Archived Information

NOTES FOR APPENDIX A

Notes to the tables found in Appendix A contain information on the ways in which States collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year. The chart below summarizes differences in collecting and reporting data for 12 States. These variations affected the way data were reported for the IDEA, Part B child count, and the educational environment, and exiting collections. Additional notes on how States reported data for specific data collections follow this chart.

Table A-1
State Reporting Patterns for IDEA, Part B Child Count Data 1997-98, Other Data 1996-97

States	Differences from OSEP Reporting Categories Where H = Reported in the hearing impairments category O = Reported in the orthopedic impairments category P = Reported in the primary disability category R = Reported in other disability categories			
	Multiple Disabilities	Other Health Impairments	Deaf-Blindness	Traumatic Brain Injury
Colorado		O		
Delaware	P	O		
Florida	P			
Georgia	P			
Illinois	P			
Michigan		O	H	R
Mississippi		O		
North Dakota	P			
Oregon	P			
West Virginia	P			
Wisconsin	P			
Wyoming	P		H	

Tables AA1 - AA14: Child Count

NOTE: Twelve States suggested that the increases in their counts of students with other health impairments were due to increases in the identification and inclusion of students with attention deficit disorder and attention deficit hyperactivity disorders. These States include:

Arizona	Georgia	Maryland	Oklahoma
Arkansas	Indiana	Missouri	West Virginia
Connecticut	Kentucky	Nevada	Wisconsin

Ten States commented that the increases in counts of students with autism were a result of better diagnosis and identification of the disorder, continued reclassification of students, and improved training in methods and assessments of autism. These States include:

Arizona	Indiana	Missouri	Wisconsin
California	Maryland	New Jersey	
Georgia	Minnesota	Ohio	

Delaware -- The State indicated that the increase from 1996-97 to 1997-98 in the number of students with hearing impairments was a result of the under reporting of students by one of the State's schools for the hearing impaired in previous years.

Tables AB1 - AB8: Educational Environments

Alabama -- The State indicated that the discrepancy between the 1996-97 placement and child count figures was due to placement data not being available for some students served in State programs.

Illinois -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in regular class to a change in its placement definitions to match the Federal definitions. In the past, students who should have been reported in regular class under the Federal definitions were classified in resource room and separate class under the State's definition.

Louisiana -- The State attributed the increase from 1995-96 to 1996-97 in homebound/hospital placements to the following factors: the decision of LEAs appraisal staff to assign home placements as a result of disciplinary actions and an

increase in the number of requests by parents of medically fragile or terminally ill children.

Minnesota -- The State attributed the decrease from 1995-96 to 1996-97 in public separate school facility and homebound/hospital to adjustments in reporting to align with the Federal placement categories.

Missouri -- The State attributed the changes in the placement data to the transition to a new data system. The increase from 1995-96 to 1996-97 in the number of children served in separate public schools was attributed to an increase in alternative programs as a result of Safe Schools legislation. Missouri's review of district data indicated that some districts reported these students under public separate schools. The State noted that although these programs were generally in separate buildings, they were primarily established for children without disabilities. Therefore, children served in these programs are served in a variety of settings. The State will provide more detailed instructions to districts on how to report these data for the next reporting year. Missouri noted that the homebound/hospital placement tends to fluctuate due to the short-term nature of these placements.

Nebraska -- The State attributed the decrease from 1995-96 to 1996-97 in homebound/hospital placements to more accurate reporting.

New Mexico -- The State attributed the increase from 1995-96 to 1996-97 in correctional facility placements to (1) better identification of students within the prison system who qualify for special education services and (2) a decision to report students in state-supported educational programs who are "locked-up" in this category.

New York -- During 1996-97, New York State has continued to improve the forms and procedures which have been phased-in since 1992 in order to collect data regarding the implementation of the FAPE requirement. During 1994-95, in consultation with OSEP and Westat, New York State field tested new forms and procedures in order to collect more valid implementation of FAPE requirement data for students with disabilities who received preschool special education programs and services.

Tennessee -- The State noted that the increase from 1995-96 to 1996-97 in correctional facilities was a result of the consolidation of service delivery and reporting under the Department of Children Services.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children served in public residential facility placements to a change in the educational placement of children with deafness. Increasingly, more students with deafness are served in self-contained classes in regular schools rather than in residential programs. These classes are operated under the aegis of the Utah Schools for the Deaf and Blind (USDB). Utah suspects that in the prior year, the USDB reported all of its students as being served in public residential facilities. In the current year, the USDB only reported residential students under public residential facility and reported its day students under separate class.

Tables AC1 - AC4: Personnel

Alabama -- Alabama attributed the increase from 1995-96 to 1996-97 in the total demand for nonprofessional staff to the use of more support staff in regular classrooms. The State thought that the decrease from 1995-96 to 1996-97 in retained teachers was related to the practice of some districts of releasing nontenured teachers at the end of the school and rehiring them the following year; some of these released teachers move to other districts. Alabama verified the decrease from 1995-96 to 1996-97 in the number of retained fully certified audiologists and speech pathologists; and attributed the increase from 1995-96 to 1996-97 in retained fully certified nonprofessional staff to an overall increase in nonprofessional staff.

Arizona -- The State provided the following explanations for the changes from 1995-96 to 1996-97: (1) the decrease in total demand for teachers of students ages 6-21 was a result of more students being served in integrated settings in both school districts and charter schools; (2) the decrease in total demand for psychologists was a result of more districts contracting with individual psychologists or consulting firms to provide services as needed rather than hiring psychologists as staff members; (3) the decrease in total demand for teacher aides reflects the natural variation in these figures caused by the fact that the number of teacher aides directly depends on the needs reflected in the IEP of children each reporting period; (4) the increase in the number of employed not fully certified staff was a result of the increased number of children served in charter schools that reported a variety of non-special education staff in this category; and (5) the decrease in total demand for interpreters seemed to be a result of changes in the needs of children as reflected in their IEPs.

California -- The State attributed the increase from 1995-96 to 1996-97 in the various personnel categories to two factors: an increase in annual enrollment by 20,000, and more concerted efforts by districts to meet the need for these personnel types.

Georgia -- The State provided the following explanations for changes in the data between 1995-96 and 1996-97: (1) the increase in the demand for diagnostic staff was due to the reclassification of personnel between the supervisors/administrators and other diagnostic staff categories to more accurately reflect their duties; (2) the increase in the demand for speech-language pathologists was due to the reclassification of personnel previously reported as speech teachers into this category; and (3) the decrease in the demand for other professional staff and the increase in the demand for other personnel was a result of improvements in the reporting of personnel by specific categories (i.e., specific examples were given in the instructions that were sent to districts).

Illinois -- The State thought that the fluctuations in the personnel data were due to a change in districts' reporting practices. In 1995-96, problems with the reporting practices of some districts resulted in almost 2,000 records not being included in the Federal reports. These problems were resolved for the 1996-97 school year. Illinois believes that the current data are more accurate.

Kentucky -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the personnel data. (1) The significant decrease in the total demand for teachers to serve children ages 3-5 was due to errors in the previous data collection. Many districts did not restrict this count to only special education teachers of preschool children; (2) The decrease in total demand for supervisors/administrators (SEA) was a result of State programs formerly operated by the Cabinet for Human Resources (a State agency) now being administered by LEAs. (3) The increase in fully certified nonprofessional staff and the decrease in not fully certified nonprofessional staff was a result of Kentucky's having no certification requirement for nonprofessional staff. Districts have not been consistent in reporting these staff as certified or not certified. However, the overall total for this category reflects virtually no change. And (4), the increase in not fully certified teacher aides was a result of inconsistent reporting of these data by districts. Since there is no certification requirement for teacher aides, districts report in a variety of ways.

Minnesota -- The State indicated that it does not have a clear explanation for the increase from 1995-96 to 1996-97 in the demand for other professional staff but suspects that it may be due to districts' using more contracted staff to meet service needs without adding to permanent staff.

Missouri -- The State indicated that the changes from 1995-96 to 1996-97 in the personnel data were due to improvements in its data system. The new data system now has the capacity to check the personnel data against the teacher certification files and calculate provisional certificates on an FTE basis. This means that the number listed under "not fully certified" reflects actual FTEs and not the number of certificates issued

as was done in previous years. Missouri noted that specific categorical certification is not available in the areas of deaf/blind, autism, traumatic brain injury, and multiple disabilities. The figures reported represent provisional certificates in another area of special education. Missouri attributed the decrease from 1995-96 to 1996-97 in the number of supervisors/administrators employed to expansions in the job descriptions of many special education directors, thus reducing the amount of time spent for special education. The State thought that the increase from 1995-96 to 1996-97 in the demand for teacher aides was a result of greater inclusion.

Nevada -- The State verified the increase from 1995-96 to 1996-97 in the number of retained fully certified speech pathologists. Nevada suspects that the increase from 1995-96 to 1996-97 was due to districts having more success in recruiting and retaining speech pathologists.

New Jersey -- The State attributed the increase from 1995-96 to 1996-97 in the numbers of occupational and physical therapists to the inclusion of both the employed and contracted personnel in the figures. In the past, data on contracted personnel were not reported. New Jersey attributed the changes in the number of teacher aides retained to the yearly variability in their turnover rate.

New Mexico -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of employed not fully certified speech pathologists was due to the introduction of a new license for speech/language apprentices; districts now report these apprentices in the fully certified column.

New York -- The State indicated that personnel data were subjected to additional data verification procedures that have resulted in increased data reliability.

North Dakota -- The State indicated that the increase in the total demand for speech pathologists occurred because of a recent decision to report all speech staff members as speech pathologists.

Oklahoma -- The State provided the following explanations for changes from 1995-96 to 1996-97: (1) the increase in demand for diagnostic and evaluation staff was due to the first-time reporting of SDE Regional Education Service Center diagnostic and evaluation staff; (2) the increase in the number of vacant positions for supervisors/administrators was due to a turnover of personnel and to the use of a transition grant to fund new positions; (3) the increase in the demand for nonprofessional staff was due to a growth in the numbers of bus monitors, clerical staff and part-time data support personnel in the public schools.

Tennessee -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in personnel demand. The increase in total demand for vocational education teachers was due to districts' becoming more focused on providing these services since they were recently cited by monitors for not serving enough children, and the availability of transition grant monies to provide vocational educational services. The increase in total demand for psychologists was also a result of recent citations by monitors for not serving enough children. The increase in total demand for speech pathologists was due to a decision not to report any speech pathologists under teachers. The increase in total demand for supervisors/administrators (SEA) was due to the reorganization of the SEA and to the hiring of more personnel to staff newly opened regional resource centers. The decrease in total demand for interpreters was due to the recent publications of standards which has resulted in more accurate reporting. The increase in 1996-97 in total demand for rehabilitation counselors was the result of a collaborative effort (funding was 70/30) between the Department of Vocational Rehabilitation and the school districts to provide more rehabilitation services.

Wisconsin -- The State attributed the changes from 1995-96 to 1996-97 in personnel data (i.e., decrease in the total demand for vocational education teachers and physical education teachers, and an increase in the number of retained interpreters) to a revision of its personnel data collection system.

Tables AD1 - AD3: Exiting

California -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with emotional disturbance that exited through the moved, known to be continuing basis of exit to districts that reported children who transitioned to the next level of education (e.g., going from junior high to high school). California noted that districts started this practice because they wanted to be able to account for all students that leave the district. California noted that the moved, not known to be continuing category was used to report students who exited for all other reasons. Westat is working with the State to clarify use of these bases of exit.

Connecticut -- The State attributed the increase from 1995-96 to 1996-97 in the total number of students that exited special education to the first-time collection of these data over a 12-month period. Previous exiting data were collected over a 6- to 8-month period.

Indiana -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of students who exited through reaching maximum age for service were a result of a decision in a Indiana court case (*Tuttle v Evans*) which in effect raised the special education mandate from age 18 to age 22. This case has resulted in more students staying in school longer.

Kansas -- The State attributed the increase from 1995-96 to 1996-97 in the total number of students who exited to its efforts to increase the accuracy and completeness of the exiting data submitted by school districts.

Maryland -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of students with specific learning disabilities who exited was due to one school district being forced to report estimated data because of problems with its data system. The district overestimated the number of number of students with specific learning disabilities who exited in the previous year. Maryland stated that the current year's data represented more accurate counts.

Missouri -- The State attributed the changes from 1995-96 to 1996-97 in the exiting data primarily to the transition to a new data system. Missouri noted that several of the smaller districts did not have all of the exit categories in place in their districts and others were not able to report students by age in the required categories; this particularly affected the figures reported for returned to regular education, moved not known to be continuing, and dropped out. The State anticipates that these problems will be corrected by the next reporting year. Missouri thought that the increase from 1995-96 to 1996-97 in the number of students who graduated with diplomas and graduated with certificates was due to more accurate reporting by the school districts.

Nevada -- The State attributed the increase from 1995-96 to 1996-97 in the number of students who graduated with certificates to improvements in data collection and reporting at the district level.

New York -- During 1996-97, New York State has continued to improve the forms and procedures which have been phased-in since 1992 in order to collect data regarding the manner in which students with disabilities exit special education.

Puerto Rico -- The State provided the following explanations: (1) the increase from 1995-96 to 1996-97 in the number of students that returned to regular education was due to an increase in the number of students who were reevaluated and declassified, and the increase from 1995-96 to 1996-97 in the number of students who dropped out was due to the reporting of students classified as "Adjustments" (i.e., students who are undergoing the procedure to determine ineligibility) in this category.

Tennessee -- The State provided the following explanations: (1) the increase from 1995-96 to 1996-97 in the number of students who exited special education in the moved, known to be continuing category was due to improvements in district tracking of the movement of students, and (2) the increase from 1995-96 to 1996-97 in the number of students who graduated with a certificate was probably due to more districts correctly

reporting students who graduated with a special education diploma in this category. Tennessee noted that more students are staying in school to graduate with diploma or certificate (both kinds) and that there is a new competency test which may have steered a few students towards graduation with a certificate rather than diploma. The State also noted that students can graduate with three types of diplomas, namely, regular, certificate of attendance (i.e., completion of 20 credits), and special education diploma (i.e., completion of IEP).

Table AH1: Counts of Infants and Toddlers Served

Mississippi -- The State thought that the increase from 1996-97 to 1997-98 in the number of infants and toddlers served under Part C was a reflection of its efforts to better coordinate data collection and reporting with all counties in the State. Mississippi felt that the current figures more accurately reflect the number of children served than the figures reported in the previous year.

Montana -- The State indicated that the children reported as awaiting services were waiting for eligibility determination.

Utah -- The State indicated that the children reported as awaiting services were children who have been determined eligible for services but are awaiting completion of their IFSPs.

Table AH2: Early Intervention Services

Arizona -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children who received respite care to widespread financial constraints. Arizona noted that provider and family education has helped families obtain respite alternatives.

California -- The State indicated that the increases from 1995-96 to 1996-97 in the number of children who received assistive technology, audiology, family training, counseling, home visits, health, medical, nursing, nutrition, physical therapy, psychology, social work, and vision services were a result of a change in the information source for these data. The reported data were drawn from a new reporting source, the California Early Start Report, which captured information about the purchaser and the service provider. In previous years, the submitted information represented only data obtained from the lead agency fiscal accounting system and the California Department of Education service data. In additional to these sources, the current information also included data from other State agencies, including the California Department of Health Services, the California Department of Social Services, Alcohol and Drug Programs, and the Department of Mental Health, and from nongovernmental sources such as private

insurance, volunteer, and other service organizations. California attributed the decrease from 1995-96 to 1996-97 in the number of children who received respite care, special instruction, and transportation services to a reporting error in the previous year's data. The State discovered that some providers reported the total number of times the services were provided and not the unique number of children who received the services.

Colorado -- The State thought that the changes from 1995-96 to 1996-97 in the number of children who received various services was a result of the shift in data sources from State sources (generally developed for financial tracking and used to imply services and location summary data for Part C eligible children) to locally generated summary data and the decision to classify more services in the Other category.

Florida -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the services data: (1) the increase in the number of children who received assistive technology services/devices was due to better reporting of services and not to actual increases in services; (2) the increase in the number of children who received nursing and medical services was because the CMS Medical Clinics reported these services for all children who received services through them; (3) the increases in occupational therapy, physical therapy, speech language pathology, and vision services were due to better reporting of services; and (4) the increase in transportation services was a result of the greater demand on the Part C system to provide transportation to locations for required services.

Georgia -- The State provided the following explanations for the changes in data from 1995-96 to 1996-97: (1) the increase in the number of children who received assistive technology services was due to increased use of new protocols and awareness of policies by service providers; (2) the increase in the number of children who received respite services was due to greater availability of funds; and (3) the increase in the number of children who received vision services was due to the increased availability of these services, especially among new service providers.

Indiana -- The State indicated that the increase from 1995-96 to 1996-97 in the number of children who received special instruction services was a result of additional child find. Indiana thought that clarification of the service descriptors has resulted in improved and more accurate reports, which together with increased availability of services and providers were contributing factors in the increase in speech-language pathology services.

Kentucky -- The State attributed the increase in the number of children who received respite care services, special instruction services, and speech-language pathology services to increases in the population and the expansion of the provider base. Kentucky thinks that the decrease in the number of children who received vision services may be related to a statewide change in the contract for these services. However, the State feels that the decrease was disproportionate to the change in the contracts and suspects that some providers may have reported inaccurately.

Massachusetts -- Massachusetts does not provide early intervention services based upon categorical description. Services data were computed based on the ratio of specific personnel categories to the total number of staff.

Michigan -- The State provided the following explanations for the increase from 1995-96 to 1996-97 in the number of children who received various services: (1) there was a general increase in the number of children served; (2) many local districts have been working together to improve their reporting of occupational therapy, physical therapy, and speech and language therapy services data; (3) the increase in the number of children who received health services was due to a growth in the number of children served through the Department of Health (they are primarily children who are developmentally delayed but do not have established conditions); (4) the increase in the number of children who received social work services was due to some provider reporting of service coordination in this category and to 20 Detroit area community mental health district offices starting to provide social work services to infants and toddlers; and (5) the increase in other early intervention services was due to providers' reporting nontraditional nonclassroom special education services (e.g., play groups, home-based services) in this category rather than in special instruction.

Nevada -- The State attributed the decrease from 1995-96 to 1996-97 in the number of students who received psychological services to improvements in data collection. Nevada indicated that it has been conducting extensive training on data collection, including clarification of the definitions.

New York -- The State indicated that the increase from 1995-96 to 1996-97 in respite care services was due to better response from providers and families to the State's efforts to encourage the use of respite care services. New York uses all Federal funds to provide respite care.

Ohio -- The State indicated that the services data were based on a 7,721 count of children who received IFSP-based services as documented by Part C-financed projects at the local level. This figure is unduplicated and represents only those children who met Part C eligibility requirements and whose records were maintained in the Part C data collection system.

Pennsylvania -- The State thought the decrease from 1995-96 to 1996-97 in family training and home visits was a result of policy changes, the addition of the Parent-to-Parent System, and statewide changes in service delivery patterns. Pennsylvania further noted that its emphasis on serving infants in natural environments has resulted in less need for the family to travel to a service delivery site.

Puerto Rico -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received audiology services was due to the following factors: one of the State's audiologists was away on maternity leave; a service contract was canceled; and the use of a new, more accurate, longer testing regimen that has resulted in fewer children being scheduled for evaluation. Puerto Rico attributed the increase from 1995-96 to 1996-97 in special instruction services to improved reporting as a result of clarification of definitions. The State attributed the increase in social work services to the availability of more personnel.

Rhode Island -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received family training, counseling, home visits, and other support services was because the current figures represent an unduplicated count of children who received this service. Rhode Island suspects that the prior year figure was duplicated in the sense that a child who received family training and counseling and home visits was counted three times.

South Carolina -- The State indicated that the changes from 1995-96 to 1996-97 in early intervention services were generally attributable to an increase in the eligible population, a growth in the program, and to greater public awareness of the programs. South Carolina also provided the following specific reasons. (1) The increase in audiology services was the result of a program that placed diagnostic devices in every major hospital that led to more testing and detection. There was also an increase in the number of staff hired to provide these services. (2) The decrease in family training, counseling, and home services was due to the reclassification of early interventionists who provide services in the home from this category into the special instruction category. (3) The increase in nutrition services was a result of increased funding for these programs. (4) The increase in early intervention services was due to the reclassification of some personnel from the family training, counseling, and home services category; the availability of more personnel to provide these services; and efforts by the State to provide these services to all infants who need them. (5) The increase in speech language pathology services was attributed to the State's success in hiring more speech language pathologists. And (6) the increase in vision services was a result of the State's allowing providers to use an expanded definition of vision care.

South Dakota -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received other early intervention services was due to its decision not to report data on service coordination in that category as was done last year.

Texas -- The State indicated that the changes from 1995-96 to 1996-97 in the number of children who received various services was a result of its increased emphasis on providing services in inclusive and natural environments. Texas noted that this change has resulted in an increase in the number of infants and toddlers who received services through Medicaid.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children who received health services to improved understanding by contractors and service providers of the distinction between health services and nursing services. Utah indicated that the current figures are a more accurate representation of this service category.

Table AH3: Early Intervention Personnel Employed and Needed

Arizona -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the personnel data: (1) the decrease in the number of paraprofessionals employed was because paraprofessionals, who consider themselves early interventionists, increasingly reported themselves in the special education or other professional staff categories, and (2) the increase in the need for personnel is a result of the State's population increase.

California -- The State attributed the decrease from 1995-96 to 1996-97 in the number of paraprofessionals used to a shift in staff usage configurations. California noted that total staff resources have remained essentially stable.

Delaware -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of professional staff employed was due to improved reporting of staff who provide services at the offices of primary care physicians. Through the collection of better data, the State determined that most of these personnel did not provide early intervention services. The State attributed the decrease from 1995-96 to 1996-97 in the number of total staff needed to the availability of more State personnel to provide services.

Indiana -- The State attributed the changes from 1995-96 to 1996-97 in the personnel data to improved clarification and definition of personnel categories, which has resulted in better data. Indiana noted that its transition to a new data collection system has resulted in a growth in the number of practitioners and organizations that provide services. The State attributed the decrease in the number of personnel needed to the expansion of the provider base, which has resulted in a decrease in the need for additional staff.

Kentucky -- The State attributed the increase in the number of personnel employed to an increase in the population of children served and to the expansion of the provider base.

Michigan -- The State attributed the increase from 1995-96 to 1996-97 in the number of nurses employed to a growth in the number of children served by the Department of Health. Michigan attributed the increase in the number of social workers employed to the fact that 20 community mental health district offices in Detroit, which primarily provide social work services, began providing early intervention services to infants and toddlers.

Minnesota -- The State attributed the changes in the personnel data to the State's transition from reporting based on estimates to reporting based on actual data.

Ohio -- The State indicated that the 1996-97 personnel data were compiled from a statewide survey conducted by the Ohio Family and Child Learning Center and that they represented the most reliable figures available on the number and type of personnel providing IFSP-based early intervention services in Ohio.

Oklahoma -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of other professional staff employed was because, in the previous year, special educators and child development specialists were combined and reported in this category. In the current year, only child development specialists were reported in this category.

Pennsylvania -- The State attributed the decreases from 1995-96 to 1996-97 in the number of paraprofessionals employed and needed and in the number of special educators needed to a restructuring of service delivery models away from center-based programs, which traditionally have used more special educators and paraprofessionals. Pennsylvania thought that the use of additional funding sources (e.g., Medical Assistance) with specific certification requirements has resulted in the use of more "professional" service providers.

Texas -- The State attributed the increase from 1995-96 to 1996-97 in the number of social workers and special educators employed to a general growth in employed personnel as a result of an increase in the number of children served.

Utah -- The State indicated that the increase from 1995-96 to 1996-97 in the total number of staff employed (including the increase in the number of other professional staff) was due to the following reasons: (1) improvements in data collection and reporting; (2) clarifications of definitions used in reporting; (3) efforts to collect FTE on all personnel funded through early intervention contracts; (4) additional personnel were hired or contracted to staff a new deaf-blind service program; (5) interpreters were reported for the first time; (6) increase in the hiring of paraprofessionals to support occupational therapy, physical therapy, and speech-language professionals (there is a new 2-year COTA program); and (7) applicable clerical and janitorial staff data were reported.

Table AH4: Early Intervention Service Settings

Alabama -- The State attributed the increase in outpatient settings to an increase in the amount of services provided by the Bureau of Maternal and Child Health (MCH); most of the MCH services are provided in outpatient settings.

Arizona -- The State thought that the decrease from 1995-96 to 1996-97 in the number of infants served in outpatient service facilities was due to an increase in the number of children who receive services both at home and in outpatient service facilities. Most providers report these children as receiving services in the home.

Connecticut -- The State verified the increase from 1995-96 to 1996-97 in the number of infants served in regular nursery school/child care placements and outpatient service facilities. Connecticut attributed the increase in regular nursery school placements to its concerted efforts to serve children in natural environments.

Delaware -- The State attributed the decrease from 1995-96 to 1996-97 in outpatient service facility placements to an emphasis on providing more services in natural environments.

Florida -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in outpatient service facilities and the decrease from 1995-96 to 1996-97 in the number of children served in home placements, hospital, and special nursery schools to its use of a decision matrix that counts all children who received any services in an outpatient service facility in that setting regardless of any other settings that may have provided them services. Florida attributed the decrease from 1995-96 to 1996-97

in early intervention classroom/center placements and the increase from 1995-96 to 1996-97 in other setting placements to its increased emphasis on serving children in natural settings.

Indiana -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in various settings to an overall increase in the number of children served. Indiana noted that an increased emphasis on natural environments has resulted in the increase in the other setting placement category and that an expansion of the provider network to therapy groups and hospitals resulted in the increase in outpatient service facilities.

Kentucky -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in various settings to an increase in the population and to the expansion of the provider base.

Minnesota -- The State attributed the decrease from 1995-96 to 1996-97 in early intervention classroom/center placements and the increase in home placements to (1) the use of actual data (previous reports were based on estimates) and (2) the State's emphasis on providing services in more natural settings.

New Hampshire -- The State noted that since its data system allows for multiple placements of children, it cannot provide unduplicated settings data. The State indicated that it is working with its programming staff to be able to provide unduplicated placement data in the future.

New Jersey -- The State indicated that the increase from 1995-96 to 1996-97 in the outpatient service facility placements was due to a better understanding of this category among service providers; they are making a better distinction between the location of the service (e.g., center or hospital) and the characteristics of the service. New Jersey attributed the increase from 1995-96 to 1996-97 in the other settings placements to an increase in the number of families receiving service coordination, the number of infants that received medical day care, and the number of infants served in alternative community settings (e.g., libraries, McDonalds).

New York -- The State indicated that the increase from 1995-96 to 1996-97 in the number of home placements was due to its efforts to serve more children at home. New York indicated that it was pleased with the increase since it has traditionally used a more center-based service delivery model. New York verified the increase from 1995-96 to 1996-97 in other setting placement and noted that the category was primarily used to report children who only receive transportation services, assistive technology services, or service coordination.

Pennsylvania -- The State thought the decrease from 1995-96 to 1996-97 in the number of children served in other setting placements was a result of the considerable time spent training and working with County MH/MR Program staff to improve data reporting accuracy.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in family child care placements to IFSP team decisions to serve more children in home settings.

Washington -- The State thought that the increase from 1995-96 to 1996-97 in the number of children served in early intervention classroom/center placements was a result of the overall increase in the number of children served.