 to just share with you briefly my own personal
11 experience, and you did hear that I am again
12 teaching, actually, pre IDEA, in 1973, became a
13 parent after I had already been a special education
14 teacher. And my perspective changed quite
15 dramatically when I became a parent, and what I
16 learned as a parent and what I felt and believed as a
17 parent actually really challenged and changed my
18 beliefs and practices as a special educator. So the
19 most important point from that for me is that it is
20 so critical that families' perspectives and families'
21 participations is a piece of what happens in training
22 and to prepare and to support an ongoing educator to

1 do a good job for children. So my approach with you
2 today is to talk about an alternative or alternatives
3 to traditional professional development in terms of
4 how families need to participate in being included in
5 that.

6 So what I would like to talk about are
7 four basic pieces of that. First of all, that we
8 need to ensure that families are included as key
9 participants in professional development activities,
10 and that is as collaborators, as mentors of
11 educators, and also as learners themselves. It can't
12 be a hierarchical kind of a set up. It needs to be a
13 truly collaborative kind of set up where families are
14 seen and are interacted with and participate and
15 often can be leaders in this approach. It also
16 involves an integrated approach to teacher training
17 which is focused on strategies that are really
18 student-centered and focused on strength and really
19 designed to lead towards the desired outcomes for
20 life outcomes for students.

21 Then also we want to make sure that
22 information is provided to families and educators in

1 a very accessible way, that it's practical, easy to
2 implement, and it can assure that everyone can be on
3 the same page.

4 And that, finally, the systematic approach
5 that really emphasizes the best practices for a
6 student with disabilities need to go hand in hand
7 with the development of practices for all children in
8 schools, and that we need to work on improving the
9 nature of learning experiences for all students.
10 PEAK Parent Center has been a PTI for, I believe,
11 about 17 years now. Early on in our experiences we
12 received 4 different innovation grants from NI DRR,
13 National Institute for Disability and Rehabilitation
14 Research to provide training and information to
15 families and educators. So we have developed a model
16 over time where we have collected data from families
17 and educators through the projects that we've been
18 involved with, through a hot line we have, or we
19 accept calls from families and educators throughout
20 the state of Colorado, through various other means.
21 We have an annual conference on school reform,
22 inclusive education practices, that draws upwards of

1 a thousand participants every year. And there's a
2 whole range of participation. There are family
3 members who participate, as well as special
4 educators, as well as administrators, as well as
5 general educators.

6 So through the different types of
7 activities we've been involved with, also developing
8 publications that we have, we believe are designed to
9 be truly accessible to families and educators. We
10 have been able to identify that some of the issues
11 that are key. And I'm not going to go through it all
12 in my testimony, but I do want to emphasize that many
13 of the issues are related to the IEP process and the
14 fact that the implementation of IEPs. We find that a
15 common issue from families is that their children are
16 not receiving the support and services that are
17 identified on their IEPs, and of course, they are
18 experiencing failure in school. And what we have
19 learned is that -- and what we feel we can teach to
20 educators is a focus on the holistic kind of approach
21 where we really are understanding that academic needs
22 cannot be met unless we look at them in relationship

1 to all of the other needs that a student has. And so
2 we want to make sure that we're looking really
3 broadly at meeting the needs of the student.

4 We find that in another justification for
5 training families and educators together is that
6 families report they know the provisions of IDEA that
7 need information on the actual supports and services
8 that work well for their children, so they know what
9 to advocate for in their children's IEP process.

10 Also, families know they are entitled to due process
11 if the child is not successful but most want to avoid
12 using due process unless it's absolutely necessary.

13 Families, of course, first prefer to work
14 collaboratively with the school to design and
15 implement an effective IEP, but to address this, the
16 family must have access to this information and
17 families and educators must have access to the same
18 kind of information and opportunities to dialogue
19 with each other.

20 So training parents and educators together
21 can result in IEPs being implemented in a quality
22 way.

1 Many families report to PEAK that their
2 children's IEPs, even when they are well-developed
3 and they are not put into actual practice, and so the
4 schools will often revert back to using more
5 traditional kinds of practices that are more of the
6 norm of what they have traditionally done rather than
7 looking at the individualized pieces of the IEP and
8 implementing the practices recognized in the IEP.

9 In the past five years, whenever requests
10 PEAK has received for doing workshops on
11 accommodations and modifications has increased
12 tremendously. The 85 percent of the calls we receive
13 on the hot line are from families requesting
14 information about the supports that might help their
15 children to learn successfully in school. In
16 addition, families ask for strategies on how they can
17 advocate for those supports to be put into practice
18 for their children.

19 Families are traditionally not being
20 included in inservice training. In fact, families
21 report to PEAK that not only are they not provided
22 with the information about the best practices that

1 ensure success with their children, but they are
2 often not asked for their perspective or included in
3 decisions being made about their children's
4 education. Families really have no other means for
5 gaining that kind of information about performing
6 initiatives or best practices and must be
7 deliberately included and involve them. One of the
8 parents this morning shared with you that she, when
9 she learned what was possible for her child, she was
10 able to go out and truly being a strong advocate for
11 her child. There is certainly a need to show them
12 what's possible.

13 PEAK participated in a monitoring survey,
14 actually facilitated a monitoring survey the OSEP
15 monitoring survey in 1999. On that survey, 50
16 percent of the parents who responded to that survey
17 said that they were not substantively and adequately
18 engaged by schools in educational planning. And so
19 our main point is that people -- it's critical that
20 families and educators learn together. It's critical
21 because both belong to the communities they serve,
22 and indeed, for them to be successful, families must

1 be actively inspired leaders and standards-based
2 achievement for all students with no student left
3 behind only occur if there's alignment and a
4 collaborative relationship between schools and
5 families, and when families are recognized by
6 educators as a necessary and substantively involved
7 in school and reform.

8 As families participate in classrooms and
9 in school improvement efforts, the school community
10 as a whole is benefitted and educated about what it
11 takes to achieve success. We hear from the schools
12 who report that when their school faculty and school
13 community outside of the staff learn together, there
14 is much quicker implementation of standards and best
15 practices.

16 Another piece of this is to benefit
17 educators. We have learned that educators who have
18 had opportunities to learn alongside with and to
19 dialogue with families regarding best practices
20 report that they come away with a different
21 perspective. They learn the importance of a
22 person-centered integrated -- student-centered, I

1 should say -- approach. They learn the appreciation
2 of critical knowledge a family has about the child.
3 Planning supports and services. They develop an
4 understanding and empathy regarding the family's
5 sense of urgency and concern when their children's
6 needs are not being met.

7 Clearer focus on long-term goals for
8 students and sensitivity to the effects that
9 short-term year to year decisions about educational
10 programming can have on whether or not those
11 long-term goals will be achieved. So when I shared
12 with you earlier about how my perspective changed
13 when I became a parent, that those are the pieces
14 that really changed for me, because as a parent I was
15 focused solely on that one child, that wonderful
16 little being who was my child. And so I alone had
17 the sense of urgency that things work for my child in
18 a way that we're going to make a difference for him
19 so that he could learn and so that he could, as Dr.
20 Bellamy mentioned, reach that long term vision that I
21 have for his future.

22 So families have that critical role to

1 play, and we believe that the outcome of joint
2 training and collaborative efforts between families
3 and educators will be or is IEPs which are
4 implemented in a quality way and without the need for
5 families to exercise due process or mediation rights
6 and an entire school community which are most
7 effectively or more effectively meeting the needs of
8 all students and ensure all students meet high
9 standards.

10 So I would like to let you know that with
11 my testimony I have included some of our concerns
12 about IDEA, free authorization, some of the other
13 issues around behavior, around restrictive
14 environment and parent participation, general
15 responsibility. I am not going to go over everything
16 with you now, but those were included in here because
17 this is information we thought was important for the
18 panel to have or the Commission to have. Thank you.

19 DR. BUTTERFIELD: I'd like to thank you
20 for a wonderful and enthusiastic presentation. I am
21 wondering, we are going to move to, what I would like
22 to do is ask you to stay because Dr. Hamilton will

1 also be speaking, and we'll have an opportunity to
2 question a number have practitioners. But Arianne,
3 is there anything you would like to add to this that
4 those adults didn't say?

5 MS. LANE: No. Not really.

6 DR. BUTTERFIELD: I like a woman who knows
7 her mind and is brief in what she says. Who has met
8 all these -- she met Garth Brooks. That's pretty
9 special. So thank you very much. And if you could
10 stay, we would certainly appreciate it, because we
11 don't know how much time we have to have some
12 questions. Commissioner Bartlett?

13 MR. BARTLETT: Questions now?

14 DR. BUTTERFIELD: We are kind of running
15 against time. I know you are leaving. If you have
16 some burning question.

17 MR. BARTLETT: Well, I do have to leave in
18 five minutes. I do apologize, but Superintendent
19 Bales, I do have a couple of questions. I most
20 admired your testimony, but also your results. Both
21 your spirit and your results. Some details, when you
22 began rebuilding the school district, did you replace

1 many principals, or did you empower the ones who were
2 there?

3 DR. BALES: We actually provided them with
4 the same professional development. The people going
5 through the professional development with the
6 teachers is what really made a difference. We have
7 had some people who did leave the district but they
8 were asked to leave. They just didn't want to work
9 as hard as we needed to work.

10 MR. BARTLETT: Nicely said. So even with
11 the principals as well as the teachers, then, as a
12 matter of professional development, the principals
13 as well as the teachers.

14 DR. BALES: Yes.

15 MR. BARTLETT: Could you quantify for us,
16 it sounds as if your professional development was
17 mostly inservice or with existing personnel. Could
18 you quantify that for us? Was there a certain number
19 of hours? We're from the government, so we're trying
20 to put bureaucratise on there.

21 DR. BALES: We did -- the old model of
22 professional development mentioned earlier today, one

1 or two people will learn something and try to change
2 everybody. I would say that I did that when I was
3 younger myself, and I would wonder, why don't people
4 get it when they come back and explain it? We
5 actually have brought commissions to our district to
6 work with the team, and including our support staff,
7 to work with them, to give them the new knowledge and
8 techniques. For instance, a week at a time, learning
9 the reading process 8 hours a day with the entire
10 team, and they do sign on they were willing to do
11 that, because we do invest about \$60,000 for a
12 clinician to come and stay in the district who
13 already knew how to do the diagnostic testing and how
14 to teach us. So it was a week of intensive
15 intervention and then we turn around and use it right
16 away. When you learn something new, you should get
17 to use it. And we still do that. Every summer we
18 do, we have professional development for all of our
19 new requirements to learn this reading method and
20 process and then immediately get to use it in summer
21 school. We increased our summer school participation
22 from 250 students to 2,000 last year because we

1 really wanted our children to learn to read.

2 MR. BARTLETT: So your model was to bring
3 the professional developers team to the school
4 district and essentially learn it as a team in house
5 or in district.

6 DR. BALES: Onsite and actually used our
7 data to find out what we needed. When we saw the
8 results that we got and we knew what we wanted to
9 get, that's how we designed the professional
10 development.

11 MR. BARTLETT: How did you pay for it?

12 DR. BALES: Title I funds.

13 MR. BARTLETT: Did you have any barriers
14 to paying for it that way? Were there any barriers
15 in the federal law we should know about.

16 DR. BALES: No. Actually, we decided,
17 actually Title I, nobody can get Title I unless
18 they're doing what we're doing. Actually, it says
19 you will improve in reading and mathematics. So we
20 chose to go with reading first and what we found is
21 we improved reading success, the professional
22 development for teachers and achievement for

1 children, math started going up too because it has
2 everything to do with comprehension.

3 MR. BARTLETT: Madame Chair, as we prepare
4 the report, I wonder if we can take some lessons from
5 what Pueblo was able to do with Title I and transfer
6 that into IDEA. And I don't know if it's done.
7 Perhaps it is, but look at that benevolent section of
8 Title I that allows you to do that and be sure you're
9 doing that under IDEA. You didn't--you may be the
10 first superintendent in the history of -- since 1975
11 not to complain about paperwork. And I am curious to
12 know about that. Do you not have excess paperwork
13 you want to complain about or are you trying to
14 figure it out? I'm kind of brutal.

15 DR. BALES: Actually, we have a business
16 model, whereas the performance, the principal they
17 received from performance pay depending on 65 percent
18 of student achievement, and that also includes making
19 sure IEPs are written and followed, and we look at
20 those each quarter to be sure they're done correctly
21 and accurately. IEPs are time-consuming, but it's in
22 the best interests of children, and if I were making

1 a blanket statement, I would say every child needs an
2 education plan.

3 MR. BARTLETT: Wow. Last question. On
4 page 6 you said, Clearly, the accountability
5 standards, testing assessment, and accountability for
6 performance should apply to, should be rigorously
7 enforced with no exceptions. Do you intend to
8 include all special education students also?

9 DR. BALES: Yes. I think that the adults
10 have to--the accountability picture on adults. This
11 is a cheese factory and the people there sign their
12 names. If they're going to check the product and it
13 was excellent, and move on. I think when teachers
14 and myself would stand and say, This is my child. I
15 was responsible for it. I helped this child reach
16 the fullest potential, and I want this child to
17 remember me forever, and to carry my name forward,
18 and I will carry this child's name forward. And
19 that's when you have quality of education.

20 MS. BUTTERFIELD One last observation to
21 the Chair and the staff, it could well be this would
22 be an example of a kind of resource intervention and

1 assistance, technical assistance that we provide to
2 failing schools to bring, if we could find just 3
3 more superintendents like you, and I know we can,
4 around the country, in addition to the consulting
5 model we often bring to school districts, if we could
6 bring a week of you to a school district that needs
7 some technical assistance, it might be helpful. The
8 only other thing, I have now learned George W.
9 President Bush has only made one mistake since he's
10 been President, and that was not putting you on his
11 Commission. Thank you.

12 DR. BALES: Can I quickly tell you that
13 Washington did call me and ask me if I supported
14 Leave No Child Behind. I've been wearing this pin
15 for two years thanks to Cindy O. Smith. We've been
16 saying we will Leave No Child Behind for the past two
17 years. Thank you very much.

18 DR. BUTTERFIELD: We have one final
19 comment. Commissioner Coulter?

20 MR. COULTER: I would just like to
21 compliment Arianne because she has sat very nicely
22 throughout this presentation, something I couldn't do

1 myself, and I think the whole audience deserves to
2 give you some recognition for your excellent behavior
3 and attentiveness through this session.

4 DR. BALES: May I say we have given you a
5 booklet of our district and Arianne's story is in
6 that booklet with the other children who we featured
7 today, and I think you'll find it very, very
8 interesting. Thank you very much.

9 MR. COULTER: If you could all stay
10 behind -- no pun intended -- so that Dr. Hamilton can
11 give her presentation and if there are other
12 questions, because I know that Dr. Hamilton --

13 DR. BUTTERFIELD: Dr. Rebecca Hamilton,
14 whose career has spanned 32 years with the Denver
15 Public School System. She was a public school
16 teacher for 14 years and 18 additional years served
17 in various administrative capacities in the school
18 district. Dr. Hamilton presently serves as Senior
19 Officer for the Liberty Plus Initiative of the
20 Pittsburgh Public Schools. She also teaches graduate
21 courses at the University of Pittsburgh. She's
22 co-authored with Dr. Isabel Beck and has also

1 published numerous articles in professional journals.
2 Dr. Hamilton has special interests and expertise in
3 issues associated with remedial reading programs and
4 instruction. She is a member of the International
5 Reading Association Special Commission on the Reading
6 Specialist. What she has contributed to the
7 development of a national survey will expand
8 understanding of the current roles and curricular
9 emphases of reading specialists in this country.

10 DR. HAMILTON: Thank you. And thank you
11 commissioners. I thank you for the opportunity to
12 share with you some of my thoughts and
13 recommendations. My field of expertise, as Dr.
14 Butterfield says, is in the area of reading. And so
15 I would like to really focus my presentation in
16 particular in the area of reading and share with you
17 some of the problems and also recommendations for
18 change that I have seen and that I would love to
19 bring to your attention this afternoon. First time I
20 have served as a panel of one, so if you would ask me
21 questions at the end, I would be able to refer to my
22 colleagues.

1 I would like to start with one of my
2 favorite cartoons in this area, which shows someone
3 getting a little bit of therapy. Let's see. Your
4 feelings of insecurity seem to have started when
5 someone said, Maybe you don't have a reading
6 disability, Mr. Jones. Maybe you have a teaching
7 disability.

8 And from everything I have heard all day
9 long today, that summarizes a lot of the things we've
10 been hearing, and I could probably, given the
11 lateness of the hour, end right there. That being a
12 lot of the core of what I am about to say. But with
13 a few other things I need to address with you, I
14 really want to focus my presentation this afternoon
15 on two basic issues, one to deal with some of the
16 flaws as I see them, and I have experienced them in
17 common practice, with some of the conventional
18 wisdom, I guess, as a practitioner on both sides,
19 general education as well as special education, and
20 also then from that how distant is some of the
21 practice, as we know it, particularly in the field of
22 reading, in current reading research? What do we

1 need to do about that? And that will bring me to
2 some of my recommendations. So to deal with some of
3 the flaws in common practice, what we know is that
4 general education teachers most frequently are the
5 ones who identify students for special education.
6 And there are two problems, as I see it inherent in
7 the system for referral. One is, typically, general
8 education students recommend -- or teachers, excuse
9 me -- recommend students in the early grades who are
10 not successful in the regular and unmodified
11 curriculum. What I see out there is the "I caught
12 it. He didn't get it" syndrome. Therefore it must
13 be the child. The child is the problem, not the
14 instruction.

15 I have heard all day today on numerous and
16 eloquent references to the lack of differentiated
17 instruction and that our general education teachers
18 do not know how to do that, nor do they feel that
19 that is part of their responsibility even, which
20 begins to kind of open the seat of the problem.

21 Now given the influence of what is kind of
22 generally known as the whole language orientation,

1 the beginning of reading the past several years, the
2 general education and instruction, particularly in
3 the beginning years in K-1 was presumably incorrect
4 to begin with, and I am going to speak to that issue
5 a little bit later.

6 So basically what we have is that we have
7 a child who is now referred, and sometimes the
8 referrals, particularly in reading, are based upon
9 some of the instruction that was poor to begin with.
10 Now they're referred and they're given
11 recommendations for interventions that don't match
12 current theoretical orientations to learn to read.
13 And so this problem of a child being caught,
14 especially in the area of reading, in a revolving
15 door phenomenon. He's recommended because you have
16 poor instruction, and then, once into the
17 recommendation process, recommendations for
18 instruction are as poor as what put him in there in
19 the first place.

20 So there's an old song by the Kingston
21 Trio, I think, He Never Returned. And that's
22 essentially what we have.

1 Let me give you an example. Consider
2 Amanda, a pseudoname. But this is a real child who I
3 just was working with in Pittsburgh a few weeks ago.
4 A beginning third grade child who was recommended for
5 special education because of the following
6 indicators, and these are direct quotes from the
7 teachers of the IEP, Amanda continues to confuse long
8 and short vowels and uses several word substitutions
9 during oral reading. Her fluency is slow and
10 belabored. Amanda's comprehension skills are below
11 grade level. All that really means is that Amanda
12 can't decode very well. And if she's not decoding
13 well, the likelihood of her not comprehending very
14 well is pretty high. So you kind of get a sense here
15 again of why I am talking about in this revolving
16 door problem with referral.

17 A brief investigation into Amanda's
18 beginning reading history revealed that her early
19 reading experiences consisted almost exclusively of a
20 literature-based instructional program with virtually
21 no systematic or explicit decoding instruction. And
22 then we see down the road she's recommended because

1 she's confusing long and short vowel sounds. And why
2 that is a surprise by third grade on the part of
3 general education teachers is still part of our
4 problem and reflects a lack of knowledge as how
5 important and what that really means in terms of what
6 is really going on with Amanda here.

7 Now what we also have that adds to the
8 problem is the decoding problems are also attributed
9 to comprehension problems, as Dr. Bales said,
10 Comprehension is the purpose for reading in the first
11 place. But we see over and over again in the field,
12 not just in Pittsburgh but nationally, that children
13 and if you'll notice, it's the third problem with
14 Amanda was that her comprehension is below grade
15 level. Makes perfect sense because she's not
16 decoding well. So why does that happen? What is it
17 the general education teachers have not been trained
18 well in so that when they see decoding problems,
19 similar to Amanda's, they say, Well, it's
20 comprehension. That's the problem. This child can't
21 comprehend. Part of the reason why, and I don't have
22 time to go into that this afternoon, is that conflict

1 of allocation is really part of the issue. When
2 children are struggling at the word level, when most
3 of their cognitive attention and resources are used
4 simply to try to pronounce a word, there's not a lot
5 of cognitive attention left to devote to what's the
6 most important goal, reading, which is comprehension.
7 Therefore, what we have to do with children is to
8 make sure in K through 1 we have children reading
9 accurately and fluently to get the lower level
10 processes of reading out of the way virtually. What
11 we do know from research and what we've known for
12 quite some time, as you can see by the years that are
13 marked next to the researcher names, a child's speed
14 of word recognition in first grade is an excellent
15 predictor of the child's reading comprehension in the
16 second grade as well as in sixth grade. So when we
17 have children not comprehending, we need to take a
18 strong look at why. What's going on here, really?
19 Is it a comprehension problem or is it a decoding
20 problem masked as comprehension?

21 Now look how decoding difficulties -- safe
22 decoding difficulties for comprehension plays out in

1 an IEP. Amanda's IEP, her measurable goal, was
2 written exactly as this: Amanda will increase and
3 improve comprehension skills. So now we've heard
4 about her long and short vowel problem, we've heard
5 about her lack of oral fluency, but her measurable
6 annual goal comes out as, she will increase and
7 improve comprehension skills. Now it gets worse when
8 we look at how comprehension is described. This is
9 directly from the IEP. Her short-term objective and
10 benchmarks, improve Amanda's comprehension skills by
11 stating the main idea, recalling factual details, and
12 sequencing five to six events. I was wondering if
13 four events didn't cut it. Or what would happen if
14 seven or eight were sequenced. But in any case, we
15 have a problem in understanding what comprehension
16 really is.

17 Research on comprehension currently has
18 shown that retrieving information, low-level kinds of
19 things like stating main ideas on a superficial level
20 or sequencing facts are not reliable predictors of
21 really understanding anything that we read. So what
22 are the good predictors of comprehension? What we

1 know now is that understanding is more complicated
2 than that. Comprehension is way more complicated
3 than that. It's a process now. It's not a product.
4 It's a process of building meaning by grappling with
5 ideas, not merely recalling factual details. You can
6 recall the factual details if she has a good memory,
7 but it may not necessarily prove you can comprehend
8 well. It means wrestling with multiple ideas
9 simultaneously, not merely stating a main idea.
10 Think of the last several novels you have read. How
11 many novels have a single superficial main idea?
12 Collaboratively exchanging knowledge and
13 understanding. It's not merely locating or parroting
14 back an author's words. In fact, the location
15 reminds me you would not necessarily have to speak.
16 You could use your finger to answer most questions.
17 If you can point to it in the text, it's not a good
18 question. Obviously, all it takes is having a real
19 estate license, or I don't know, location being so
20 important.

21 So what do I propose instead? I would like
22 to replace the language for using IEPs and using

1 things like expected performance task outcomes. What
2 do you really want Amanda to be able to do? And how
3 is she going to demonstrate that knowledge? A better
4 statement for little Amanda might be she will
5 demonstrate oral fluency by reading 80 to 90 words
6 per minute of grade-appropriate text materials. That
7 is going to deal with the issue of what is probably
8 causing Amanda's problem to begin with. She had
9 difficulty learning the code. And she needs a lot of
10 work in learning that and I will get to that in a
11 second.

12 Some specific strategies that are
13 research-based do not accomplish that. Are 30 to 40
14 minutes per day for a minimum of ten weeks? We're
15 not talking about regrouping for one period on
16 Wednesday morning to help Amanda learn the code.
17 We're talking about daily intensive intervention
18 that's very research-based and that we know shows
19 evidence of being able to turn kids around in this
20 area.

21 Word building is about that. It is one of
22 the finest resources we have in the field and we're

1 using her word building sequences right now in
2 Pittsburgh as our primary systematic and explicit
3 method for delivering good strong decoding
4 instruction to our children.

5 Cumulative blending activity. There's
6 many of us. Repeated reading of decodable text which
7 means simply reasonably constrained vocabulary text.
8 Words represent the phonic elements that have been
9 most recently taught to Amanda. The method of
10 evaluation is curriculum-based oral fluence using
11 something that can show and monitor the progress. I
12 think one of the things that came up this morning is
13 that Dr. Pasternack asked why to teachers refuse to
14 monitor, why isn't this monitoring in the general
15 education program taking place? And I don't think
16 -- I think part of it is the teachers don't know what
17 to use. They're willing to monitor. They're willing
18 to do the graph and do the points along the graph to
19 show the progress, but they don't know what to use to
20 graph. What are they graphing? And I am alarmed
21 sometimes when I am working with teachers as to what
22 it is they are, A, either told to use which are not

1 effective ways of monitoring, or, B, that there's
2 simply the absence of, they don't know what to use.
3 They will tell you unit tests or chapter tests, and
4 that's not going to do it. They're also suspicious,
5 I think, of what the data is used for. Quite
6 frankly, teachers are afraid. Is this some kind of
7 implicit evaluation of me? Because not all children
8 will move up on a graph in exactly the same speed and
9 the same rate, and typically growth is more like this
10 than this. And at any given point, you may find the
11 child has dipped very temporarily and teachers are
12 afraid. Who are they going to share this with? What
13 is it going to say about me? Then they don't know
14 how fluent is fluent. How accurate is accurate? How
15 do I know at every grade level that this child,
16 Amanda, is fluent enough at third grade? And we have
17 some things out there, I mean, just to give you a
18 couple of examples, there are fluency norms that we
19 can use, both with students with exceptionalities, the
20 special education students, and regular education
21 students which give teachers a sense of a range, at
22 least, of approximately where a child's grade level

1 needs to be in terms of his fluency.

2 We use this in Pittsburgh. We also use
3 pseudowords, one of the strongest predictors of
4 decoding success. So that at various stages
5 throughout the year at every grade level,
6 particularly K 1 and 2, children are tested
7 informally by their teacher to see exactly how they
8 are doing. How accurate are they?

9 So continuing on with Amanda, an example
10 of a performance outcome test for comprehension, if
11 indeed comprehension was really Amanda's problem in
12 the first place -- I am suspicious about it not
13 being -- might be Amanda will demonstrate the
14 ability to identify and elaborate the most important
15 ideas of grade-appropriate text, condensed ideas of
16 text, personal experience, articulate an author's
17 purpose. This requires a deep understanding of what
18 it is you read. You have to be able to process and
19 not just point to answers in order to be able to do
20 these things.

21 So what does all this tell us? I think
22 Dr. Butterfield said you were all in Houston last

1 week, and I'd be tempted to say, Houston, we have a
2 problem. But there is an apparent and very
3 disturbing disparity between current reading research
4 findings and the IEP goals as they are frequently
5 written. I am disturbed by them as the person in
6 charge of literacy in our district, because I review
7 these on a regular basis and I look at these and I
8 see many of the quality of Amanda's, and I am alarmed
9 and concerned about what it says on both sides of the
10 fence for general education as well as special
11 education. One possible explanation for special
12 education side is that IEPs continue to be grounded
13 in more of a behavioral orientation to learning
14 rather than a cognitive. We keep looking for
15 measurable goals, and in doing so constrain what it
16 is Amanda can do. It's much easier to measure how
17 many main ideas she got right. How many factual
18 details were correct. It's harder to measure how
19 many times she was able to grapple with the text's
20 meaning to connect ideas, to deal with ideas over
21 information. So what we know is what's been said all
22 day long here, which is, the teachers of regular and

1 special education are simply not well-trained in
2 current research on reading which views the process
3 of reading now as a complex cognitive phenomena, not
4 a series of behaviors or skills that have to be
5 learned and/or memorized. As such, ISP teams tend
6 to write measurable goals on the poor quality of
7 Amanda's.

8 Reports on teacher preparation have shown
9 the teacher's lack of understanding of the psychology
10 of reading and development, the language structure,
11 best practices to teach language structure and
12 comprehension. You cannot know best practices until
13 you deeply understand the first two bullets. We
14 cannot jump to what best practices are with teachers
15 unless they understand what the psychology and not
16 what the linguistic information they need to know
17 about the language. Reliable quality assessments to
18 inform classroom instruction. Beyond the basal unit
19 test which becomes the thing that teachers rely on
20 most.

21 Which brings me to my recommendations.
22 Early identification of decoding difficulties is

1 critical. Why? To prevent inappropriate
2 identification of students, which concerns me a great
3 deal, and prevent teachers from convoluting what, I
4 don't know how else to describe it, garden variety
5 decoding difficulties with true learning disabled
6 classifications. We need to know, is this child
7 simply having difficulties learning the code? And if
8 so, we need to catch them early and load them with
9 good intensive practice. We need to catch students
10 before they fall. The famous line, Not wait until
11 they fail by providing intensive systematic
12 instruction to students showing early signs of
13 difficulty. We know now when they're in trouble. It
14 is no longer a mystery. But we need to pay attention
15 to it. And what I don't see is teachers sensitized
16 enough to really pay attention to it. Because part
17 of the problem is in K and 1, when you see a child in
18 trouble, they're not going to be huge differences on
19 a graph. They're much smaller in terms of how they
20 look when they are graphed. But very minor
21 differences in what a skilled versus unskilled
22 reader, particularly with a code, can have great

1 effects later on. And I will show you what I mean in
2 just a minute.

3 What we know, sadly, the bad news, is that
4 children do not catch up, left to their own. There
5 is no more, Maybe he'll get it. I hear that so many
6 times from teachers, a kind of benign optimism.
7 Maybe next year he'll get it. Like reading is
8 something you throw and you catch it or you don't.
9 National longitudinal studies report that 1 in 6
10 children will encounter a problem in learning to read
11 during their first 2 to 3 years of instruction. And
12 in addition, children who fall behind in first grade
13 reading have only a 1 in 8 chance. As a matter of
14 fact, there's some evidence now it's going to 1 in 10
15 to ever catching up to grade level unless something
16 really serious is done.

17 As many as 80 percent of the students
18 identified learning disabled are referred to special
19 education because of reading difficulties. We need
20 to really take a strong look at that.

21 The next graph shows you it's out of the
22 California Comprehensive Reading Leadership Program

1 and it gives you kind of stark and sobering
2 information, but it proves the standard, the rich get
3 richer and the poor get poorer kind of phenomenon.
4 But when you have kindergarten and first grade
5 children starting out with first grade level reading,
6 even when you see minor differences, you see how the
7 graphs of the poor readers versus the rich readers,
8 there's very small differences when you graph them in
9 the early years. But look at what happens -- to kids
10 who do not get the code, who are not fluent readers,
11 get worse. And dramatically worse as time goes on.

12 The advantage of lots of reading by fourth
13 grade. That is, if you are accurate and fluent, if
14 you have learned how to read, you will gain fluency
15 in word recognition, you have knowledge of specific
16 words and vocabulary repertoire that grows in leaps
17 and bounds year after year and comprehension will
18 improve as well.

19 Now think about a lot of things, Amanda
20 was referred to. She needed to improve her
21 comprehension skills because she could not recall
22 facts or state main ideas. So when you reverse some

1 of these, poor fluency, poor vocabulary, repertoires,
2 limited knowledge base, these are perilously similar
3 indicators of specific learning disability. So it's
4 a chicken/egg dichotomy to me. Which came first?
5 Did the disability in the child contribute to the
6 decoding problems or has decoding problems
7 contributed to disability in children?

8 In either case, and here's my main point,
9 the interventions are the same. There's no magic
10 bullet for special education versus regular
11 education. What differs is the intensity and the
12 duration of these research-based instructional
13 strategies.

14 As Dr. Batshaw has shown us, scientists
15 have now isolated in the left hemisphere of the brain
16 the place where phonological decoding takes place.
17 We know now we can see differences in the brain, and
18 due to the plasticity of the brain, the good news is
19 if we catch kids early and we do the right thing, we
20 can change how that brain looks. There's been
21 studies done by McCandless and Beck just in 2000, '99
22 and 2000, where for 12 weeks working with sixth grade

1 children classified as learning disabled and having
2 tremendous difficulty reading, within 12 weeks the
3 neuroimages of the brain change to look much more
4 like the skill reader.

5 Second recommendation is obviously, then,
6 knowledge of research-based interventions. What are
7 they? Do our regular education teachers know what
8 they are and do our special education teachers know
9 what they are? And everyone, teachers,
10 administrators , para-educators, everyone has to be
11 trained in current theory and best practices. They
12 must know what to do, how long to do it, and why
13 they're doing it. Consistency of research-based
14 message is critical. Everyone has to hear the same
15 message. One of the things I have done in Pittsburgh
16 is to develop staff development modules in various
17 areas of reading, decoding, vocabulary, comprehension
18 and writing. We have about 4 modules in every major
19 area and everybody gets them. The administrators as
20 you were doing it in Pueblo, the para-educators, the
21 parents, the teachers. Now how did we do that? We
22 do that with a residential coach model. In a very

1 similar way we took Title I money and we reallocated
2 it to purchase reading residential coaches. They
3 were trained for 4 weeks last August, an intensive 8
4 hour 4 weeks, 5 days a week kind of training and they
5 continue to be trained one day a week all year. We
6 pull them out of the buildings and they work with me
7 and my program officers every single Friday of every
8 single week because if we're talking about continuous
9 ongoing training, that doesn't mean the coaches just
10 because they got into training in the beginning, are
11 done. It's never done. I actually had one of the
12 principals say to me, which is one of the obstacles.
13 I don't mean principals. I mean the question, that
14 why do we have to have these Friday training for
15 coaches? If our coaches need all this training, do
16 we have the best people? And my answer was, That is
17 why we have the best people. Without that we're
18 going to revert back.

19 We have to have efficient but effective
20 diagnostic assessments. We have revised and devised
21 every single informal classroom-based diagnostic
22 assessment K-12 both inclusive of pseudowords and

1 oral fluency for every grade level.

2 Finally, quality implementation and
3 coordination between special education and regular
4 education programs is critical. Shared
5 accountability issues is big, as we well know.
6 Preservice training is not enough for anyone, no
7 matter how good it is. Intensive and ongoing
8 training helps catch teachers before they fall. The
9 way to fail phenomenon is not restricted to students.
10 Let's not wait for teachers to fail to train them. A
11 very strong system of accountability but also support
12 system. Teachers are scared to death of
13 accountability systems because what that implies is,
14 We caught you. Not doing what you were supposed to
15 be doing. These things, really good research-based
16 instructional strategies, take time to learn.
17 Implementation is slow. Feedback has to be constant.
18 And therefore the support that that coach can
19 provide, not being an administrator, the coach has no
20 other axe to grind except to help that teacher
21 understand reading.

22 What have we done in Pittsburgh about

1 aligning. Special education teachers, supervisors,
2 ISP coordinators with the training of the general
3 education, reading coaches, teachers and building
4 administrators. Everyone is getting the same thing.
5 Training modules are now being developed for all
6 special education and general education teachers so
7 they can work together. We're developing a proposal
8 for the purchase of a collection of materials already
9 embedded within the core curriculum for regular and
10 special education teachers to use for prevention and
11 intervention. As a matter of fact, our district
12 sales personnel or consultant we work with on our
13 core curriculum created a new ISBN number because we
14 pulled together, and they never have before, with
15 their own basal program. So now there's going to be
16 this new collection that will be available for
17 special education teachers to use that perfectly
18 matches the regular education curriculum and does the
19 exact same thing with maybe more intensity and slower
20 duration.

21 And we are implementing a residential
22 coach model for special education as well, so there's

1 kind of a mutual exchange going on between the
2 departments. So just some concluding comments, the
3 depth of pedagogical understanding and depth of
4 quality implementation are, to me, what matter most.
5 Together they represent the most promising way to
6 help children, whether they're special education
7 children or general education children. And my
8 favorite quote for the last year or so has been, in
9 the long run, how hard schools try, how eloquently
10 they are structured or restructured, matters not at
11 all. What matters is the experience of the student.
12 Good schools help. Great schools help even more.
13 But great teachers are a far more precious commodity.

14 And then I couldn't resist one more from
15 Al Shanger because one of the things was the, Where's
16 the beef? There's a lot of bull in education reform,
17 but no beef. I thank the Commissioners for looking
18 for the beef and knowing what it is and searching for
19 it. So thank you for your time.

20 DR. BUTTERFIELD: Thank you. Are there
21 questions? We will open questions to Dr. Hamilton as
22 well as our past panel. You can come back up on the

1 podium. You're not off the hook yet.

2 MR. FLETCHER: Remembering that we're all
3 going to be kicked out of this room at 5.

4 MR. COULTER: I have a couple of questions
5 for Ms. Schaffner. You recommended in your remarks
6 that training as it relates to professional
7 development activities needed to include families and
8 educators working together. I think some people
9 would conclude the current regulations is actually
10 require that now, and have required it since '97.
11 Beyond requiring this joint training, which I think
12 some people feel is not occurring or at least not
13 occurring in sufficient frequency, what other
14 strategies do you have beyond simply requiring that
15 will ensure that families and educators, both general
16 and special education are trained to get?

17 MS. SCHAFFNER: I think that for one
18 thing, one of the things I forgot to say earlier I
19 truly think we need to have some real honest dialogue
20 just about what is the role of families. Why is it
21 important for families to be a part of things? I
22 see a lot of lip service with schools and educators

1 in general talking about involving families but it's
2 a pretty trite kind of statement. So one of the
3 things is just to facilitate dialogue. I guess I am,
4 to strengthen I know IDEA in 1997 did strengthen,
5 facilitate and piece of our participation in the IEP
6 process, but I am not sure that it articulated really
7 clearly that broader piece about families as
8 co-contributors and as collaborators and on an equal
9 plane with educators. So I guess that's all I can
10 tell you at this time. I think it's fairly
11 important. One of the projects that I've been
12 involved with and Pete has been involved with which
13 actually began through the University of Colorado at
14 Denver was our Statewide Assistance Change Project
15 that focused on inclusive learning communities and
16 building a sense of community in schools. It was
17 very important for all of the collaborators at the
18 University of Colorado, as a collaborator with the
19 Colorado Department of Education with the Parent
20 Center and the reason PEAK became a part of that was
21 for the disparity at issue. We need to model at all
22 levels that families are leaders and are participants

1 along with educators in these processes, so I would
2 say that also focusing on those kinds of projects
3 that will build a sense of ownership and community
4 throughout the school community are important as
5 well. And none of the department does fund those
6 kinds of projects.

7 MR. COULTER: Thank you. I think we're
8 just struggling with such an emphasis on results and
9 outcomes. It's difficult, I think, sometimes to
10 measure the degree of family participation and parent
11 participation. What I am hearing from you is that
12 that is still a struggle.

13 MS. SCHAFFNER: Very much of a struggle.
14 One of the other focuses that we have had with our
15 inclusive learning community projects was that the
16 whole issue of insuring that all families are
17 included, not just those families who are the first
18 to come to the table who might have professional
19 experiences themselves, who may be seen as a little
20 bit safer sometimes by educators as being
21 participants and we're trying to work the schools to
22 develop strategies for insuring that all families

1 have a voice in what's happening, even though they
2 can't necessarily come to the meeting, that it's
3 really changing the culture, the need to change the
4 culture so that families are seen as valuable
5 participants no matter what their educational level,
6 no matter what.

7 MR. COULTER: Thank you. Dr. Bales, a
8 question for you. First of all, I want to join
9 Commissioner Bartlett in complimenting you and your
10 staff. I know you didn't do this by yourself and
11 that's evidenced by the fact you brought a lot of
12 support with you today. So we wanted to compliment
13 them as well. I want to also compliment you for a
14 different reason. It's heartening to have a
15 superintendent come and talk to this Commission about
16 results and about how they produced those results and
17 not the same time whine about needing more money for
18 special education. So I think one of the things
19 we're concerned about is that certainly more
20 resources could be applied to make things better, but
21 we don't want to put resources where we haven't
22 gotten results in the past. How would you see

1 extending, if you got additional resources, whether
2 they're special education or Title I or whatever? How
3 would you see extending the results you got in
4 elementary school at the middle school and secondary
5 level because we've learned a lot of results today
6 about elementary, and I think some of us are
7 concerned about what happens to kids once they get in
8 the upper grades? How will you handle that?

9 DR. BALES: That's a great question and a
10 great challenge for us as well. I want to say one
11 thing about parents coming into schools. We
12 personally invite our parents to come into the
13 schools and we get the best results at elementary.
14 We have 97 percent to 100 percent parents coming in
15 for conferences at elementary schools, and I think
16 because those people really do the personal
17 invitation and I think we need to do a better job of
18 that for our middle schools and high schools. I
19 personally believe if we would have year-round
20 schools with breaks throughout the year, there would
21 be less regression for children. And for middle
22 school students, I am positive we need to have more

1 active engaged learners in the middle schools. We
2 know that children are active. They have a lot of
3 excess energy, but we still have children sitting a
4 lot instead of applying what they know and
5 application should be very strong for our middle
6 school students. And then in high school most people
7 would probably make a general comment that teachers
8 teach content and they forget about nurturing the
9 students. We're actually looking at four schools
10 next year in our district becoming pre K-8 schools
11 because the biggest trauma for parents of all is
12 actually when students leave elementary school and go
13 to middle school, and regression is there. What Dr.
14 Sanders refers to as the building effect, and I think
15 it has everything to do with quality professional
16 development that sending teacher and receiving
17 teachers have conversations about where the child
18 left off and where they get the next level. And we
19 do individual literacy plans for the children,
20 individual math plans for our students who are not
21 proficient, but we have to do a better job of the
22 intensive intervention for students continuing into

1 middle school and high school.

2 MR. COULTER: I want to say once again,
3 you're the kind of superintendent who, when they
4 produce results, we certainly need more resources but
5 the resources need to go to people who are
6 successful. Thank you very much.

7 DR. BALES: Thank you.

8 MR. PASTERNAK: I will pose two questions
9 to the panel. Anyone cares to take a shot at it.
10 The first one I am curious about is how much does the
11 Department of Education develop for recruiting and
12 selection practices in Colorado and the content of
13 the programs to align with teacher characteristics
14 related to student achievement?.

15 MR. BELLAMY: I will give that a start and
16 invite others to respond. Colorado went through a
17 process two years ago aligning all teachers educators
18 to teacher standards that had been closely linked to
19 the standards for student learning. And in
20 generating a set of performance assessments that
21 universities and collaborating districts will jointly
22 use to ensure that all teacher candidates met with

1 the performance assessments before they were
2 recommended for licensure and that process is
3 gradually now being applied to all the various routes
4 into teaching so that we built from the content
5 standards to the standards for teachers to the
6 curriculum and design programs. I think what that
7 has done, I think first, at a structural level, is to
8 encourage an awful lot of the programs in the state
9 to take components of what Dr. Koslowski developed in
10 Denver with more intense partnerships in the
11 districts and universities. So I would say that was
12 one. The recruitment selection of teachers in the
13 special education in this state, I suspect as to the
14 others, has been really a joint process. There are
15 chronic shortages with districts hiring people
16 typically with general educational credentials
17 teaching with temporary authorization in special
18 education, and those people referred by the school
19 districts to universities to begin the course work.
20 So that's one pathway in selected by the district and
21 then supported by the university. Increasingly
22 universities and districts are working together on

1 the grow-your-own programs in a para-professional to
2 teacher program, intern programs where there's joint
3 selection. I would say that in Colorado a very small
4 percentage of the people going into special education
5 are initially selected because they applied to a
6 university first. There's still some of that but not
7 at the level you would have seen 10 or 15 years ago.
8 It's a much more collaborative process with many
9 different routes.

10 MR. PASTERNAK: Thanks. I guess a quick
11 question. We know that over the next decade in
12 school districts across this country will need 2.2
13 million additional teachers. The quality must be
14 raised at the same time. We know that current
15 certification and licensure doesn't really predict
16 teacher quality or student achievement and learning,
17 so with funds available under the No Child Left
18 Behind Act, what do you think are the best ways to
19 increase the quantity as well as the quality of
20 teachers?

21 DR. BALES: I think what would really make
22 a difference is just looking at the data of beginning

1 teacher who did come to us, really struggles with
2 improving student achievements. I think if we would
3 have, if we could place them with the very best what
4 we call master teachers who are getting the good
5 results so they can learn from them during the
6 preparation process or immediately upon entering, we
7 do expect all of our new teachers to learn the
8 reading process. I think every teacher, no matter
9 what area, should be a teacher of reading and should
10 have background into identifying children who have
11 special needs. Because I think children are often
12 mislabeled, for whatever reason, because we haven't
13 taught people how to identify the special needs
14 children have. And I'm particularly talking about
15 reading, dyslexia, all of those areas, I think people
16 think that children are often lazy and just can't
17 finish their work. I know personally of a boy locked
18 in a closet because he couldn't finish his work as
19 quickly as everybody else in first grade, and I think
20 with people who are latent ADHD, they need the
21 energy, so they're punished when they don't do their
22 work or get off task, make them sit in their seats

1 longer or not going out to play. We're doing the
2 wrong things to get the results we need. And I
3 think it's because everybody does not have the
4 information on how to help children get to where the
5 goals are.

6 DR. BUTTERFIELD: Commissioner Berdine?
7 I'm sorry. Are you finished?

8 MR. BELLAMY: Add one more. I need to.
9 It's a great question. It clearly is a challenge to
10 take a relatively small creation and figure out how
11 to leverage the funding that's going into teacher
12 development at all stages through the career. I
13 guess I would have a couple of things I would say to
14 the earlier testimony and maybe you can add one more.
15 In order to leverage that effectively, I think that
16 my recommendation would be to first use the structure
17 of priorities and competitions to insure deep
18 partnerships with the universities and districts.
19 That's where most of the money is to provide
20 professional development and ensuring that there are
21 some partnerships that create some self-renewals is
22 important. And I don't mean partnerships just

1 created for the sake of raising rent but long-term
2 structures that connect the two institutions that
3 have the primary resource base. The second will be
4 to use the funds to stimulate a continuing renewal in
5 the teacher education curriculum so that it conflicts
6 with the current knowledge base. There's always
7 pressure on teacher education curriculum from all
8 sources, but the, I think the appropriation in
9 special education, probably more than in any other
10 aspect of teacher education, there is an opportunity
11 for the federal government to leverage the content of
12 the curriculum in important ways. So that would be
13 the second point.

14 The third would be to insure that there is
15 a supply of leaders in districts and universities who
16 can translate the research that's coming out of our
17 best laboratories into teacher education programs and
18 that that involves perhaps some rethinking of how
19 doctorate-level preparation in special education has
20 occurred in the past. But I think the supply of
21 faculty members at universities and curriculum
22 leaders in districts, the supply of people who can

1 provide the leadership we need, need some attention.

2 So I emphasize these three areas.

3 DR. HAMILTON: I want to say I agree with
4 the three areas. I was thinking about in particular,
5 I think the first, talking about the partnership
6 between the district and the university, local
7 universities. One of the things we're beginning to
8 do in Pittsburgh because I happen to also work at the
9 University of Pittsburgh, is to make clear to the
10 schools of education and other places within the
11 university and special education also exactly what it
12 is we expect a candidate who is coming out of the
13 universities in our city to know. What competencies
14 do we want for them to be hired as a Pittsburgh
15 public teacher? And that has had one of the
16 strongest effects I have seen in kind of having the
17 academic community kind of sit up and take notice,
18 because one of the things they want to do is to place
19 their graduates, and if they know that the largest
20 place to place some of their graduates is looking for
21 very specific competencies, very specific
22 research-based knowledge, then the tendency for the

1 isolated profession that sometimes the academic
2 profession can be to come together and to say, All
3 right, so what are we going to do to change
4 curriculum? It doesn't speak to the quantity issue,
5 but it certainly does speak to the quality.

6 DR. BUTTERFIELD: And I believe that we
7 have to stop now, and I know that there are more
8 questions because we have more Commissioners who want
9 to ask questions. I think that will have to occur
10 out in the hall, because otherwise we're being
11 whisked away. Yes, Dr. Huntt?

12 MR. HUNTT: I wanted to throw in a quick
13 thank you to Dr. Hamilton. We didn't have the
14 opportunity to thank you for taking the time and
15 giving such an excellent presentation. Talk to you
16 later. I understand your pseudowords.

17 DR. BUTTERFIELD: I would like to thank
18 all of the panelists who came and spoke with us
19 today. I personally feel like I have learned a great
20 deal. I would like to thank all of you who have come
21 to testify before this task force and who have stayed
22 so patiently throughout all of our proceedings. We

1 want you to know that we listen. We take very
2 seriously the Commission that the President has given
3 us and want to leave you with the very best
4 recommendations. So with that, I bid you good night
5 and hope you have a safe journey wherever you're
6 going. We're adjourned.

7 (The hearing concluded at 5:00 p. m.)

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