II. STUDENT CHARACTERISTICS

Special Education in Correctional Facilities

Children Ages Birth Through Five Served Under IDEA

Students Ages 6 Through 21 Served Under IDEA

SPECIAL EDUCATION IN CORRECTIONAL FACILITIES

More than one in three youths who enter correctional facilities have previously received special education services, a considerably higher percentage of youths with disabilities than is found in public elementary and secondary schools (Leone, 1997). Under the Individuals with Disabilities Education Act (IDEA), youths with disabilities in correctional facilities are entitled to special education and related services. Providing appropriate services for these students, however, can be extremely challenging. Several issues have been identified as having an impact on the provision of appropriate special education services in correctional facilities, including transience of the student population, conflicting organizational goals for security and rehabilitation, shortages of adequately prepared personnel, and limited interagency coordination.

Glossary of Terms

Adjudicated: Judicial determination (judgment) that a youth is a delinquent-status offender or an adult offender.

Committed: A court decision to place an adjudicated child in a juvenile justice program or adult corrections system.

Delinquency: Acts or conduct in violation of criminal law. When the act is committed by a juvenile, it may fall within the jurisdiction of the juvenile court, or the courts may adjudicate the individual as an adult in the adult court system.

Detention: In State or local custody, whether through secure, nonsecure, or home detention while awaiting an arraignment, adjudication, or judicial order.

Detention Center: Comparable to a jail in the adult system, a temporary, secure holding facility for juvenile offenders.

This module synthesizes available information on youths with disabilities in correctional facilities and efforts to provide this population with a free appropriate public education (FAPE). The first section describes the number and characteristics of incarcerated youths with disabilities. The second section portrays special education services in correctional facilities. The third section discusses particular challenges associated with the provision of services in correctional facilities, and the fourth reports results for incarcerated youths with disabilities.

Number and Characteristics of Students with Disabilities in Correctional Facilities

Researchers generally agree that students with disabilities are overrepresented in the juvenile justice system. However, estimates of the number and percentage of students with disabilities in correctional facilities vary considerably (Perryman, DiGangi, & Rutherford, 1989). Data from the U.S. Department of Education, Office of Special Education Programs (OSEP) indicate that, on December 1, 1996, 15,930 students with disabilities were served in correctional facilities.[1] Youths with emotional disturbance and learning disabilities made up the majority of those incarcerated--42 and 45 percent, respectively (see figure II-1). In a 1985 study, Rutherford, Nelson, and Wolford estimated that 9,293 youths in State adult and juvenile correctional facilities had disabilities (28 percent of the juvenile population). Of those, 80 percent were receiving special education and related services. OSEP is currently sponsoring a study that replicates the 1985 study.

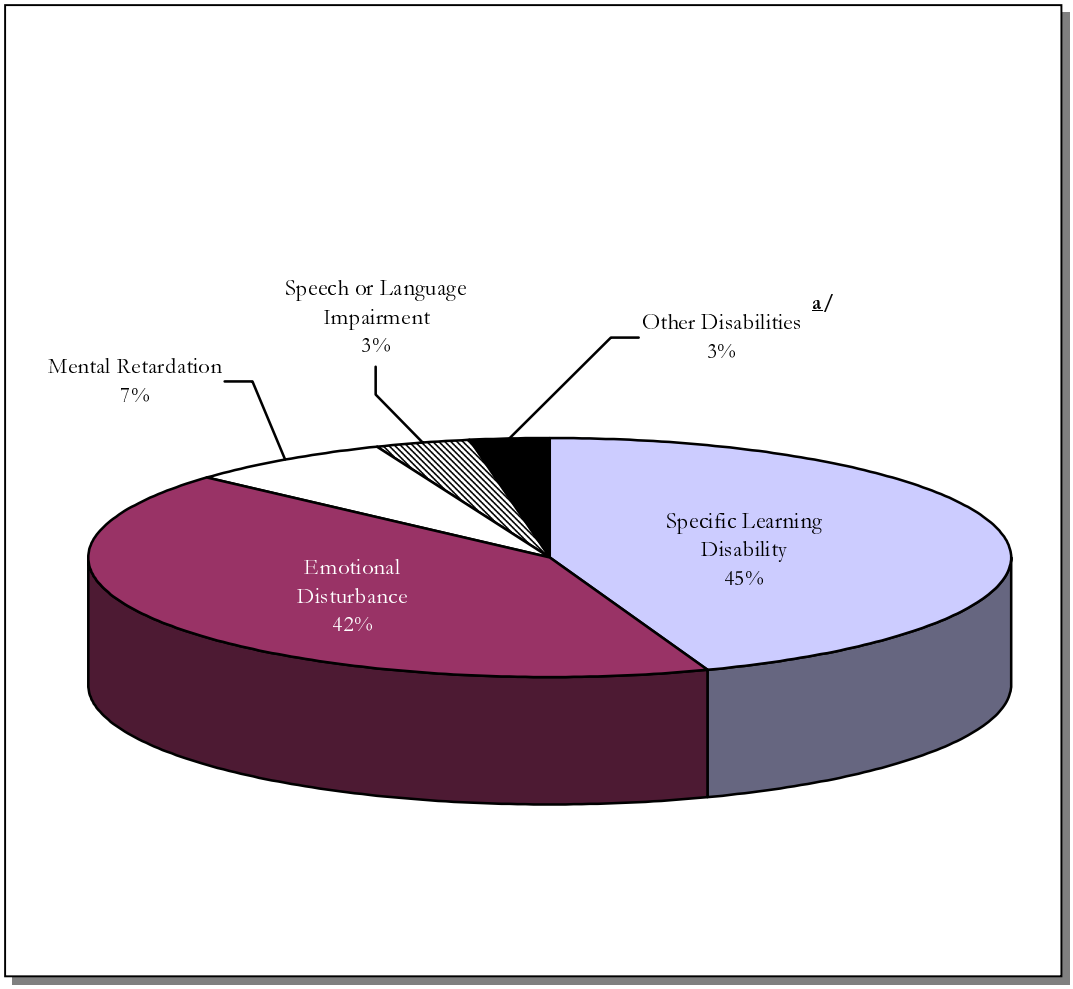
Two of the reasons it is difficult to pinpoint the number and percentage of students with disabilities in correctional facilities are the wide range and varying jurisdictions of correctional facilities across the country. Incarcerated youths with disabilities may be housed in jails, detention facilities, group homes for young offenders, adult or juvenile prisons, camps, ranches, private programs, or treatment facilities.

In most instances, jails are administered by local governments. The majority of individuals confined in jails are awaiting arraignment or trial. Others are serving sentences or are awaiting transfer to other correctional facilities. Incarceration in jails is often very short; in most jails, the average incarceration is less than 72 hours (Wolford, 1987). Prisons, on the other hand, are operated at both the State and Federal levels and typically house inmates for longer periods of time (Snarr, 1987).

Juvenile halls, detention centers, and camps or ranches are specifically designed to serve juveniles. The education programs in juvenile halls and detention centers are typically modeled after secondary schools, including the provision of special education services to students with disabilities (Leone, 1987). Camps or ranches are usually smaller, and youths often split their time between school and work related to operating the facility. Smaller juvenile corrections programs, such as ranches, camps, private programs, or treatment facilities, frequently do not provide special education. OSEP monitors for these services and requires corrective action when States are not ensuring that these services are provided. Efforts are ongoing and have not yet resulted in complete compliance.

[1] OSEP has been collecting data on the number of students with disabilities in correctional facilities since 1987-88.

Figure II-1
Percentage of Students in Correctional Facilities by Disability: 1996-97



a/ Other disabilities include visual impairment, hearing impairment, other health impairment, orthopedic impairment, autism, traumatic brain injury, multiple disabilities, and deaf-blindness.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

What accounts for the disproportionate representation of students with disabilities among incarcerated youths? There are various theories about the relationship between delinquency and disability, but none have been adequately tested by research. One theory holds that school failure is the common link between delinquency and disability. Learning and behavioral disabilities may lead to academic

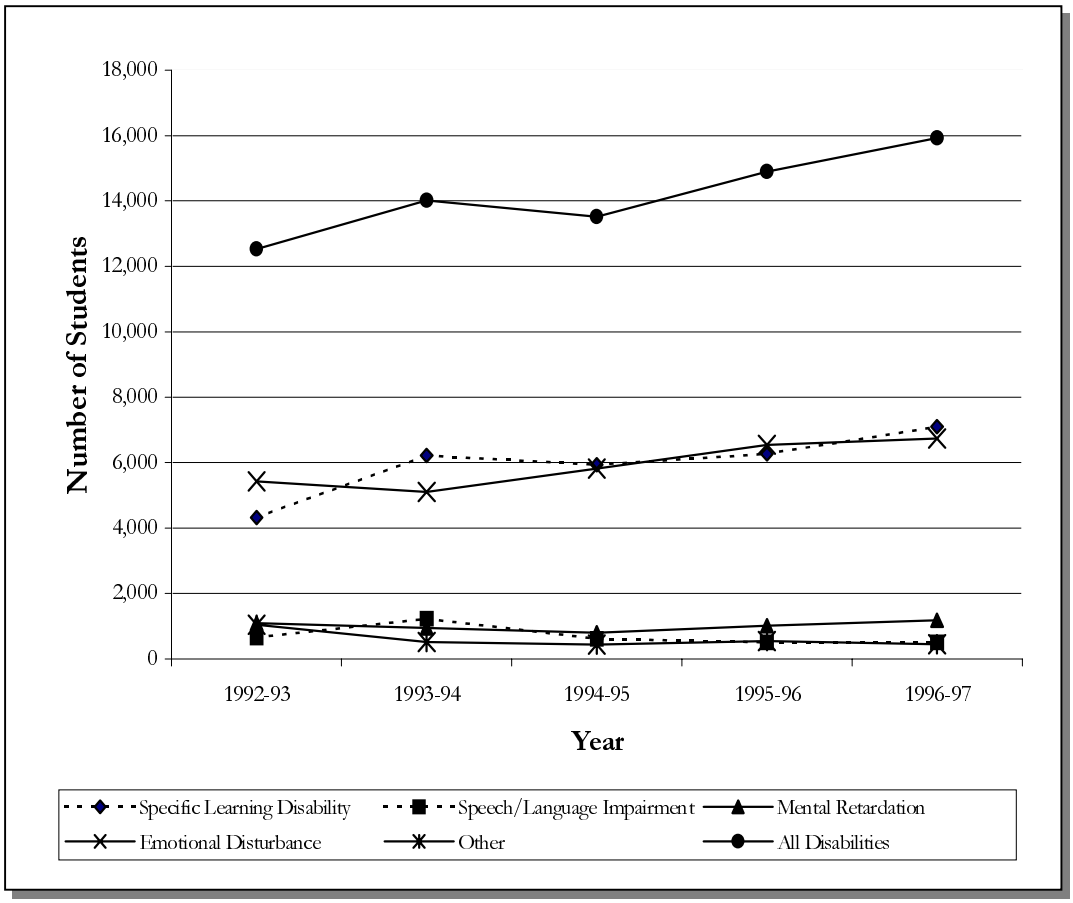
failure and dropout, which, in turn, lead to delinquent behavior (Hirschi, as cited in Fink, 1990b).

A second theory postulates that youths with disabilities exhibit certain cognitive, behavioral, and personality deficits that predispose them to delinquent behavior. These deficits--lack of impulse control, poor reception of social cues, and a diminished ability to learn from experience--may increase susceptibility to delinquent behavior (Murray, as cited in Fink, 1990b). In a study by Keilitz and Dunivant (1986), youths with learning disabilities reported committing more acts of delinquency, including stealing from a home, stealing from school, shoplifting, and damaging property, than did their peers without disabilities. Youths with learning disabilities were also more likely to commit violent acts, use marijuana and alcohol, and experience problems with school discipline (Bryan, Pearl, & Herzog, 1989).

A third theory regarding the disproportionate percentage of youths with disabilities in correctional facilities suggests that at all stages of the juvenile justice system, offenders with disabilities are treated differently from other offenders who engage in the same types of delinquent behaviors (Keilitz & Dunivant, as cited in Fink, 1990b). Consequently, delinquent youths with disabilities may be more likely than those without disabilities to be incarcerated (Keilitz & Dunivant, 1986). They may be more likely to be apprehended by the police because they lack the skills to plan strategies, avoid detection, interact appropriately, and comprehend questions and warnings during police encounters. Wagner and colleagues (1992) found that 19 percent of all youths with disabilities were arrested by the time they had been out of school for 2 years. This was much higher than overall juvenile arrests; 5 percent of all juveniles ages 10 to 17 were arrested in 1992 (Snyder & Sickmund, 1995). The overrepresentation of offenders with disabilities in the juvenile justice system may be explained by some combination of these theories (Leone, Rutherford, & Nelson, 1991b) or by some reason or reasons yet to be determined.

Doren, Bullis, and Benz (1996) explored factors predicting arrest for students with disabilities. They found that, holding other variables constant, males with disabilities were 2.4 times more likely than females with disabilities to be arrested during their school career. Students with emotional disturbance were 13.3 times more likely than other students with disabilities to be arrested while in school. Students with learning disabilities were 3.9 times more likely than other students to be arrested. Dropout status and personal/social achievement also contributed to the likelihood of arrest. Youths with disabilities who dropped out of school were 5.9 times more likely than other students to be arrested, and youths with disabilities who scored low on personal/social achievement skills were 2.3 times more likely to be arrested. Furthermore, youths with disabilities who had been arrested once were far more likely to be arrested again.

Figure II-2
Number of Students in Correctional Facilities by Disability Over Time: 1992-93 to 1996-97



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Over the past several years, the number of students with disabilities in correctional facilities has risen at over twice the rate of the overall special education population. From 1992-93 to 1996-97, the number of students ages 6 through 21 with disabilities increased 13 percent; the number in correctional facilities increased 28 percent. The increase in incarcerated youths can be seen most in juveniles with learning disabilities and emotional disturbance; these two disabilities also account for the largest percentage of juveniles with disabilities in correctional facilities (see figure II-2). The number of incarcerated youths with other disabilities has remained relatively stable over time. It is not clear whether this increase is due to an actual rise in the number of youths with these disabilities committing crimes or a result of correctional facilities' greater efforts to identify and serve a higher proportion of IDEA-eligible youths.

Providing FAPE for Students with Disabilities in Correctional Facilities

IDEA ensures that students with disabilities will receive FAPE, and these assurances clearly extend to students in correctional facilities. In the landmark case *Green v. Johnson* (1981), the U.S. District Court of Massachusetts ruled that students with disabilities do not forfeit their rights to an appropriate education because of incarceration (Grande & Oseroff, 1991). However, the provisions of IDEA were developed with school settings in mind. This can make the implementation of IDEA in correctional facilities particularly challenging. Furthermore, the IDEA Amendments of 1997 limited the State's obligation somewhat in providing special education in correctional facilities. The IDEA Amendments of 1997 revised the eligibility provisions so that States may choose not to provide special education services to youths with disabilities, ages 18 through 21, who, in the educational placement prior to their incarceration in an adult correctional facility: (a) were not actually identified as being a child with a disability under IDEA or (b) did not have an individualized education program (IEP) under IDEA. The new act provides that youths with disabilities who are convicted as adults and in adult prisons need not participate in general educational assessment programs conducted by the State and that the transition planning and services provisions of IDEA do not apply to these individuals if their eligibility under IDEA will end because of their age before they will be released from prison. The educational program and placement of youths with disabilities who are convicted as adults and in adult prisons can be modified by their IEP teams to accommodate bona fide security or compelling penological interests. A State also may provide that when individuals with a disability reach the age of majority under State law, all rights accorded to their parents transfer to those individuals who are incarcerated in an adult or juvenile Federal, State, or local correctional institution.

The availability of special education services varies considerably by type of correctional facility and also from State to State. Thirty-six States responding to a national survey reported providing special education services in an average of 92 percent of their State's juvenile correctional facilities (Kirshstein & Best, 1996). Educational programs in adult jails and prisons are generally less extensive than those in juvenile facilities; special education services are only occasionally provided, and with varying levels of intensity (Leone, 1987; Rutherford et al., 1985; Wolford, 1987). In 1990-91, 33 of 42 States reported providing special education services in some adult correctional facilities. On average, 33 percent of institutions in those States provided special education services (Kirshstein & Best, 1996). An interesting footnote to these figures is a 1998 ruling by the U.S. Supreme Court. In *Pennsylvania Department of Corrections v. Yeskey*, the court ruled in favor of an inmate with high blood pressure who was denied access to a boot camp program, which would have reduced the length of his incarceration. The court ruled that inmates are covered

under the Americans with Disabilities Act of 1990 and, as such, regardless of their age, they may be entitled to accommodations in education programs offered in correctional facilities. The impact of this decision, if any, on the provision of special education services in correctional facilities remains to be seen.

States also differ in the structure of their corrections education programs. In some States, corrections schools are decentralized, and a warden or institutional superintendent directs each school. In these cases, noneducators are responsible for making educational decisions. In other States, a corrections education supervisor within a bureau oversees education across institutions. The State education agency (SEA) may also extend rights and responsibilities of a local education agency to the corrections education organization. In 1990, 21 youth and adult corrections education programs were characterized as decentralized, 48 were overseen by State bureaus, and 18 were housed in school districts (Gehring, 1990).

Below, literature on efforts to provide FAPE for youths with disabilities in correctional facilities is summarized. Issues associated with identification and assessment, IEP development, provision of services, and personnel are addressed.

Identifying and Assessing Children with Disabilities

IDEA requires that States identify, locate, and evaluate all children with disabilities residing in the State who need special education and related services. Education agencies are responsible for conducting a full, individual evaluation to determine whether a child is eligible for services under IDEA and to determine the educational needs of the child. This requirement generally applies to youths in correctional facilities as well as those in more typical educational settings.

Youths with disabilities in correctional facilities may have received special education services in their previous school, or they may have a disability that was not previously identified. Without access to school records, it can be difficult for corrections personnel to identify youths previously served in special education because the exchange of information between public schools and correctional facilities can be problematic (Lewis, Schwartz, & Ianacone, 1988). In one study, school officials reported learning about a youth's incarceration through informal means of communication. Staff in correctional facilities reported that some school districts refused to release student records without parental permission, delaying the identification of students with disabilities and the provision of appropriate services (Leone, 1994). In fact, Moran (1991) found it was not uncommon for youths to have exited the correctional system by the time their school records arrived.

Identification and assessment may also be difficult if corrections educators do not have adequate support for identifying youths with disabilities (e.g., school psychologists, social workers, special education administrators). In a case study of one State's juvenile justice facilities, Leone (1994) found that juvenile correctional facilities only provided special education services to youths who had been previously identified as eligible for special education. The juvenile justice department made no independent efforts to evaluate youths' eligibility for special education. Furthermore, at the time of the interviews, staff revealed that there was a backlog of over 4 months in the processing of files for students previously identified as having disabilities. For example, one student who had received special education services in public school waited 9 months after his incarceration before a multidisciplinary team met and placed him in an appropriate program. During the study, the State department of juvenile justice took steps to address these delays (Leone, 1994).

More than a dozen class action suits brought against correctional facilities since 1990 have addressed the issue of identification and assessment (e.g., *John A. v. Castle* (1990), *D.B. v. Casey* (1991), *W.C. v. DeBruyn* (1990), *Horton v. Williams* (1994)). In *Andre H. v. Sobol* (1984), the plaintiffs claimed that the detention holding facility did not conduct any screening or child find activities, did not convene any multidisciplinary team meetings, and did not make any attempts to get records from youths' previous schools. The case was settled out of court 7 years after initiation (Leone & Meisel, 1997). In *Smith v. Wheaton* (1987), a school was accused of failing to meet timelines for evaluating youths for special education eligibility or developing IEPs. The plaintiffs also asserted that major components of IDEA were not being followed, such as providing related services (e.g., counseling, occupational therapy) and creating transition plans. After an 11-year legal battle, the courts ruled that juvenile detention facilities must provide a broad array of educational and rehabilitative services (Becker, 1999). Furthermore, school districts must promptly release school records to the facility when a child is incarcerated, as well as ensure appropriate special education placements upon the child's release (Connecticut Legal Services, 1999). These cases demonstrate the nature of the difficulties in identifying and assessing the special education needs of students with disabilities in correctional facilities.

When the school district is the entity responsible for serving incarcerated youths, some of the identification problems can be avoided. For example, in the Fairfax County, Virginia Juvenile Detention Center, a youth's most recent school--referred to as the base school--is contacted immediately upon the youth's arrival, and the process for obtaining records is initiated. Because the school program in the Detention Center is officially part of the county school system, the school system messenger service delivers records from the base school to the detention center. This speeds the identification of students previously served in special education. In many cases, records arrive the same day. If a youth is suspected of having a previously

unidentified disability, the base school is contacted to schedule an assessment by county school system personnel. Staff at the juvenile detention center stress the importance of maintaining good personal relations with staff in community schools to facilitate the identification and assessment process (Markowitz, 1998).

IEP Development

Once youths are found eligible for special education services under IDEA, they are entitled to an IEP. This written plan must include statements of (1) the child's present levels of performance; (2) annual goals, including short-term objectives; (3) special education and related services; and (4) program modifications or supports. For youths ages 14 and older in juvenile facilities, the IEP must also include a plan for the transition from secondary school to postsecondary roles. The IEP team--including teachers, parents, and, when appropriate, the youth--is required to meet annually to update the student's present levels of performance, goals and objectives, services, and supports.

Providing Special Education and Related Services

The curriculum used in juvenile facilities often parallels that used in local school districts; curriculums in adult facilities are usually modeled on adult education programs, with the GED or high school equivalency as the credential earned. Regardless, the curriculum and service delivery system may not meet student needs. Researchers suggest that the components of an effective corrections special education program include: (1) a functional assessment that uses ongoing measurement to identify discrepancies between a predetermined curriculum or program standard and the youth's level of educational achievement, social/vocational adjustment, and ability to function independently; (2) a functional curriculum that meets a student's individual needs, including social, daily living, and vocational skills; (3) functional instruction that uses positive and direct instructional strategies; (4) vocational training opportunities; (5) transition services; (6) a full range of educational and related services; and (7) professional development for educators and staff (Bullock & McArthur, 1994; Forbes, 1991; Leone, Rutherford, & Nelson, 1991a; Leone, Rutherford, & Nelson, 1991b; Rutherford, Nelson, & Wolford, 1985).

Further, research suggests that effective and ineffective rehabilitation programs differ in a variety of ways. Effective programs are distinctive in the types of intervention they provide, their duration and intensity, the characteristics of staff, the relationship between the staff and offenders, and the extent to which the programs address the social and economic factors affecting offenders (Gendreau & Ross, as cited in Ross & Fabiano, 1985; MacKenzie, 1997). By identifying changeable behavior characteristics, the conceptualization of delinquent behavior is also a critical factor

driving the development and implementation of rehabilitation programs. In addition to addressing the offender's environment, feelings, behavior, and vocational skills, effective programs also use a cognitive behavioral and social learning approach. They include techniques to improve reasoning skills, empathy, and awareness of behavioral consequences (MacKenzie, 1997; Ross & Fabiano, 1985).

Research suggests that these ideals are rarely met. In his case study of one State's juvenile corrections system, Leone (1994) reported that few IEP meetings were held. Staff reportedly prepared IEPs based on school records and circulated the IEP to several staff members who reviewed and signed it. Involving parents in IEP meetings was particularly difficult. Parents were frequently sent notices of IEP meetings, but they rarely attended, and this was also true of surrogate parents appointed by the State. Similar issues were noted in a number of suits against juvenile and adult correctional programs (e.g., *Melvin v. Schilling* (1991), *T.Y. v. Shawnee County* (1994), *E.R. v. McDonnell* (1994)). Parents of youths in correctional facilities are reported to miss many hours of work handling court-related matters and may not have the flexibility to attend IEP meetings (Markowitz, 1998).

Furthermore, Leone found that students with disabilities in correctional facilities received considerably less intensive special education programming than they had in public schools (7 to 7 1/2 class periods per week compared to 19 1/2 to 22 1/2 periods per week). It appeared from the review of records that students received one or two periods of special education service per day, regardless of their level of need. Few students received speech therapy, and none received counseling or psychological services despite the fact that a number of these youths received such services prior to incarceration. Leone also found that none of the IEP goals or objectives addressed the transition of students from correctional facilities to their home communities or other institutions (Leone, 1994).

Moran (1991) described some of the difficulties associated with providing special education services within correctional facilities. The time available for providing special education services often conflicted with higher priority activities, such as meeting with attorneys, meeting with probation counselors, appearing in court, or attending other scheduled classes. Depending on the availability of staff and scheduling in residential units, special education teachers would sometimes have to escort youths from the residential unit to the school facility. Limitations on the number of youths who could be escorted without assistance reduced the number served at any one time. In addition, dormitory confinement was used as a common disciplinary tool, and, during confinement, youths, in many cases, did not attend school or receive special education services. Services are provided to students in confinement in some systems.

Much attention has been given to the interpretation of the IDEA Amendments of 1997 requirement that students with disabilities be served in the least restrictive environment. The law holds that

> to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the general educational environment occurs only when the nature or severity of the disability of a child is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily. (§612(a)(5)(A))

Interpreting the application of this mandate within the confines of a correctional facility is particularly difficult. Some researchers have labeled correctional facilities *the most restrictive environment* (Rutherford et al., 1985). Nonetheless, youths with disabilities in correctional facilities may receive educational services with nondisabled, incarcerated peers.

IDEA does provide some flexibility for placing adjudicated youths with disabilities in the least restrictive environment. The Act states that if a child with a disability is convicted as an adult under State law and incarcerated in an adult prison, the IEP team may modify the child's IEP or placement if the State demonstrates a *bona fide* security concern or compelling penalogical interest that cannot otherwise be accommodated (§614(d)(6)). However, this has the potential to magnify existing tensions between security and education, especially if there are funding cuts. With budget constraints, a correctional facility could seek to reduce special education and/or regular education services in order to ensure proper security.

The IDEA Amendments of 1997 specify that requirements for transition planning and transition services do not apply to children convicted as adults and incarcerated in adult prisons whose IDEA eligibility will end, because of their age, before they are released from prison. However, for youths 14 and older in *juvenile* facilities, IEPs must include a statement of transition needs and, if appropriate, services. Transition services may be the most neglected aspect of corrections special education programs as cooperation among public schools, community agencies, and correctional facilities is rare (Leone et al., 1991b). Virtually every facility in Florida reported deficiencies and fragmentation in the transition of incarcerated youths with disabilities back to their communities (Florida Department of Education, 1995).

Few States have education laws or regulations for corrections education, few corrections education programs are accredited, and there are no mandatory standards

for corrections education programs in adult institutions except those requirements of IDEA applicable to students with disabilities. The lack of standards makes it difficult to provide quality special education services because the necessary general education infrastructure and supports on which special education rests are often inadequate. They may not meet such basic State requirements as professional development, space, or ventilation (Leone & Meisel, 1997).

Monitoring the quality of corrections education programs or corrections special education programs is also difficult without accepted standards of practice (Leone & Meisel, 1997). While State education agencies are responsible for monitoring the implementation of IDEA in correctional facilities, such monitoring has been limited (Leone, 1994; Wolford, 1987). In response, the courts have become a mechanism of last resort for securing services for youths in correctional facilities under IDEA.

Ensuring an Adequate Supply of Personnel

Providing appropriate special education services requires an adequate supply of qualified personnel. Under IDEA, each State must have in effect a comprehensive system of personnel development (CSPD) that is designed to ensure an adequate supply of qualified special education, general education, and related services personnel. The SEA must establish and maintain standards to ensure that personnel are appropriately and adequately prepared, and personnel standards must be consistent with State-approved or State-recognized professional requirements. This section summarizes literature on the need for administrators and general and special education service providers to work with incarcerated students with disabilities.

Providing special education services for youths in juvenile and adult correctional facilities is relatively new, and many corrections administrators may not have the necessary experience or expertise (Schrag, 1995). In a survey of nine States, a number of administrative factors were found to be crucial for providing appropriate special education services in correctional facilities. These included: (1) removing barriers that restrict the access of students with disabilities to general education programs, classrooms, and activities; (2) ensuring that all facilities and/or programs are in full compliance with Federal and State laws, including procedural safeguards; (3) ensuring that corrections education programs have written philosophies and clear goals developed in coordination with all staff and communicated to students, legislative and community agencies, public schools, and the community at large; (4) ensuring that administrators have adequate education credentials and the authority to make budgetary, personnel, and programmatic decisions; (5) using teacher recruitment practices that attract highly qualified staff; and (6) providing school staff with access to ongoing professional development in the areas of legal developments, research, and evaluation (Schrag, 1995).

In light of the range of disabilities that young offenders exhibit, direct services personnel in correctional facilities must be specifically prepared to address a diverse array of educational needs. The fact that these students are incarcerated calls for special educators to supplement their skills with a better understanding of the subculture of offenders (Nelson, Rutherford, & Wolford, 1987) and learn skills to teach adaptive behavior (Western Regional Resource Center, 1993), conflict resolution, and goal setting (Florida Department of Education, 1995).

Leone (1987) delineated competencies for corrections special educators. These competencies include the ability to: (1) apply knowledge of legislation and regulations governing the education of incarcerated students with disabilities, (2) identify and assess students suspected of having disabilities, (3) develop instructional goals and objectives for individual students, (4) use a variety of instructional strategies for presenting material, (5) monitor student progress and adjust instruction accordingly, (6) teach students to monitor their own academic progress and assume greater responsibility for their learning, (7) design and adapt instructional materials to meet student needs, and (8) effectively use behavioral strategies to promote prosocial behavior (Leone, 1987). Bullock and McArthur (1994) listed similar skills but added vocational education and team skills as necessary components in a correctional educator's repertoire. Finally, Leone (1987) identified political skills as critical for successful corrections special education personnel in that teachers must understand the relationships among agencies and work within the system to improve the quality of educational services they provide.

Obtaining accurate information about the number of special education teachers working within juvenile correctional settings, as well as the projected need for these specially trained teachers, is challenging. Surveys suggest that the number of certified special education teachers in juvenile corrections is not adequate for the number of students identified (Leone et al., 1991b; Rutherford et al., 1985). Hiring new personnel who are qualified to provide special education and related services in correctional facilities can be extremely difficult (Fink, 1990a), and the lack of definitive personnel data has inhibited the emergence of specialized programs on corrections special education in institutions of higher education.

Litigation against juvenile and adult correctional facilities has been one mechanism for addressing shortcomings in the availability of adequately qualified special education personnel. Personnel issues have been addressed in at least 10 such cases since 1990. An example is *T.I. v. Delia* (1990), in which plaintiffs alleged that Kings County Detention Center in Washington was overcrowded, understaffed, unsafe, and failed to provide adequate education, treatment, and recreation. As part of the consent decree, the Seattle School District agreed to employ two full-time certified special education teachers in addition to six full-time general education teachers at

the facility, encourage general educators to obtain special education certification, and fill new teacher vacancies with certified special educators. The district agreed that the facility's two special education teachers would teach only those youths eligible for special education services unless the population of students with disabilities diminished.

Some promising strategies have been developed to address the professional development needs of teachers in correctional facilities. For example, computer-based expert systems are one approach to addressing the information and training needs of general educators who work with incarcerated students with disabilities. Expert systems are programmed to arrive at decisions using information provided by the user and the expert. For example, one system--SNAP (Smart Needs Assessment Program)--was specifically designed for general education teachers who had special education students in their classes. To use SNAP, teachers identify problem situations in their classrooms and query the expert system for recommended behavioral strategies or teaching/learning strategies. An evaluation of SNAP showed positive results in an adult corrections education program, and teachers responded favorably to the system (Fink, 1990a).

Challenges To ProvidingFAPE in Correctional Facilities

Meeting the requirements of IDEA in correctional facilities is a daunting task. Coffey and Gemignani (1994) suggest that there is a poor fit between Federal rules and regulations and the reality of correctional facilities. There are many unique and significant challenges associated with the provision of services in these settings, which are often not conducive to learning (Florida Department of Education, 1995). Some of those challenges are discussed below.

Custody and supervision are often seen as the primary functions of correctional facilities. Conflict between the goals of rehabilitation and punishment can have far-reaching consequences. Judges, for example, rarely make sentencing or placement decisions that account for the offender's need for special education services (Rutherford et al., 1985). Youths identified in school as having a disability receive special education and related services based on their educational needs. In the juvenile justice system, youths are likely to be served according to the severity of their crime and the length of their sentence. Institutional security and housing or work assignment take priority over educational needs (Nelson, 1996; Wolford, 1987). Disciplinary procedures within correctional facilities may not take into account the needs and characteristics of youths with disabilities, and corrections industries may not provide adequate vocational training (Leone, 1994).

Compared to youths without disabilities, youths with disabilities in correctional

facilities receive a disproportionate number of disciplinary actions (Buser, as cited in Leone, 1994; Walter, as cited in Leone, 1994). On average, youths with disabilities received a major disciplinary action once every 25.8 days compared to once every 35.3 days for students without disabilities (Leone, 1994). The types of disciplinary action used in correctional facilities may also limit access to educational services. Segregation or confinement is a common form of discipline; it typically includes temporary removal from educational services. Youths with disabilities spent more time in disciplinary confinement than youth without disabilities (Buser, as cited in Leone, 1994; Buser, Leone, & Bannon, 1987; Leone, 1994). This can be particularly problematic for youths with potential mental health problems, who spent 20.4 percent of their time in disciplinary confinement as compared to 12.3 percent for the youths in special education and 5.6 percent for those not in special education (Leone, 1994).

Correctional facilities often stress employment in corrections industry rather than vocational education, providing further evidence of the relatively low priority afforded to education. Very few correctional facilities have formal vocational education programs that provide offenders with marketable skills and assistance in employment planning (Rutherford et al., 1985). Furthermore, the existing vocational education programs often exclude youths with disabilities because they do not have a high school diploma, adequate reading skills, or other prerequisite skills (Rutherford et al., 1985).

The provision of appropriate special education services in correctional facilities is also confounded by the high rate of mobility among incarcerated youths. A young person may be incarcerated for a short period of time or may be transferred frequently. For example, in the Fairfax County, Virginia Detention Center, youths typically stay 2 to 3 weeks (Markowitz, 1998). This is consistent with the national average length of confinement of 15 days in juvenile detention centers (Abt, 1994). Identification of disabilities may be difficult if youths do not stay in any one correctional facility for very long. The special education assessment and eligibility determination process can be lengthy, and it may not be complete when youths are transferred. The mobility and varying length of time spent in facilities may interfere with educational programming and the continuity of special education services provided (Schrag, 1995). As youths move from one facility to another or from community schools to correctional facilities, they likely face changes in curriculum, instructional techniques, and educational expectations. These may all interfere with the teaching and learning process.

This high rate of mobility also contributes to difficulties with interagency coordination. Youthful offenders are served by numerous public agencies as they work their way through the juvenile justice or adult corrections systems. These agencies may include the courts, social service agencies, detention centers, group

homes, rehabilitation programs, school programs, and correctional institutions. When schools are not informed that youths are incarcerated, information about special education needs cannot be transferred. Even when schools are informed of incarceration, IEPs and other pertinent information may not be transferred because of poor or inadequate coordination with the school system (Schrag, 1995). This presents a problem for the correctional facility because resources needed for assessment of such youths typically are not readily available in the facility. A lack of guidelines or written procedures for the exchange of information (e.g., notification of incarceration and exchange of records) interferes with the transition of students into and out of correctional facilities.

Transition of youths from the correctional facility back into school and/or the community is extremely difficult (Leone, 1994). A successful transition to the community requires the coordinated efforts of institutional staff, families, probation and aftercare professionals, and educators (Leone et al., 1991a). The availability of integrated support services (e.g., counseling, career planning, and social work services) to improve this transition is limited. Corrections education programs that serve a large region or a whole State are further challenged by interagency coordination because this necessitates working with personnel and procedures from multiple schools and agencies (Markowitz, 1998).

Results for Students with Disabilities in Correctional Facilities

An important part of the discussion regarding students with disabilities in correctional facilities is their academic achievement and transition back into the community. Unfortunately, minimal data are available on results for this population, such as high school completion, postsecondary enrollment, employment, or recidivism. This section summarizes the information that is available.

Data from a variety of sources suggest that students with disabilities in correctional facilities are less likely than other youths with disabilities to complete high school or to make a successful transition from a corrections education program to a community-based school. In Pennsylvania, of the 959 youths with disabilities through age 21 in juvenile and State correctional facilities, 3.1 percent had a high school diploma or GED compared to 21.7 percent of incarcerated youths without disabilities (N. Heyman, personal communication, April 7, 1998). Of students with disabilities exiting correctional special education programs in Maryland, 6.4 percent graduated from high school compared to 64.0 percent of all students with disabilities in the State. A far greater percentage of Maryland's youths with disabilities in correctional facilities reached the maximum age for special education services without completing high school, 83.0 percent (E. Featherstone, personal communication, March 17, 1998). Incarcerated students with disabilities may also

have difficulty with the transition to a community-based high school once they are released. In a Florida study, 25 to 45 percent of incarcerated students with disabilities did not return to a comprehensive public high school after their release (Florida Department of Education, 1995).

Some efforts to improve transition services have shown promise, however. An intermediate school district in Wisconsin developed the Youth Reentry Specialist (YRS) program. This program employed a trained reentry specialist to foster the transition of youths with disabilities from correctional facilities to public schools, vocational rehabilitation, vocational education, job training programs, or work programs. An evaluation found that, of white youths without YRS services who left the correctional facility school with five high school credits, only 13 percent made a successful transition into a special education program and were in a vocational program 3 months after release. Of white youths with YRS services, 40 percent made a successful transition into special and vocational education. Black males were somewhat more likely than whites to have a successful transition--25 percent without YRS services, and 60 percent with YRS services (Karcz, 1996).

In a similar effort, the Networking and Evaluation Team (NET) was designed to help local schools and the Washington State Division of Juvenile Rehabilitation coordinate and plan for youths' educational needs as they moved to and from corrections education programs. This was done by building awareness of other agencies' activities, enhancing the transfer of educational records, conducting preplacement planning before youths left correctional facilities, and maintaining communication between community and corrections educators. Available data suggest that the NET model was associated with improved student retention (Webb & Maddox, 1986).

Conclusions

Efforts have been made to improve corrections education by implementing a national policy for corrections education and developing standards for administration. However, no formalized process has been established for measuring compliance with these standards or for using measures as the basis for certification or accreditation of corrections schools or school systems (Coffey & Gemignani, 1994). Furthermore, no specific standards have been developed for guiding development of corrections special education programs.

State, regional, or national efforts are required to provide standards of best practice and resources for technical assistance. Given the relatively small number of special educators within correctional facilities and the broad scope of their responsibilities, these individuals cannot be expected to design, implement, and evaluate their own

special education programs. Rather, this is an area in which State education agency personnel or regional staff might provide assistance and leadership. Technical assistance to correctional facilities could be provided to design educational programs that comply with curriculum standards and graduation requirements, as well as meet the unique needs of the students with disabilities (Florida Department of Education, 1995). Furthermore, coordination among State agencies that work with incarcerated youths could be enhanced through new channels of communication and timely exchange of records.

State and local agencies may also facilitate transition of incarcerated youths back into the community. A comprehensive transition program requires referral, program placement, and followup. Each phase is important in enhancing the odds of a successful transition. Selected studies have shown the benefits of transition services for youths with disabilities moving from correctional facilities to community-based school or work sites.

The professional development needs of the academic staff in correctional facilities are well-documented, most specifically in the area of special education (Coffey & Gemignani, 1994, Rutherford et al., 1985). Teachers need specialized training to work with offender populations. Because relatively few prospective teachers enter corrections education, institutions of higher education cannot justify preservice programs geared toward this particular subspecialty. Consequently, inservice training is essential. A State or regional comprehensive personnel development program that is aligned with State standards is required for enhancing the skills of correctional special educators.

Finally, to better assess the adequacy of corrections special education programs, State and local agencies should consider conducting results-based evaluations of their programs. These evaluations might include data on an array of results for youths with disabilities, including successful transition to community-based education programs, high school completion, mastery of State content standards, postsecondary employment, social adjustment, enrollment in postsecondary education programs, and recidivism. The evaluations could be linked with State standards so evaluation results can be used to inform professional development activities, guide reforms in curriculum and instruction, and generally improve corrections special education programs.

References

Abt Associates, Inc. (1994). *Conditions of confinement: Juvenile detention and corrections facilities*. Prepared for the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Washington, DC: U.S. Government Printing Office.

Becker, E. (1999). Juvenile justice system under scrutiny. *APA Monitor Online* [On-line serial], 30. Available: http://www.apa.orgmonitor/apr99/jn.html.

Bryan, T., Pearl, R., & Herzog, A. (1989). Learning disabled adolescents' vulnerability to crime: Attitudes, anxieties, and experiences. *Learning Disabilities Research, 5*, 51-60.

Bullock, L., & McArthur, P. (1994). Correctional special education: Disability prevalence estimates and teacher preparation programs. *Education and Treatment of Children, 17*, 347-355.

Buser, C., Leone, P., & Bannon, M. (1987). Prison segregation units and the educational rights of handicapped inmates: Problems and some potential solutions. *Issues in Correctional Training and Casework, 3*, 1-3.

Coffey, O., & Gemignani, M. (1994). *Effective practices in juvenile correctional education: A study of the literature and research 1980-1992*. Washington, DC: National Office for Social Responsibility.

Connecticut Legal Services. (1999). *CLS wins eleven-year legal battle on behalf of disabled children*. Available: http://home.earthlink.net/~clsaadmin/.

Doren, B., Bullis, M., & Benz, M. (1996). Predicting arrest status of adolescents with disabilities in transition. *The Journal of Special Education, 29*, 363-380.

Fink, C. (1990a). Special education inservice for correctional educators. *Journal of Correctional Education, 41*, 186-190.

Fink, C. (1990b). Special education students at risk. In Leone, P. (Ed.), *Understanding troubled and troubling youth* (pp. 61-81). Newbury Park, CA: Sage.

Florida Department of Education. (1995). *Analysis of educational programs in juvenile justice settings*. Tallahassee: Florida Department of Education.

Forbes, M. (1991). Special education in juvenile correctional facilities: A literature review. *Journal of Correctional Education, 42*, 31-35.

Gehring, T. (1990). Results of a nationwide survey: Correctional education organizational structure trends. *Journal of Correctional Education, 41*, 174-181.

Grande, C., & Oseroff, A. (1991). Special education planning in jails? *Journal of Offender Rehabilitation, 16*, 103-111.

Karcz, S. (1996). An effectiveness study of the youth reentry specialist (YRS) program for released incarcerated youth with handicapping conditions. *Journal of Correctional Education, 47*, 42-46.

Keilitz, I., & Dunivant, N. (1986). The relationship between learning disability and juvenile delinquency: Current state of knowledge. *Remedial and Special Education, 7*, 18-26.

Kirshstein, R., & Best, C. (1996). *Survey of state correctional educational systems: Analysis of data from 1992 field test.* Washington, DC: Pelavin Research Institute.

Leone, P. (1997, August). Should special education be provided to youth in correctional facilities? *CEC Today*, 14.

Leone, P. (1994). Education services for youth with disabilities in a state-operated juvenile correctional system: Case study and analysis. *The Journal of Special Education, 28*, 43-58.

Leone, P. (1987). Teaching handicapped learners in correctional education programs. In C. Nelson, R. Rutherford, & B. Wolford (Eds.), *Special education in the criminal justice system* (pp. 275-291). Columbus, OH: Merrill.

Leone, P., & Meisel, S. (1997). Improving education services for students in detention and confinement facilities. *Children's Legal Rights Journal, 17*, 2-12.

Leone, P., Rutherford, R., & Nelson, C. (1991a*). Juvenile corrections and the exceptional student.* Reston, VA: Council for Exceptional Children.

Leone, P., Rutherford, R., & Nelson, C. (1991b*). Special education in juvenile corrections: Working with behavioral disorders.* Reston, VA: Council for Exceptional Children.

Lewis, K., Schwartz, G., & Ianacone, R. (1988). Service coordination and public school systems for handicapped juvenile offenders. *Exceptional Children, 55*, 66-70.

MacKenzie, D. (1997). Criminal justice and crime prevention. In L. Sherman et al. (Eds.), *Preventing crime: What works, what doesn't, what's promising* (pp. 9-1 to 9-76). Washington, DC: U.S. Department of Justice.

Markowitz, J. (1998). [Site visit at Virginia Juvenile Detention Center in Fairfax County, April, 16, 1998]. Unpublished raw data.

Moran, P. (1991). Special education and transition services in a detention center school. *Journal of Correctional Education, 42*, 152-158.

Nelson, C. (1996). Introduction. In C. Nelson, R. Rutherford, & B. Wolford (Eds.), *Comprehensive and collaborative systems that work for troubled youth: A national agenda* (pp. 5-14). Richmond, KY: National Juvenile Detention Association.

Nelson, C., Rutherford, R., & Wolford, B. (Eds.). (1987). *Special education in the criminal justice system.* Columbus, OH: Merrill.

Perryman, P., DiGangi, S., & Rutherford, R. (1989, November). *Recidivism of handicapped and nonhandicapped juvenile offenders: An exploratory analysis.* Paper presented at the Learning Handicapped Offender Conference, Pittsburgh, PA.

Ross, R., & Fabiano, E. (1985). *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Johnson City, TN: Institute of Social Sciences and Arts.

Rutherford, R., Nelson, C.M., & Wolford, B. (1985). Special education in the most restrictive environment: Correctional/special education. *The Journal of Special Education, 19*, 59-71.

Schrag, J. (1995). *Effective practices in correctional education for incarcerated youth with disabilities.* Alexandria, VA: National Association of State Directors of Special Education.

Snyder, H., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Snarr, R. (1987). The criminal justice system. In C. Nelson, R. Rutherford, & B. Wolford (Eds.), *Special education in the criminal justice system* (pp. 24-52). Columbus, OH: Merrill.

Wagner, M., D'Amico, R., Marder, C., Newman, L., & Blackorby, J. (1992*). What happens next? Trends in postschool outcomes of youth with disabilities.* Menlo Park, CA: SRI International.

Webb, S., & Maddox, M. (1986). The juvenile corrections interagency transition model: Moving students from institutions into community schools. *Remedial and Special Education, 7*, 56-81.

Western Regional Resource Center. (1993). *The corrections connection: Special education in the criminal justice system.* Eugene, OR: Author.

Wolford, B. (1987). Correctional education: Training and education opportunities for delinquent and criminal offenders. In C. Nelson, R. Rutherford, & B. Wolford (Eds.), *Special education in the criminal justice system* (pp. 53-84). Columbus, OH: Merrill.

CHILDREN AGES BIRTH THROUGH FIVE SERVED UNDER IDEA

The Early Intervention Program for Infants and Toddlers with Disabilities, authorized under Part C of the Individuals with Disabilities Education Act (IDEA), and the Preschool Grants Program, authorized under Section 619 of Part B of IDEA, are designed to establish a coordinated service delivery system for children with disabilities from birth through age 5. The Part C Early Intervention Program for Infants and Toddlers with Disabilities assists States in developing and implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency system that makes available early intervention services for all children with disabilities from birth through age 2. The Preschool Grants Program provides assistance to States to help make special education and related services available to all children with disabilities ages 3 through 5.

These programs, which target the development and education of very young children with disabilities, are based on the premise that earlier intervention in the lives of children and their families provides greater opportunities for improving developmental outcomes. Clearly, improved developmental outcomes must be closely tied to assessment and the extent to which the intervention and special education services reach the targeted populations and are delivered in the most appropriate and effective ways for those age groups. The Office of Special Education Programs (OSEP) uses a variety of strategies and sources of information for assessing the progress that States have made in fully implementing an appropriate and comprehensive system of services for children ages birth through 5 and their families. One such source of information is the data that States submit annually to OSEP, which describe the number of children being served and the settings in which services are provided. In response to the Government Performance and Results Act of 1993 (GPRA), OSEP has developed performance objectives and indicators that assess progress in implementing a comprehensive system of early intervention services for infants, toddlers, and providing special education and related services to preschoolers with disabilities. One of the key objectives listed in the annual Strategic Plan dated October 7, 1998, is that "all eligible children are identified." Several indicators that are based on annual child count data submitted by States are described in the Part C performance objectives and indicators. Similarly, the Part B performance objectives and indicators address preschool issues. One primary objective is that "all children with disabilities will receive appropriate services that address their individual needs." The Part B indicators also include the proviso that children with disabilities, including preschoolers, are to be served in the least restrictive environment possible, preferably with their typically developing peers.

This module summarizes State-reported data and provides information about States' progress in implementing comprehensive early intervention services for infants and toddlers and providing special education and related services for children ages 3 through 5 with disabilities. Specifically, the module reports trends in the number of children served under both Part C and the Preschool Grants Program and trends in the settings in which these children receive services.

The Number of Children Served Under IDEA, Part C

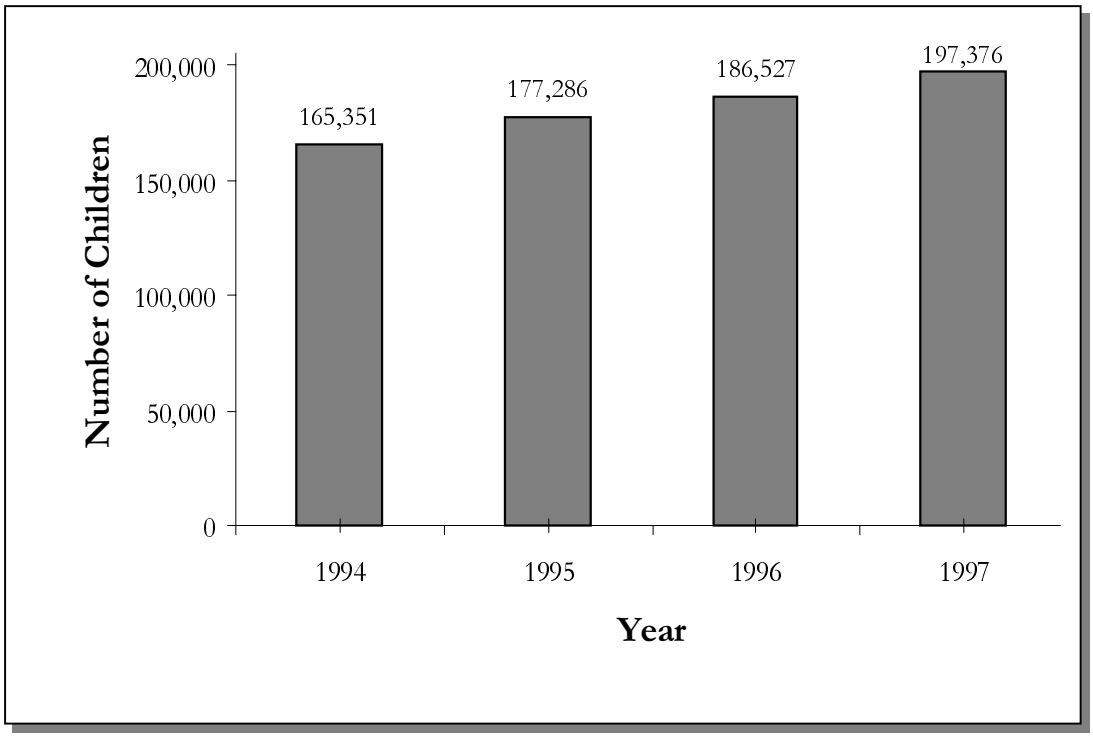
By the end of fiscal year 1993, all States and Outlying Areas ensured full implementation of Part C. The number of infants and toddlers served under Part C has increased 19 percent, from 165,351 on December 1, 1994, to 197,376 on December 1, 1997 (see figure II-3). During this period, the annual rate of increase has been quite steady: 7 percent from 1994 to 1995, 5 percent from 1995 to 1996, and 6 percent from 1996 to 1997.

Looking at trends over the past 3 years, the distributions of infants and toddlers served by discrete age year are quite comparable. For each of the past 3 years, about half of the infants and toddlers served were 2 through 3 years of age, and about a third were 1 through 2 years of age (see table AH-1). The birth through 1-year-old group, as compared to the 1 through 2 and 2 through 3 age groups, demonstrated the greatest increase in the number served from 1996 to 1997. The number of birth through 1-year-olds served increased 10 percent, from 31,496 in 1996 to 34,588 in 1997. The increases from 1996 to 1997 in the numbers of children served within the other discrete age years (1 through 2 and 2 through 3) were both 5 percent. The number of children ages 1 through 2 increased from 60,233 to 63,163; for children ages 2 through 3, the number rose from 94,798 to 99,625.

Looking at changes from 1996 to 1997 in the number of infants and toddlers served within the discrete ages of birth-1, 1 through 2, and 2 through 3, more than half of all States reported increases in all age groups. Fifty-four percent of the States reported increases in the birth through 1-year-old group, 73 percent reported increases in the 1- through 2-year-old group, and 63 percent reported increases in the 2- through 3-year-old group.

An indicator of the success of Part C outreach services to infants and toddlers is the proportion of the total birth through age 2 population that is served. Looking at the trends in this population over the past 3 years, the percentage of the population served has increased continually from 1.50 percent in 1995, to 1.61 percent in 1996, and 1.70 percent in 1997. Over this period, the percentage of States serving 1-2 percent of the States' birth through 2 population has risen from 60 percent in 1995

Figure II-3
Number of Infants and Toddlers Served Under IDEA, Part C, 1994 Through 1997[a/,b/]



a/ Since States and Outlying Areas may update previously reported data as necessary, the data reported here may differ from those included in prior annual reports.

b/ Counts as of December 1, 1997.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

to 66 percent in both 1996 and 1997. At the same time, the percentage of States serving less than 1 percent of the population ages birth through 2 has steadily declined from 19 percent in 1995 to 14 percent in 1996 and 13 percent in 1997. The percentage of the population served varies by discrete age years. The December 1997 child count data illustrate these differences. The percentage of the population served is lowest for infants under the age of 1 (0.9 percent). It is nearly double for children ages 1 to 2 (1.7 percent) and nearly triples for children ages 2 to 3 (2.6 percent). The percentage of the population served tends to continue to increase beyond age 3, but at a less dramatic rate. However, five States (Alabama, Arizona, Iowa, Virginia,[1] and American Samoa) have consistently reported serving less than 1 percent of the birth

[1] Virginia serves some of its children ages 2 through 3 under Part B.

through 2 population over the past 3 years. Mississippi served less than 1 percent of the birth through 2 population in both 1995 and 1996 but, in 1997, reported an increase of over 200 percent in the number of infants and toddlers served. The State attributed this increase to better coordination of data collection and reporting practices. Three States, Hawaii, Massachusetts, and Ohio, have consistently reported serving more than 3 percent of the population ages birth through 2 for each of the past 3 years.

From 1996 to 1997, about two-thirds (67 percent) of the States reported increases in the percent of the State's population ages birth through 2 served under IDEA Part C, as compared to just under one-third (31 percent) that reported decreases. Moreover, 23 of the 34 States reporting increases did so for 2 years in a row.

Given OSEP's emphasis on and the GPRA goal of encouraging States to implement effective practices for the identification of families and their children in the birth through 1-year-old age group who qualify for services, it is of interest to look at the numbers of children served in this age group relative to the population of birth through 1-year-old children. From 1994 to 1997, there was an overall increase of 19 percent in the percentage of the birth through 1-year-old population served. The percentage of the birth through 1-year-old population served was 0.75 in 1994, 0.77 in 1995, 0.81 in 1996, and 0.89 in 1997. Thus, a 10 percent increase in the percentage of the birth through 1-year-old population served occurred from 1996 to 1997, which is double the 5 percent increase that occurred from 1995 to 1996. From 1994 to 1997, 73 percent of the 55 States and Outlying Areas for which data were available in both years reported increases in the percentage of the birth through 1-year-old population served. These percentages suggest that the majority of States have made continuous progress in identifying families and infants at the earliest ages who qualify for services and that efforts to do so were particularly effective in the most recent years.

Early Intervention Settings for Infants and Toddlers with Disabilities

States report the number of infants and toddlers receiving services in eight settings categories. Each child is counted only once in the setting in which he or she receives the most hours of early intervention service. Since 1990, Part C setting data have been collected using these categories: early intervention classroom, family child care, home, hospital (inpatient), outpatient service facility, regular nursery school/child care center, residential facility, and other setting.

Forty of 50 States and 4 Outlying Areas use all eight settings categories for reporting. However, there is variation across the remaining States in the use of these categories.

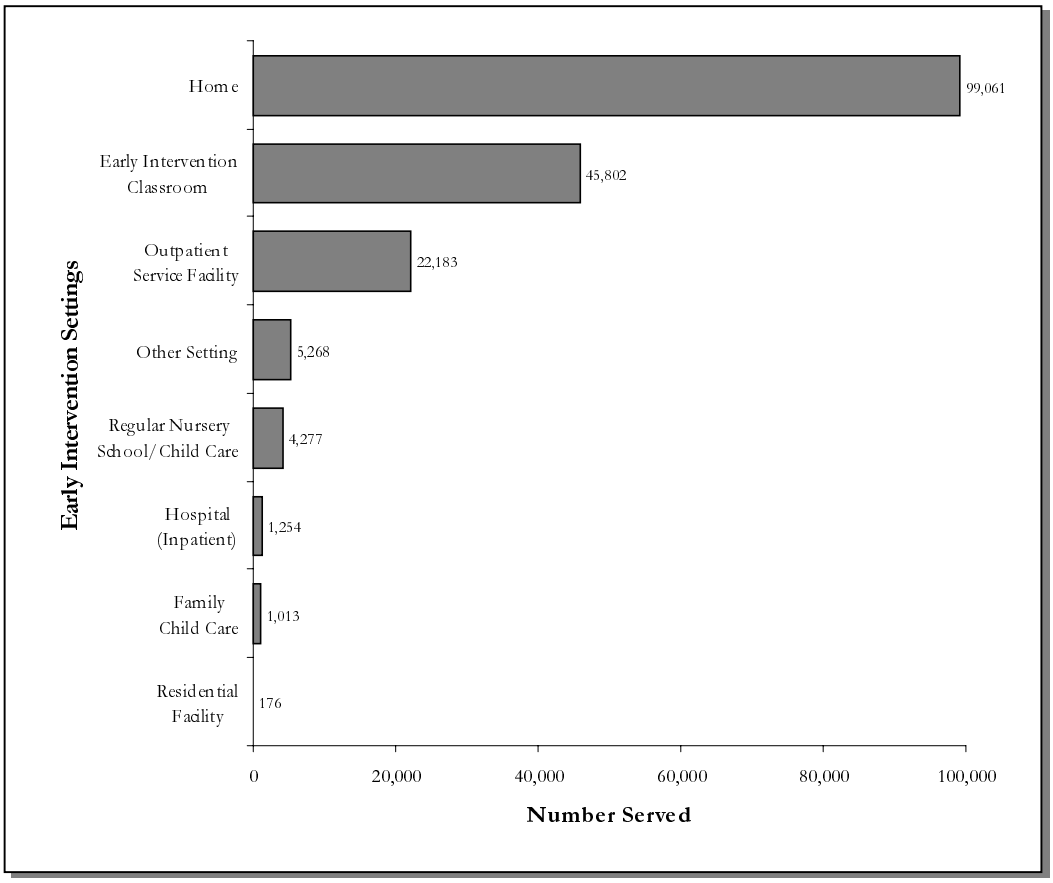
The home setting is the most widely used category and in 1996 was used by all but two of the States and Outlying Areas. In contrast, the residential facility category was not used by 11 States in 1996. Ten States did not use the family child care category; eight States did not use the other settings category; six States did not use early intervention center/classroom, and six did not use hospital (inpatient). Four States did not use the outpatient service facility category for reporting, and four did not use regular nursery school/child care center. Connecticut uses only three setting categories for reporting: home, outpatient service facility, and regular nursery school/child care center; California uses only two categories, early intervention classroom and home; and Massachusetts uses just the home category. These variations in the use of the setting categories for reporting the number of infants and toddlers receiving services make it difficult to discern strong trends across categories. However, the trends across years do present a consistent picture with respect to the most frequently used settings for service provision.

In 1996-97, the three settings that continued to be the most widely used for reporting the provision of services to infants and toddlers were home (99,061 or 55 percent), early intervention classroom (45,802 or 26 percent), and outpatient service facilities (22,183 or 12 percent) (see figure II-4). All other settings categories, including regular nursery school/child care, family child care, hospital (inpatient), residential facility, and other settings, accounted for services provided to only 7 percent of families and children in 1996-97.

Looking at trends over the past 3 years with respect to the three early intervention settings in which infants and toddlers have most frequently been served, the percentage of children served at home rose continually from 49.6 percent in 1993-94 to 55.3 percent in 1996-97. In contrast, the percentage of infants and toddlers served in early intervention classrooms decreased from 30.6 percent in 1994-95 to 25.6 in 1996-97. The percentage of infants and toddlers served in outpatient service facilities fluctuated between 10 and 12 percent, with no apparent trend of an increase or decrease over time. Since 1994, the percentage of children served in hospitals on an inpatient basis has been minimal (less than 2 percent each year), and the percentage of children served in regular nursery school/child care or family child care combined has remained fairly stable at around 3 percent over the 3-year period of 1994-95 through 1996-97.

At the State level, trends over the past 3 years indicate that most States (44) have served the majority of infants and toddlers in the same setting from year to year. In 36 States, the majority of children ages birth through 2 have been served at home over the 3 years. In six States, the majority of children have been served in early intervention classrooms over the past 3 years. In Tennessee, the majority of children have been served in outpatient service facilities over the past 3 years, and, in

Figure II-4
Number of Children Ages Birth Through 2 Served in Different Early Intervention Settings, 1996-97

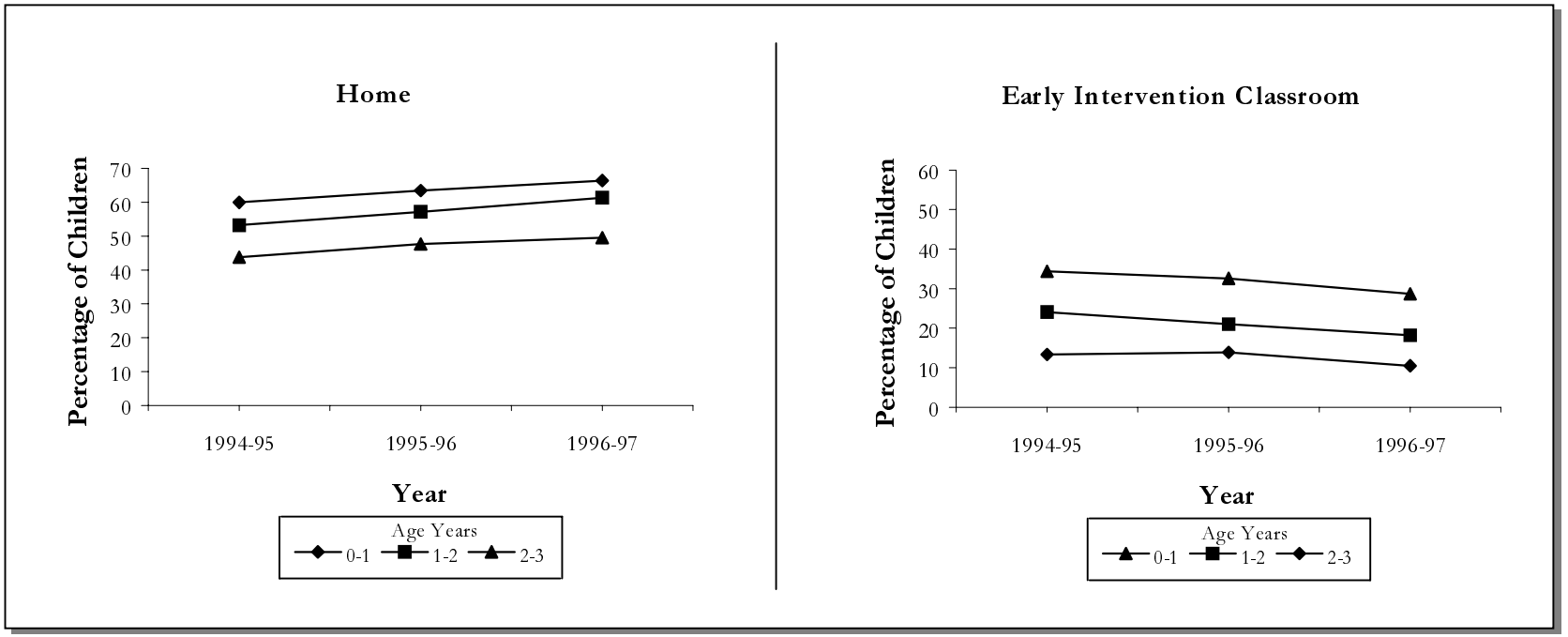


Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Colorado, the majority have been served in other settings, defined as service settings other than the seven defined categories.

Three-year trends in the percentage of infants and toddlers, by discrete age year (birth through 1, 1 through 2, and 2 through 3), who have been served at home or in early intervention classrooms show quite consistent patterns (see figure II-5). Across all three age years, infants and toddlers are more frequently served at home than in early intervention classrooms. However, not surprisingly, the younger the child, the more likely that services will be delivered in the home. As children approach age 2, it is more likely that services will be delivered in an early intervention classroom setting.

Figure II-5
Three-Year Trends in the Percentage of Infants and Toddlers Served at Home and in Early Intervention Classroom Settings, by Discrete Age Year



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

The trend of increasing percentages of infants and toddlers served at home is evident across all discrete age years, and there do not appear to be notable differences between age groups in the rate of increases from year to year. An opposite trend is evident for early intervention classrooms; among children ages 1 through 2 and 2 through 3, there has been a steady decline in the percentage of children served in this setting. The trend within the birth through 1 age group is less clear with respect to early intervention classroom settings, although the decline from 13.9 percent in 1995-96 to 10.5 percent in 1996-97 suggests a pattern that may, in the coming year or two, parallel that of children ages 1 through 2 and 2 through 3.

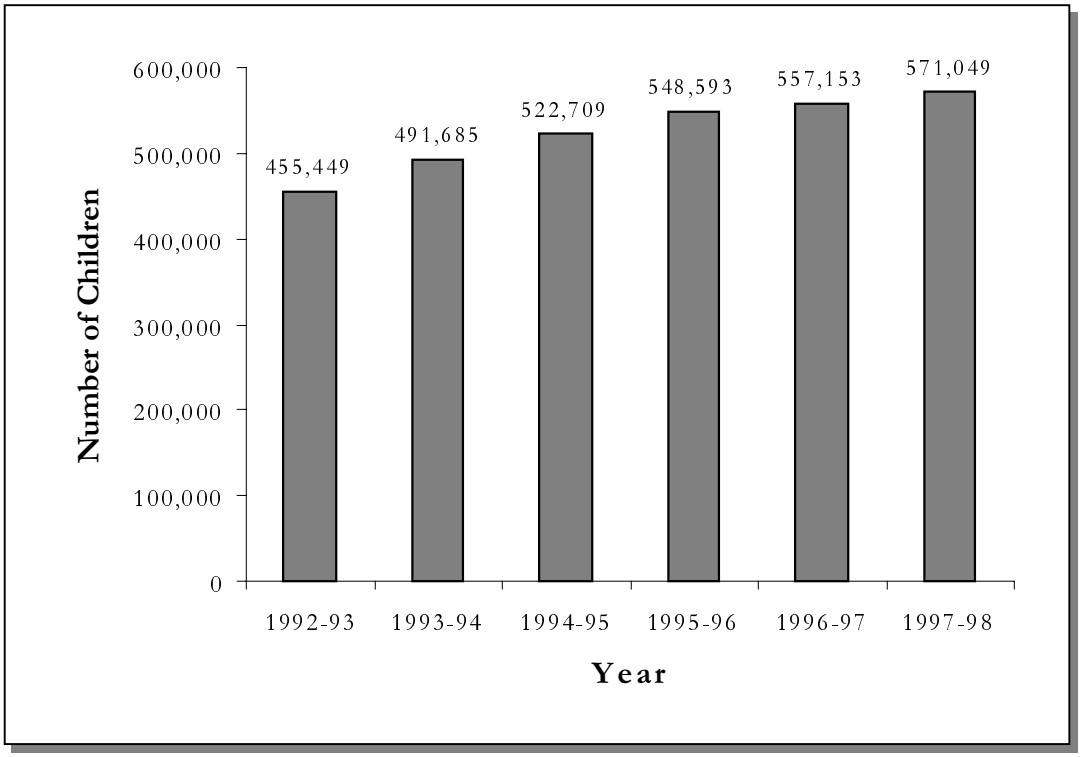
The Number of Children Served Under the Preschool Grants Program

Since fiscal year 1992, States must make a free appropriate public education (FAPE) available to all 3- through 5-year-old children with disabilities in order to be eligible for funds under the Preschool Grants Program, funds attributable to this age under the Grants to States Program, or IDEA discretionary grants pertaining solely to children ages 3 through 5. In 1997-98, States and Outlying Areas reported that 571,049 children ages 3 through 5 were served under the Preschool Grants Program (see figure II-6). This number represents an overall increase of 115,600 children (25 percent) from the number served in 1992-93. From 1992-93 to 1997-98, although there has been a 6.4 percent average annual rate of increase in the number of 3- through 5-year-olds served, the annual rate of increase has declined each year from 8 percent (1992 to 1993) to 2 percent for the most recent year (1996 to 1997).

Looking at the national trends over the past 3 years in the proportion of the total population ages 3 through 5 served under the Preschool Grants Program, there has been a steady increase from 4.47 percent served in 1995-96 to 4.58 percent in 1996-97 and 4.69 percent in 1997-98. At the State level, the percentages of the 3- through 5-year-old population served remained fairly stable over this 3-year period. For each of the 3 years, the majority of States (66 percent in 1995 and 1996 (n=38), and 70 percent in 1997 (n=40)) reported serving between 4 and 6 percent of the 3- through 5-year-old population in the State. In 1997, less than 20 percent of the States reported serving 3 percent or less of the population of children ages 3 through 5. The number of States that served 7 percent or more of the 3- through 5-year-old population has grown over this 3-year period from six States in 1995 to eight States in 1997.

About two-thirds of the States (65 percent or 37 States) have reported no changes in the percentage of the 3- through 5-year-old population served in the Preschool Grants Program over the 3-year period from 1995 to 1997. About a third of the

Figure II-6
Number of Children Ages 3 Through 5 Served Under the Preschool Grants Program, 1992-93 – 1997-98



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

States (32 percent or 18 States) increased the percentage of the population of 3- through 5-year-old children who were served over this 3-year period. Six States have served 7 percent or more of the 3- through 5-year-old population for each of the past 3 years (Arkansas, Kentucky, Maine, South Dakota, West Virginia, and Wyoming). In general, the data suggest that while the percentage of the 3- through 5-year-old population identified as eligible for special education has remained fairly stable over the past 3 years, the actual number of children served by the Preschool Grants Program has continued to grow.

Educational Environments for Preschoolers with Disabilities

States and Outlying Areas report the number of children ages 3 through 5 with disabilities who are served in each of six categories of educational settings. These settings include regular class, resource room, separate class, separate school (public and private), residential facility (public and private), and homebound/hospital. OSEP

provides optional instructions to States for reporting counts of preschool-aged children in each of the categories because the school-based categories may not reflect the types of service delivery models used to meet the needs of preschool children with disabilities.[1] Table II-1 includes the definition of each setting category as it applies to preschool children with disabilities.

In 1996, preschool children with disabilities were most frequently served in regular class settings (262,945 children or 51 percent) (see figure II-7). Separate class settings were the next most frequently used setting (166,903 children or 32 percent). Under 10 percent of the preschool children with disabilities were served in each of the other educational settings, including resource room (9 percent), separate school (6 percent), home/hospital (2 percent), and residential facility (less than 1 percent).

There have been no notable changes over the past 3 years in the relative use of different educational environments for providing services to preschool children with disabilities. The percentage of children served in regular class settings has remained stable at about 50 percent for the 3-year period 1994-95 to 1996-97. Separate class settings, the next most frequently used setting for preschool children with disabilities, have been the primary service setting for about a third of these children for the past 3 years.

[1] Beginning in 1998-99, States will report children ages 3 through 5 with disabilities in educational environments that better reflect service delivery models used with preschoolers.

Table II-1
Educational Environments for Preschoolers with Disabilities[a/]

Regular class includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate room for less than 21 percent of the time receiving services. This may include, but is not limited to, Head Start centers, public or private preschool and child care facilities, preschool classes offered to an age-eligible population by the public school system, kindergarten classes, and classes using co-teaching models (special education and general education staff coordinating activities in a general education setting).

Resource room includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate program for 21 to 60 percent of the time receiving services. This includes, but is not limited to, Head Start centers, public or private preschools or child care facilities, preschool classes offered to an age-eligible population by the public school system, and kindergarten classes.

Separate class includes children who receive services in a separate program for 61 to 100 percent of the time receiving services. It does not include children who received education programs in public or private separate day or residential facilities.

Separate school (public and private) includes children who are served in publicly or privately operated programs, set up primarily to serve children with disabilities, that are NOT housed in a facility with programs for children without disabilities. Children must receive special education and related services in the public separate day school for greater than 50 percent of the time.

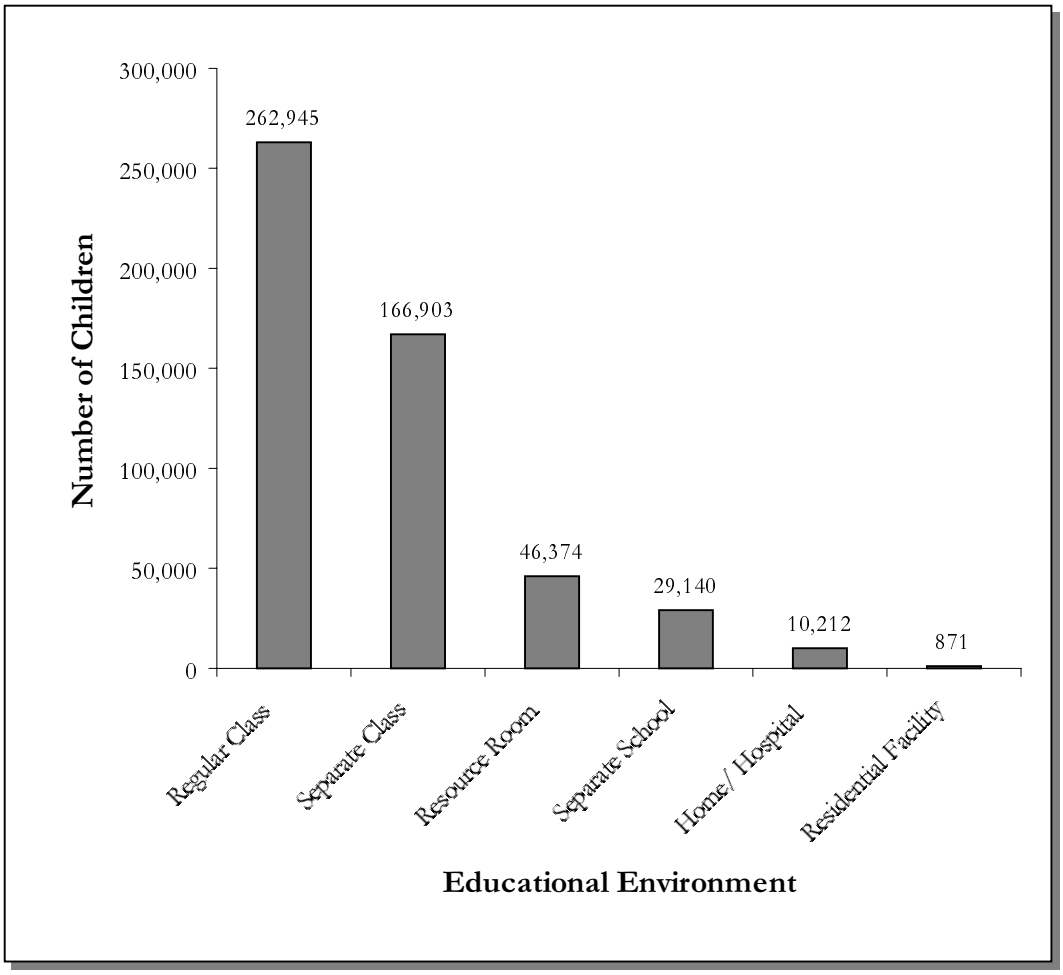
Residential facility (public and private) includes children who are served in publicly or privately operated programs in which children receive care for 24 hours a day. This could include placement in public nursing care facilities or public or private residential schools.

Homebound/ hospital includes children who are served in either a home or hospital setting, including those receiving special education or related services in the home and provided by a professional or paraprofessional who visits the home on a regular basis (e.g., a child development worker or speech services provided in the child's home). It also includes children 3-5 years old receiving special education and related services in a hospital setting on an inpatient or outpatient basis. However, children receiving services in a group program that is housed at a hospital should be reported in the separate school category. For children served in both a home/hospital setting and in a school/community setting, report the child in the placement that comprises the larger percentage of time receiving services.

a/ These categories will change for the 1998-99 data on educational environments, which will be reported in the 23rd *Annual Report to Congress.*

Source: U.S. Department of Education, Office of Special Education Programs, *OSEP Data Dictionary, 1997.*

Figure II-7
Number of Children Ages 3 Through 5 Served in Different Educational Environments 1996-97



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Summary

The number of children with disabilities served each year under both the Early Intervention Program and the Preschool Grants Program continues to increase. However, the birth through 1-year-old age group continues to constitute the smallest number of children served, as compared to the 1 through 2 and 2 through 3 age groups. This continued growth in the numbers of infants, toddlers, and preschoolers with disabilities receiving services reflects increased and more effective outreach at the State level through public awareness and Child Find efforts, as well as continued improvement in reporting procedures.

Over the past 3 years, the predominant setting used for the provision of services was home for the children in the birth through 2-year-old age group and regular class for 3- through 5-year-olds. Increasing numbers of infants and toddlers with disabilities are receiving services at home. In 1996, home was the primary service setting for 55 percent of children ages birth-2. The percentage of 3- through 5-year-old children with disabilities who receive services in a regular class setting has remained stable over the past 3 years at about 50 percent.

STUDENTS AGES 6 THROUGH 21 SERVED UNDER IDEA

For the past 21 years, the Department of Education, as mandated by Congress, has collected data on the number of children ages 6 through 21 served under IDEA. Over this period, both the number of disability categories under which children receive services and the number of children receiving services have increased. The annual data reported by States reflect these changes, both in the numbers of children served and their distribution across disability categories. This module outlines legislative changes over the years and changes in the child count data from 1988-89 to 1997-98.

Changes in Legislation

Since 1976-77, the Department of Education has maintained a database on the number of children with disabilities served under both the Education of the Handicapped Act (EHA) and Chapter 1 of the Elementary and Secondary Education Act (State-Operated Programs) (ESEA-SOP). In 1976-77, data were collected in nine EHA categories--learning disabilities, speech and language impairments, mental retardation, serious emotional disturbance, hard-of-hearing, deaf, orthopedically impaired, other health impaired, and visually handicapped--and in six ESEA categories--mental retardation, serious emotional disturbance, hard-of-hearing and deaf, orthopedically impaired, other health impaired, and visually handicapped. Two years later, two categories--multihandicapped and deaf-blind--were added, and the categories were made consistent for reporting under both laws. In 1990, Congress reauthorized EHA, changing the name of the law to the Individuals with Disabilities Education Act (IDEA) and revising several of the disability category labels. In addition to changes in reporting categories, beginning in the 1994-95 school year and as a result of the Improving America's School Act of 1994, funding for children with disabilities was consolidated under IDEA. Additional changes have included:

- requiring reporting by the two additional categories of autism and traumatic brain injury (IDEA Amendments of 1990);
- permitting the reporting of children through age 9 by developmental delay (IDEA Amendments of 1997); and

- permitting States a choice of two count dates--December 1 (the date used since 1976) or the last Friday in October (IDEA Amendments of 1997).[1,2]

In the 1976-77 school year, 3,708,601 students ages birth through 21 with disabilities were served under EHA and Chapter 1 of ESEA.[3] This represented 8.19 percent of the resident population[4] and 10.31 percent of the estimated school enrollment.[5] In 1997-98, 5,401,292 students ages 6 through 21 with disabilities were served under IDEA, or 8.75 percent of the resident population and 11.00 percent of the estimated enrollment.

Students with Disabilities by Disability

Overall for the past 10 years, the number of students served under IDEA has increased 29.42 percent (see table II-2). This compares with an increase in population for 3- through 21-year-olds of 8.25 percent (based on a 1988 population of 67,325,000 and a 1997 population of 72,879,368) and an increase in estimated school enrollment of 14.32 percent (based on a 1988 enrollment of 40,196,263 and a 1997 enrollment of 45,953,018).[6] The largest percentage increase by age group was for students ages 12 through 17. In 1988-89, this age group comprised 42.04 percent of the total number of school-age children with disabilities served under IDEA; by 1997-98, this group made up 44.70 percent of this population.

Table II-3 also shows increases of more than 20 percent over the past 10 years in eight disability categories. For two of these categories, autism and traumatic brain

---

[1] Under the Education of the Handicapped Act amendments of 1990, these disability category changes were made: learning disabled was changed to specific learning disabilities, mentally retarded became mental retardation, and hard-of-hearing and deaf were combined to become hearing impairments. In the subsequent regulations, multihandicapped was changed to multiple disabilities.

[2] All States used the December 1 count date in 1997.

[3] Data reported in 1976-77 for IDEA and Chapter 1 of ESEA (SOP) reflect total counts for children ages birth through 21. Data were not broken out by age group for Chapter 1 of ESEA (SOP) until 1987-88.

[4] Population figures are based on U.S. Census Bureau Estimated Resident Population by State.

[5] Enrollment figures are calculated using counts for children with disabilities ages 6 through 17 as the numerator and NCES enrollment counts, including individuals with and without disabilities in prekindergarten through grade 12, as the denominator. Enrollment data were not available for the Bureau of Indian Affairs and Palau.

[6] Puerto Rico and the other Outlying Areas were removed from the 1997 estimates because those data were not available for 1988.

Table II-2
Percentage Change in the Number of Children with Disabilities Served by Disability and Age Group, 1988-89 Through 1997-98[a/]

Disability	Age Groups			
	6-11	12-17	18-21	6-21
Specific Learning Disabilities	30.96	44.12	36.81	38.13
Speech/Language Impairments	10.44	13.06	-20.23	10.54
Mental Retardation	11.16	5.65	17.01	4.64
Emotional Disturbance	14.39	26.54	23.16	21.97
Multiple Disabilities	23.2	35.48	17.57	26.93
Hearing Impairments	18.67	30.08	-.23	21.98
Orthopedic Impairments	45.63	49.29	.80	43.03
Other Health Impairments	308.46	286.01	69.25	279.87
Visual Impairments	13.92	19.06	11.67	16.07
Autism[b/]	206.52	149.79	67.29	172.86
Deaf-Blindness	-12.67	29.33	-31.99	-2.07
Traumatic Brain Injury[b/]	200.27	227.93	120.36	200.86
All Disabilities	24.31	37.58	15.85	29.42
Number of Children with Disabilities 1988-89	2,185,507	1,754,729	233,276	4,173,512
Number of Children with Disabilities 1997-98	2,716,854	2,414,187	270,251	5,401,292

a/ See table AA14 in Appendix A for the national counts by age group and disability.

b/ Reporting of autism and traumatic brain injury was first required for 1992-93. The percentage change for these two categories reflects changes in the 6 years since 1992-93.

Note: Developmental delay is not reflected in this table because 1997-98 was the first year States could use this category.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

injury, reporting was first required in 1992-93; it was optional in 1991-92. In part, the increases in these categories reflect the natural growth resulting from the introduction of a new category, as well as the reclassification of students with disabilities who were previously reported in other categories. However, these increases also reflect improvements in identifying and serving students with these disabilities. This is particularly true for children with autism. More children are identified as having autism than are identified as having many of the other low-incidence disabilities. In 1997-98, 42,511 children with autism were served under

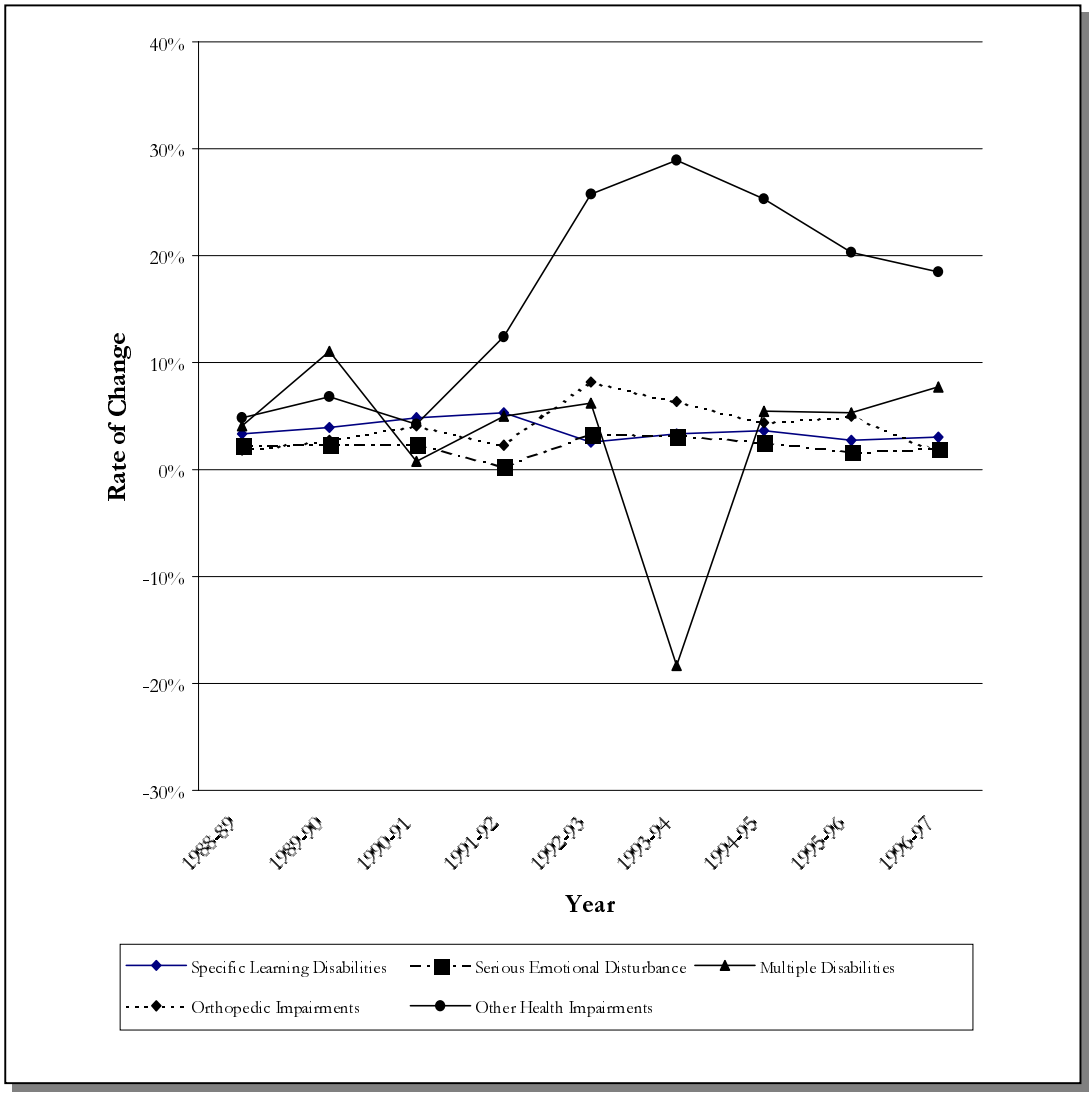
IDEA, compared with 26,070 students with visual impairments, 11,914 with traumatic brain injury, and 1,463 with deaf-blindness.

Figure II-8 shows the annual percentage increases for the remaining five disability categories that showed increases of more than 20 percent over the past 10 years--specific learning disabilities, emotional disturbance, multiple disabilities, orthopedic impairments, and other health impairments. Among these categories, the largest increase was seen in other health impairments, which grew 279.87 percent. Figure II-8 shows that the rate of change increased significantly beginning in 1992. This rapid increase is attributed by most States to increased identification of and service to children with attention-deficit disorder (ADD) and attention-deficit/hyperactivity disorder (ADHD). The increase may also be due in part to a 1991 Department of Education, Office of Special Education and Rehabilitative Services (OSERS) memorandum stipulating that students with ADD are eligible for services under the other health impairments category when the disorder is a chronic or acute health problem that results in limited alertness that in turn adversely affects educational performance. Growth in this category continues; between 1996-97 and 1997-98, 20 States reported increases of 20 percent or more in the other health impairments category.

Large increases in the numbers of students receiving services for specific learning disabilities (38.13 percent) and orthopedic impairments (43.03 percent) also were reported during the past 10 years, although, as shown in figure II-8, the rates of increase fell between approximately 2 and 8 percent each year. The apparent increase in the number of students with orthopedic impairments may be inflated because four States--Colorado, Delaware, Michigan, and Mississippi--include students with other health impairments in this category. The rates of increase for this category parallel those of other health impairments beginning in 1993-94. Rates of change in the orthopedic impairments category for these four States over the 10-year period were 437.15, 185.59, 173.27, and 107.83 percent, respectively. It is interesting to note that if these four States are removed from the analysis, the rate of growth in the orthopedic impairments category from 1988-89 to 1997-98 is reduced from 43.03 percent to 22.77 percent.

Three disability categories--speech/language impairments, mental retardation, and visual impairments--have experienced moderate increases since 1988-89. Speech/language impairments showed an overall increase of 10.54 percent, with a 20.23 percent drop in services to students ages 18 through 21. The pattern of services for mental retardation based on age group is interesting to examine. Students ages 18 through 21 showed the largest increase--17.01 percent. There is some anecdotal evidence from the States to indicate that students in this age group may be

Figure II-8
Percentage Change in the Number of Children Served with Selected Disabilities Under IDEA, Part B[a/]



a/ The dramatic drop in multiple disabilities in 1994-95 was the result of a change in reporting practices by one State, Wisconsin. In that year, Wisconsin began reporting students exclusively by their primary disability category, reporting no students in the multiple disability category. Wisconsin had previously reported a large number of students as having multiple disabilities; in 1993-94, Wisconsin alone accounted for approximately 21 percent of all students reported in the multiple disabilities category. The adjustment in reporting procedures also contributed to increases in other disability categories, such as orthopedic impairments.

Table II-3
Average Age of Students Served Under IDEA, Part B, 1992-93 Through 1997-98

Disability	School Years					
	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Specific Learning Disabilities	12.33	12.38	12.39	12.41	12.44	12.48
Speech/Language Impairments	8.55	8.60	8.59	8.57	8.57	8.59
Mental Retardation	12.76	12.66	12.65	12.65	12.65	12.68
Emotional Disturbance	12.84	12.77	12.85	12.88	12.90	12.89
Multiple Disabilities	11.92	11.73	12.08	12.08	12.07	12.10
Hearing Impairments	11.86	11.68	11.85	11.90	11.92	11.94
Orthopedic Impairments	11.34	11.31	11.33	11.38	11.46	11.49
Other Health Impairments	11.68	11.54	11.48	11.46	11.53	11.63
Visual Impairments	11.96	11.82	12.01	12.01	12.05	12.04
Autism	11.41	11.16	11.10	11.02	10.78	10.64
Deaf-Blindness	12.76	12.04	12.82	12.79	12.77	12.89
Traumatic Brain Injury	13.04	12.74	12.82	12.65	12.80	12.86
All Disabilities	11.57	11.56	11.62	11.65	11.66	11.69

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

reclassified in order to facilitate eligibility for vocational rehabilitation services. The next largest increase was among the 6- through 11-year-old population (11.16 percent). Of these three categories, the number of students served under the mental retardation category showed the smallest increase, 4.64 percent. The number of students with visual impairments rose by 16.07 percent.

Students with Disabilities by Age

The average age of students with disabilities has remained relatively constant for school-age children since 1992-93.[7] Table II-3 shows the average age for children ages 6 through 21 served under IDEA for all disabilities and for each of the disability categories.

[7] The 1992-93 school year was the first time individual age year data were available for students served under Chapter 1 of ESEA (SOP); consequently, the analysis of mean age is limited to the period 1992-93 to 1997-98.

Table II-4
Number of Children with Developmental Delay, 1997-98

States	Age Years				Total[a/]
	6	7	8	9	
Alabama	289	0	0	0	289 (1.02%)
Idaho	231	21	6	0	258 (3.25%)
Michigan	106	17	6	1	130 (.23%)
New Mexico	77	20	6	4	107 (.86%)
Tennessee	344	241	98	75	758 (1.98%)
Vermont	264	108	21	0	393 (13.80%)
Northern Marianas	3	0	1	0	4 (4.88%)
Virgin Islands	3	2	0	0	5 (1.05%)
Total	1,317	406	138	80	1,944 (1.32%)

a/ Note: The number in parentheses represents the percentage of children with developmental delay based on the number of children with disabilities ages 6 through 9 served.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

The average age for students with all disabilities did not change significantly during this period. The average age of children identified as having autism did decrease during this period. This decrease occurred simultaneously with a dramatic rise in the number of children served in that category, perhaps reflecting an increased emphasis on early identification of autism. It is also consistent with States' anecdotal reports that they are identifying children with autism at younger ages.

School-Age Children with Developmental Delay

Prior to the IDEA Amendments of 1997, the age range for reporting developmental delay was 3 through 5, and many States have used this category and age range for several years. However, the IDEA Amendments of 1997 altered the definition of "child with a disability" to include serving, at the discretion of the State and the local education agency, "children ages 3 through 9 experiencing developmental delay." (§602(3)(B)(i)(ii))

In 1997-98, eight States and Outlying Areas reported children in the developmental delay category: Alabama, Idaho, Michigan, New Mexico, Northern Marianas, Tennessee, Vermont, and the Virgin Islands. Table II-4 shows the reporting distribution for these States by age year. Only 1,944 students were reported in this

category, the majority of whom (67.75 percent) were 6 years old. Only three States reported 9-year-olds in this category, and for both Michigan and New Mexico, these counts were very small (1 and 4, respectively). Vermont classified 13.8 percent of its children ages 6 through 9 in this category, while the remaining States classified less than 5 percent of the students in this age range as having a developmental delay.

Six of the eight States used quantitative criteria to determine developmental delay. For example, Idaho used both the number of standard deviations below the mean and delays in age equivalency to determine developmental delay. A child who tested:

> 2 standard deviations below the mean or had a 30 percent delay in age equivalency in one developmental area, or who tested 1.5 standard deviations below the mean or had a 25 percent delay in age equivalency in two or more areas was reported as experiencing developmental delay (Danaher, 1998).

Four States commented that the developmental delay category was only used when other categories did not apply. Approximately 19 States are currently considering extending the age for which developmental delay is applicable (Danaher, 1998).

Summary

The number of students with disabilities served under IDEA continues to increase at a rate higher than both the general population and school enrollment. The greatest increases in the past 10 years were seen in the 12 through 17 age group (37.58 percent) and in the other health impairments category (286.01 percent). The average age of students served rose only slightly, from 11.57 in 1992-93 to 11.69 in 1997-98. The ages of children reported in the autism category showed the greatest change, dropping from 11.41 in 1992-93 to 10.64 in 1997-98. Although States were allowed to report children with developmental delay for children ages 6 through 9 for the first time in 1997-98, only eight States did so. Moreover, the number of children reported was small (1,944) and represented only 1.32 percent of children with disabilities ages 6 through 9.

References

Danaher, J. (1998, August). Eligibility policies and practices for young children under part B of IDEA (pp. 8-16). In *NECTAS Notes*. Alexandria, VA: National Early Childhood Technical Assistance System.

U.S. Department of Education, Office of Special Education and Rehabilitative Services. (1991). *Clarification of policy to address the needs of children with attention deficit disorders with general and/or special education*. Memorandum to Chief State School Officers. Washington, DC: Author.