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UNITED STATE DEPARTMENT OF EDUCATION
PRESIDENT'S COMMISSION ON
EXCELLENCE IN SPECIAL EDUCATION

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TRANSITION TASK FORCE HEARING

Washington Hilton
International Ballroom West
1919 Connecticut Avenue,
N.W.
Washington, D.C.
Tuesday, April 30, 2002
8:05 a.m.

The hearing was held pursuant to notice, on
Tuesday, April 30, 2002, at 8:05 a.m., ***, presiding.

1 ATTENDEES:

2 DOUG HUNTT

3 KATIE WRIGHT

4 CHERIE TAKEMOTO

5 ROBERT PASTERNAK

6 C. TODD JONES

7 ALAN COULTER

8 WILLIAM BERDINE

9

10 CARL SUTER, Director

11 Council of State Administrators for Vocational

12

13 Rehabilitation (CSAVR)

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15 DR. JANE EVERSON, University Centers of

16 Excellence at Louisiana and South Carolina

17 DR. FRANK RUSCH, Professor of Special Education

18 University of Illinois at Urbana-Champaign

19 ANDREA SOBEL, Foster Care Consultant

20 Parent Educational Advocacy Training Center

21 (PEATC)

22

-- continued --

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1 ATTENDEES (CONTINUED):

2 DR. PAUL WEHMAN, Professor and Director of

3 Rehabilitation Research and Training Center

4 on

5 Workplace Supports and Chairman of the

6 Division of Rehabilitation Research

7 Virginia Commonwealth University

8 DR. MARGO IZZO, Co-Project Director and

9 Principal Investigator for Ohio State

10 University

11 Partnership Grant

12 Ohio State University

13 DR. ROBERT STODDEN, Director

14 Center on Disability Studies and National

15 Center

16 for the Study of Postsecondary Education and

17 Supports, and Professor of Special Education

18

19 University of Hawaii at Manoa

20 CATHY HEALY, Project Coordinator

21 Parent Educational Advocacy Training Center

22 (PEATC)

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1 ATTENDEES (CONTINUED):

2 DEBORAH LEUCHOVIUS, National Coordinator of

3 Technical Assistance on Transition and

4 Vocational

5 Rehabilitation (TATRA) at the Parent Advocacy

6 Coalition for Educational Rights (PACER)

7 PACER Center, Minneapolis, Minnesota

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9 ANDREW BLOCK, Director

10 JustChildren Project

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12 ALSO PRESENT:

13 JANE W. BEACH, Court Reporter

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P R O C E E D I N G S

(8:05 a.m.)

MR. HUNTT: (Presiding) Good morning. My name is Doug Hunt, Chair of the Transition Task Force of the President's Commission on Excellence in Special Education. Welcome to today's hearing.

Before we go much further, I would like to indicate that we do have interpreters. If anyone is in need of those services, please let staff know.

Thank you.

The focus of our hearing is how youth with disabilities transition from high school to adult life. Transition is a very important issue. It goes to the heart of President Bush's No Child Left Behind education agenda. We must ensure that all children are educated and prepared to become independent citizens.

President Bush established the Commission last October to collect information and to study issues related to federal, state and local special education programs. The Commission's goal is to recommend policies to improve the educational

1 performance of students with disabilities. Our work
2 is not designed to replace the Congressional
3 reauthorization of the Individuals with Disabilities
4 Education Act. Rather, the report we produce this
5 summer will not only provide vital input into the
6 reauthorization process but also into the national
7 debate on how best to educate all children.

8 The Commission's examination of transition
9 issues is part of an expansive review of special
10 education. Over the past two months, the Commission
11 and its task forces have held hearings in Houston,
12 Denver, Des Moines, Los Angeles, Coral Gables, New
13 York City, Nashville, San Diego, and Washington. The
14 Commission has looked at issues such as teacher
15 quality, accountability, funding, cost effectiveness,
16 parental involvement, identification of children with
17 learning disabilities, research, paperwork,
18 litigation and federal programs.

19 As part of today's hearing, the Commission
20 will hear from experts on a variety of transition
21 issues. Our witnesses will discuss the current
22 status of services for students with disabilities who
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1 are planning to transition and what needs to be
2 improved to better prepare students with disabilities
3 as they move from school to adult life. Each expert
4 will present his or her findings, perspectives and
5 recommendations to the Commission concerning the
6 transition services.

7 We will also have a public comment period
8 dedicated to transition issues. What we learn from
9 all our speakers today will provide us with the
10 valuable input we need to develop our recommendations
11 to the President.

12 Thank you for your interest in the
13 Commission. And pardon me for reading, but they had
14 me on a script so I have to behave myself. At this
15 time I'd like to introduce our first speaker, Carl
16 Suter. Carl is Director of the Council of State
17 Administrators of Vocational Rehabilitation, better
18 known as CSAVR, an organization representing 81 state
19 officials who are the chief executive officers for
20 the public vocational rehabilitation agencies in the
21 50 state, the District of Columbia and the
22 territories of the United States.

23

1 Carl, thanks for coming.

2 MR. SUTER: Good morning. When I was a
3 boy of eight growing up in Cincinnati, Ohio, I
4 contracted polio, as did literally hundreds of
5 thousands of other boys and girls at the time in the
6 mid-fifties. The grade school that I had been going
7 to was not accessible. It had a couple of flights of
8 steps. And so my parents decided that instead of
9 sending me to the segregated school in Cincinnati,
10 Condon School, that they would push the local board
11 of education to send a teacher to the home. And they
12 did for three days a week, about a hour-and-a-half a
13 day.

14 She was a nice older lady, Mrs. Rustler.
15 She tended to nap a little bit, which as a young man
16 I thought that wasn't all too bad. But my parents
17 determined that that was not the best education for
18 me. And so they did something a little bit different
19 40 years ago, which today I guess we'd call home
20 schooling, which enabled me to get the kind of
21 education at the grade school level and for junior
22 high that enabled me to be somewhat successful with

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1 high school and college and my career.

2 I think the thing that stands out to me
3 about that was that my parents had very high
4 expectations for me. They felt that I had the skills
5 and ability to achieve and be self-sufficient, even
6 at a time in which there weren't many people with
7 disabilities in the mainstream of society. But they
8 kept talking to me about a man who, in their view,
9 had held a job as the most powerful job in the world,
10 a person who not unlike myself, had a disability, a
11 person who in fact had polio, a person who in fact
12 was the President of the United States, Franklin
13 Roosevelt during World War II.

14 They always told me that if he could
15 become President with his disability that I certainly
16 could achieve whatever it is that I wanted to do.
17 That was a life lesson that I think has stayed with
18 me. And it's something that as a professional I've
19 tried to bring to whatever position I've held. That
20 we need to have high expectations for people with
21 disabilities.

22 I think too many people in society tell
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1 people with disabilities that they can't do this and
2 they can't do that, and that they really need to take
3 their SSI and SSDI and be satisfied with that. But
4 if we are ever to move away from that old paradigm of
5 dependency towards a model of self-sufficiency, I
6 think it is absolutely incumbent upon us as
7 professionals in the field to ensure that we do
8 whatever it takes to help raise the expectations for
9 youth with disabilities.

10 I remember that in my junior year of high
11 school, my parents and I began meeting with what was
12 then the Ohio Bureau of Vocational Rehabilitation
13 towards helping determine what my career path might
14 be. Their insights even then were invaluable to me,
15 and ultimately, I made my way to the University of
16 Illinois in Champaign and studied there.

17 One of the lessons that I've learned
18 through that entire experience is that the vocational
19 rehabilitation process can have a tremendous impact
20 on a young man or a woman's life. There were many
21 times when I was a student at the University of
22 Illinois and I had kind of bounced around from one

1 major to another, and I was thinking about become a
2 theater major, and my rehabilitation counselor talked
3 to me about the prospects of becoming an actor and
4 helped me recognize at the time that there may be
5 other career paths that were as meaningful and
6 rewarding and also allowed me to have an opportunity
7 to somewhat perform.

8 So that has led to a career in both
9 broadcasting and in a career in public policy through
10 a variety of positions in the state and federal
11 governments. Now as a former consumer of vocational
12 rehabilitation services, as a former director of the
13 Illinois Vocational Rehabilitation program, and
14 currently as the Executive Director of the Council of
15 State Administrators of Vocational Rehabilitation,
16 the national program for state vocational
17 rehabilitation agencies, we would like to share with
18 you some thoughts about what we view to be good ideas
19 for IDEA and how we believe that transition services
20 can be enhanced to provide greater opportunities for
21 youth with disabilities.

22 It is critically important to remember

1 that the return on our investment in special
2 education is closely linked to the success of the
3 public vocational rehabilitation program. Many
4 students who are existing special education need to
5 have access to individualized services and supports
6 to assist them in becoming gainfully employed.
7 Nevertheless, between 1997 and 2001, the federal
8 investment in special education has increased over
9 eight times the amount of the increase for the public
10 vocational rehabilitation program.

11 As a result of the increases in special
12 education funding, more students with disabilities
13 are exiting the education system and seeking adult
14 services, including employment and training services
15 available through the public vocational
16 rehabilitation program.

17 Since 1994, the United States has seen a
18 20 percent increase in transition-aged youth being
19 served in special education. According to a July
20 2000 study, transitioning youth represent 13.5
21 percent of the consumers of vocational rehabilitation
22 services.

1 Now I'd like to present to you some
2 principles for reauthorization. We believe that a
3 significant increase in funding for the public
4 vocational rehabilitation program is absolutely
5 necessary to ensure the availability of qualified
6 rehabilitation counselors who can get involved early
7 in the transition process during the high school
8 years and meet the rising numbers and employment
9 needs of transition youth with disabilities.

10 We support retaining the key concepts and
11 principles of IDEA, including ensuring the rights of
12 students with disabilities to free appropriate
13 education in the least restrictive environment,
14 maintaining the procedural guarantees and due process
15 protections and requiring strong parental
16 participation.

17 We support rigorous, rigorous education
18 programs that establish and support high expectations
19 for students with disabilities. High expectations.
20 Increased emphasis on academic achievement of
21 students with disabilities, particularly with regard
22 to strong linkages between the curricula for students
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1 with disabilities and academic standards for all
2 students, which should result in more students with
3 disabilities leaving public education with basic
4 skills such as reading and math.

5 We support maintaining and enhancing
6 IDEA's emphasis on the involvement of students with
7 disabilities and their parents, guardians or
8 authorized representatives in participating in the
9 development and sponsoring and monitoring of the
10 individual education program.

11 We support strengthening the central role
12 that vocational rehabilitation counselors play in the
13 transition process for youth with disabilities. VR
14 counselors can and should be key participants in
15 early transition planning for youth with
16 disabilities.

17 We support the inclusion of language in
18 IDEA that strengthens the responsibilities of the IEP
19 team to provide for real work experiences for
20 transitioning youth with disabilities prior to
21 graduation from high school.

22 We support strengthening provision in IDEA
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1 that require coordination and collaboration between
2 local education agencies and public VR agencies as
3 they identify the needs of and serve transitioning
4 youth with disabilities. To that end, we believe
5 that inclusion of an individualized transition plan
6 in the reauthorization of IDEA as well as in the
7 reauthorization of Vocational Rehabilitation Act is
8 absolutely imperative.

9 We support increasing the focus on
10 parental education and outreach to ensure that
11 students with disabilities and their parents are
12 aware of what is available to them within the school
13 system, both through IDEA in Section 504 of the
14 Rehabilitation Act, as well as the availability of
15 post-education services, especially vocational
16 rehabilitation services.

17 We support a national public policy
18 whereby students with disabilities who need and
19 receive specialized technology while receiving
20 services under IDEA are permitted to take that
21 assistive technology with them when they leave the
22 educational system.

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1 And finally, we support the full funding
2 of IDEA as promised by Congress in the original
3 authorization of Public Law 94-142. In many ways,
4 for youth with disabilities to realize the promise of
5 IDEA, transition services must be fully realized as
6 the student gets ready to enter the world of work.

7 I would also like to share with you some
8 other comments. In the mid-1980s I happened to be
9 the director then of the Illinois DD council. My
10 wife, Sue, who some of you may know, then was the
11 director of the state's vocational rehabilitation
12 program. And we attempted to collaborate on a number
13 of projects from supported employment to transition.
14 We brought in some of the best people that we could
15 think of. Dr. Frank Rusch who I see is on the
16 program today and Dr. Paul Bates at Southern Illinois
17 University, to help guide us in developing good
18 transition programming.

19 The result was that in Illinois today, we
20 have a program called STEP, Secondary Transition
21 Experience Program, which serves over 10,000 youth
22 with disabilities in Illinois. It provides real job
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1 experiences, provides job counseling and career path
2 exploration, provides job coaching. It also does
3 something somewhat unique in that it works
4 collaboratively with local school districts to fund
5 counselors that are housed in local schools,
6 counselors that work both within the educational
7 framework and with the public vocational
8 rehabilitation program.

9 We think it is the best way to ensure that
10 youth with disabilities get served while they are in
11 school, have those job experiences that lead to self-
12 sufficiency, as opposed to the alternative, which in
13 my view has been that too many youth with
14 disabilities live in sheltered environments, don't
15 work, or when they do work, it is sheltered work, and
16 become part of the dependency model, SSI and SSDI.

17 When we change the paradigm and we get
18 youth with disabilities to have higher expectations
19 for themselves, when we as professionals constantly
20 are there to help them understand what their
21 capabilities really are so that they can achieve,
22 when we do those kinds of things, when we are

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1 involved at the high school level in good transition
2 planning, hopefully 14 or 15, then we have the
3 opportunity to have real success and to move away
4 from the dependency model.

5 Those are the comments that I'd like to
6 share with you today, and I'd be happy to entertain
7 any comments or questions that you might have.

8 MR. HUNTT: Thank you, Carl. At this time
9 we'll have questions and answers from the Commission.
10 Dr. Berdine?

11 DR. BERDINE: Thank you, Chairman. Carl,
12 I really enjoyed that. And again, I want to comment
13 that I'm sorry we haven't met in the past. Our paths
14 have crossed. We've just never had a chance to meet.
15 Now I remember where I heard of you from.

16 I have several questions. You talked
17 about the 20 percent increase in demand since 19 -- I
18 forget the date.

19 MR. SUTER: Ninety-seven.

20 MR. BERDINE: Ninety-seven. And about
21 thirteen point something percent of the VR dollars
22 are being consumed by this population.

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1 MR. SUTER: About 33 percent are not
2 necessarily being consumed by that population but are
3 in fact in that we serve. What we have found is
4 that, depending upon different state states like
5 Illinois and California, Kentucky, Tennessee, a
6 number of states have invested very heavily in
7 serving youth with disabilities. They've done it for
8 a variety of reasons. But I think the main thread
9 here is that we recognize that if we can deflect
10 somebody from going to that dependency model, then in
11 effect we will save money in the long run. And
12 that's why it's so important to get to youth with
13 disabilities at an early stage.

14 Having said that, I know this wasn't part
15 of your question, but let me say something else.

16 MR. BERDINE: Go ahead.

17 MR. SUTER: A couple of months ago I was
18 meeting with one of the key staff on the Hill
19 involved in frankly IDEA legislation, works for one
20 of the more powerful senators in the country. And we
21 were talking about her own experience as a parent of
22 a youth with a disability, and her frustration at the

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1 vocational rehabilitation program for not readily
2 coming to the table to be involved in IEP transition
3 plan meetings.

4 I think what was missed by her was that
5 vocational rehabilitation is like any other program.
6 We react to immediate needs. If a person comes to us
7 and they are an adult and they have a need for a job
8 tomorrow, it's more likely we're going to spend our
9 resources on that person than we are on a person who
10 is 14 or 15 years old, just because of the immediacy
11 in terms of need.

12 Having said that, I believe there is a way
13 that both IDEA and vocational rehabilitation laws can
14 be amended to ensure that transition planning occurs,
15 and occurs at an early age. This is my own thinking.
16 It's not necessarily the thinking of CSAVA. But I
17 believe that there could be dedicated funding in both
18 IDEA and vocational rehabilitation, much like we did
19 with supported employment with the old Title VI C
20 that was 100 percent federally funded that enabled
21 states to really embrace good supportive employment
22 practices. And if we do the same kind of thing with
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1 IDEA and reauthorization of the Vocational
2 Rehabilitation Act, I believe we can have the
3 resources dedicated to transition sources.

4 I've spoke of what Illinois has done.
5 Unfortunately, not every state has been able to do
6 those kinds of things and dedicate dollars to
7 transition. But I think it's absolutely imperative
8 that we break through and have the kinds of success
9 nationally that a number of states have already
10 enjoyed.

11 Now I know that may not have completely
12 answered your question, if you'll give me a second
13 chance and give me another question.

14 MR. BERDINE: What I was leading to is in
15 your post secondary, you didn't mention post
16 secondary education. You mentioned the need for high
17 academic standards and you were talking specifically
18 about secondary schooling I believe. You are
19 familiar with the model demonstration projects, the
20 first round of funding that was focused just on post-
21 secondary institutional operations, and you probably
22 also know that it's been recommended for zero funding

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1 in 2003. What's your reaction to that in terms of
2 high academic standards, knowing that 55 percent of
3 all the young men and women who go into higher
4 education, post-secondary education, leave after
5 their first year?

6 MR. SUTER: Well, again, I think it's for
7 both high school and post-high school where we have
8 to emphasize high academic standards. We know that
9 reading and math skills, there's so much research
10 that demonstrates correlation between higher test
11 scores and the ability to get and retain jobs, to
12 have higher wages. So I would not be in favor of
13 efforts to reduce funding for those programs or to
14 reduce those standards.

15 MR. HUNTT: Dr. Coulter?

16 DR. COULTER: I want to thank you for your
17 testimony. I was intrigued by your stance that, you
18 know, if in fact more was done in the area of
19 transition that it would prevent some later
20 dependency in terms of people with disabilities.
21 And then I heard your story about your interaction
22 with the person working in Congress and their

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1 disappointment.

2 We've heard I think a fair amount of
3 public testimony and from some other witnesses about
4 their disappointment that there is not more
5 interaction on the part of vocational rehabilitation
6 agencies in that transition process. You know, with
7 all that disappointment, do you have any
8 recommendations on how we can, as you noted in your
9 recommendations for coordination and collaboration.
10 It seems like one agency's at the table but the other
11 doesn't come. How do we change that?

12 MR. SUTER: Well, that's a tough nut. But
13 I think certainly by having transition plans as part
14 of -- connected to the IEP and having the opportunity
15 to fund good practices in states. I think, frankly,
16 one of the recommendations I was just talking about a
17 few minutes ago could really solve many of the
18 problems, and that is guaranteed funding in both IDEA
19 and Vocational Rehabilitation Act specifically for
20 transition.

21 When you do that, then it takes some of
22 the guesswork out of whether or not it will be done

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1 or not.

2 DR. COULTER: Okay. Thank you.

3 MR. HUNTT: Thank you. Mr. Jones?

4 MR. JONES: I think I'll pass this round.

5 MR. HUNTT: Well, I'll take the
6 opportunity. Carl, let me ask you, what do you think
7 the biggest barrier is? It seems to me that this is
8 a win-win proposition to have VR and special ed sit
9 down together, work through the IEP, begin the
10 process early on. Why haven't we done it? What's
11 the barrier?

12 MR. SUTER: I think the biggest barrier is
13 frankly resources, both in terms of school and
14 vocational rehabilitation. I think people are
15 fearful of the costs. When you begin to get involved
16 early, unless you are absolutely committed to it,
17 there are costs involved. Even sending a counselor
18 to a transition plan meeting or an IEP meeting when a
19 student is 15, that's a resource issue. And people
20 have to make judgments all the time as to whether or
21 not you expend your resources in that arena or
22 whether you expend them towards helping an adult get

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1 a job.

2 I think it's important to understand we
3 have to do both. It shouldn't be one or the other.
4 And I think by establishing resources that are geared
5 towards best practice that you can have both. I
6 think that even though in a state like Illinois,
7 which I think has reasonably good transition
8 practices and policies, there still sometimes is a
9 reluctance on the part of local school administrators
10 to have vocational rehabilitation at the table.
11 They're fearful of what the responsibility will mean
12 for that local school. And additional resources that
13 may be necessary in order to deal with that
14 transition plan.

15 So it's not really about one particular
16 system. I think it's about both systems. We both,
17 both vocational rehabilitation and special ed have to
18 recognize that transition is one of those fundamental
19 things in a person's life that we need to address.
20 And if we don't address it at that time, then we wind
21 up with a model of dependency.

22 MR. HUNTT: Thank you. Commissioner

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1 Takemoto?

2 MS. TAKEMOTO: Thank you. I am a parent
3 here in Virginia, and so I have questions about
4 parents. Talk a little bit about how, you know,
5 parents really are the safety nets for when VR or
6 other programs have not done well, yet they are not
7 necessarily an invited member of the team. Can you
8 talk a little bit about inviting parents to the team
9 balanced with self-determination for people with
10 disabilities?

11 MR. SUTER: Well, I think it's obviously
12 absolutely vital that parents are part of the
13 process. I related my personal experience growing up
14 with a disability and how involved my parents were.
15 And without that support, without their efforts, I
16 seriously doubt that I would have had the experiences
17 and the kinds of successes that I've been able to
18 enjoy. They were instrumental in that process.

19 So it goes without saying in my mind that
20 we have to involve parents. Now I think that it's
21 correct to assume that sometimes systems, both the
22 school systems and adult systems, have been somewhat

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1 reluctant to always involve parents because parents
2 sometimes are that part of the squeaky wheel and they
3 take attention. And so from a policy perspective, I
4 think it's been -- we have not addressed that as much
5 as we probably should have because of a lack of
6 resources.

7 I keep coming back to resources, but I
8 really do believe that if we fund best practice and
9 we fund adequately and ensure that resources are
10 there, then parents have to be part of the equation
11 and will be. But I think it does get back to
12 resources and getting educators and rehab
13 professionals to acknowledge that we have to involve
14 parents as well.

15 On the other hand, I will say that I have
16 personally been involved in a number of transition
17 plan meetings with students that I became aware of in
18 which it was very difficult to get parents involved.
19 So I think we have to do a much better job at
20 outreach to parents and help teach them to become
21 better advocates. I think that's incumbent upon best
22 practices.

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1 MS. TAKEMOTO: Thank you.

2 MR. HUNTT: It's not very often that I
3 have the opportunity to skip over the Assistant
4 Secretary of OSERS, but in this case I probably
5 should go back and give Dr. Pasternack the
6 opportunity to ask a question.

7 DR. PASTERNAK: Good morning. Sorry I'm
8 late, Carl. I wonder if you could talk for a minute
9 about the perception that VR does not participate as
10 actively as it should in transition planning and what
11 you recommend to us from a policy perspective to
12 allow us to improve the integration between what we
13 do in special ed and create this sort of seamless
14 transition that some folks talk about between the
15 world of special education and services provided
16 through voc rehab.

17 MR. SUTER: Well, as I've indicated, I
18 think resources are the biggest barrier. But beyond
19 that, I think it's much like politics. Things happen
20 at a local level. I think we have to find ways of
21 getting local school districts to understand that
22 transition planning is important. I think we have to

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1 get vocational rehabilitation to also appreciate that
2 fact in those communities in which it's not
3 occurring.

4 I think we also need something else, and
5 that's local community pressure. We need to involve
6 folks from the business community, folks from labor,
7 folks from higher education as we go about the
8 process of establishing good transition efforts.
9 Depending upon the individual needs and career
10 objectives, there are many players that should be
11 brought to the table.

12 I think too often they're simply not
13 invited. I know in Illinois we attempted to
14 establish local transition planning committees
15 throughout the state of Illinois, and we attempted to
16 do exactly what it is I'm speaking about. We
17 attempted to bring in folks from business and labor
18 and adult providers and folks who could have
19 opportunity to have an impact on a young person's
20 life. The problem with that was that it was too much
21 in the abstract. It involved planning for the masses
22 as opposed to planning for individuals.

1 And I think we really have to get planning
2 down to the individual level. We have to recognize
3 that whether it's Carl or whether it's Frank or
4 whether it's Bob, whoever it is, a youth with a
5 disability that is going to be exiting school, we
6 have to look at their individual needs, not at the
7 fact that there are going to be 500 kids exiting
8 special education in a particular community or 5,000
9 kids and how to deal with that system.

10 We have to get it down to the individual
11 level, individual people. And when we do that, I
12 think we can have successes. When we have successes,
13 I think it will lead to the desire to have more. I
14 think there's a lot of frustration out there right
15 now. There's a lack of resources.

16 DR. PASTERNAK: I think that some people
17 would say that the Administration's request for \$2.6
18 billion for voc rehab, it's not only about a resource
19 issue. Some people would think it's perhaps using
20 those resources differently. But without getting
21 into that discussion right now, I guess more
22 concretely, what do you think -- a couple of quick

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1 questions. One, do you think there's a role for
2 sheltered workshops in providing opportunities for
3 adults with significant disabilities?

4 MR. SUTER: I would not want to be a
5 person that had to go to a sheltered workshop. I
6 think if you look at the national wages that people
7 in sheltered workshops earn, the wages are dead end.
8 Now there are exceptions. But, you know, I believe
9 that generally speaking, sheltered workshops are not
10 a good idea.

11 I think there are so many more
12 opportunities in the community. I think that there
13 are so many community rehabilitation programs that
14 have recognized that sheltered workshop efforts do
15 not really work, especially if you're attempting to
16 get folks mainstreamed into the community in real
17 work opportunities, integrated work.

18 We believe and support competitive
19 integrated work.

20 DR. PASTERNAK: Okay. In the interest of
21 time, just one last question. What do you think a VR
22 can do to address the President's observation in New

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1 Freedom that there continues to be 70 percent
2 unemployment rate for adults with disabilities in
3 this country?

4 MR. SUTER: One of the things, and I've
5 spoken a little bit about this --

6 DR. PASTERNAK: And again, I apologize.
7 I look forward to reading your remarks.

8 MR. SUTER: That's fine. One of the
9 things I think is incumbent upon professionals,
10 advocates is to help raise expectations for people
11 with disabilities. Society has told too many people
12 with disabilities that they can't do this and they
13 can't do that and that they're going to wind up on
14 SSI or SSDI and to be satisfied with that.

15 When I was director of vocational
16 rehabilitation in Illinois, one of the things that I
17 had to do was to get our staff, our own
18 professionals, to recognize that people with
19 disabilities live with frustrations every day of
20 their lives. They deal with obstacles in life, and
21 that we have to help get people with disabilities to
22 understand that there's a whole world out there for
23

1 them if they will buy into what that life can be; to
2 help raise expectations.

3 So I think that's one of the things that
4 we as a society have to be involved in if we are ever
5 going to address the tremendously high unemployment
6 rate of people with disabilities. We have to get
7 society and general and people with disabilities in
8 particular to understand that they have to have
9 greater expectations for themselves and a life on
10 dependency on SSI and SSDI is not the kind of life
11 that they should expect.

12 DR. PASTERNAK: Thank you, Mr. Chairman.

13 MR. HUNTT: Thank you, Carl. We're out of
14 time. We'll begin our next question and answer with
15 Dr. Wright. Carl, what your bio didn't say is that
16 you're relatively new in the job and we wish you well
17 in this very challenging opportunity.

18 DR. WRIGHT: Mr. Chair, excuse me, I
19 really -- I'm from Illinois, and I really need to --
20 I know we're out of time. But I was here and I just
21 wanted to say this. I don't have to ask a lot of
22 questions. I'm from Illinois and I'm very familiar

23

1 with the work that's going on in Illinois, and I
2 wanted to say that I thank you and your wife for
3 being almost the godparents of voc rehab in the state
4 of Illinois.

5 I did want you at sometime but maybe after
6 the break or something I can ask you about the kids,
7 the African American kids who are in prisons in
8 Illinois. I serve on the school board for the
9 Department of Corrections in Illinois, and there are
10 a lot of kids in prison who need this transition, and
11 I had wanted to ask a question about that but now I
12 don't get to do it.

13 MR. SUTER: I'll stick around.

14 DR. WRIGHT: Okay.

15 MR. HUNTT: Thank you, Carl. Dr. Iverson?
16 Dr. Everson has been involved in disability services
17 for adolescents and adults for more than 20 years.
18 Her program development and research interests
19 include school-to-adult life transition, supported
20 employment, home ownership, deaf/blindness,
21 collaborative training, and person-centered planning.
22 Welcome and thank you for coming. And excuse me,

23

1 it's Dr. Everson. Thank you.

2 DR. EVERSON: Thank you. First I want to
3 thank you for the opportunity to speak with you here
4 this morning. I'm going to do my best to represent
5 the frustration as well as the hopes and dreams of
6 the adolescents and parents that I've worked with
7 over the past 20 years.

8 Although IDEA '97 made many substantive
9 changes to special education and specifically to the
10 IEP process, transition planning, as you are well
11 aware, continues to be a very frustrating component
12 of IEP.

13 I'd like to address in the time I have
14 with you three of what I believe to be the most
15 pressing transition issues faced by adolescents and
16 their families and then try to give you as many
17 specific recommendations as I can for the
18 reauthorization of IDEA.

19 The first issue I'd like to speak about is
20 the need for a visionary and outcome-oriented adult
21 lifestyle focus. We know from the research that has
22 evolved over the last 20 years that there is a

23

1 tremendous gap between what adolescents want and
2 expect from transition planning and from what
3 educators offer and endorse. We know that
4 adolescents and their families want expect meaningful
5 competitive employment as an outcome of transition
6 planning. We know that they want opportunities to
7 pursue post-secondary education. We know that they
8 want affordable housing, and we know that they want
9 affordable health care. But we also know what
10 happens to youth with disabilities when they grow up.

11 11

12 Although the statistics have changed over
13 the last ten years, we know that some individuals do
14 grow up to be employees earning a meaningful wage.
15 We know that some do enter and even complete post-
16 secondary education, and we know that many more
17 become parents and even educated consumers of
18 community services. However, many more remain
19 unemployed, underemployed and, importantly, among the
20 poorest of the poor in this country.

21 Economic self-sufficiency in the United
22 States is correlated with level of education,

23

1 competitive employment, access to affordable housing,
2 and access to affordable health and medical care. I
3 believe that economic self-sufficiency is a broad
4 goal of IDEA and I believe it is a very specific goal
5 of transition planning. I also believe that
6 education is the foundation of adult self-sufficiency
7 for adults with disabilities.

8 Thus, if we are going to accomplish self-
9 sufficiency for adolescents with disabilities, we
10 must begin to address transition discussions at an
11 early age, and we must begin by asking adolescents
12 and their families to share their goals and dreams in
13 very specific and desired adult lifestyle areas.

14 After we ask, we need to listen. We need
15 to listen to what they want, and then we need to
16 identify very specific and desired post-school
17 outcomes, and I want to stress, in all adult outcome
18 areas. Not just employment and post-secondary
19 education.

20 After we've asked and we've listened, then
21 we need to write down the specific outcomes. We need
22 to look at outcomes in employment, post-secondary
23

1 education, housing, transportation, health and
2 leisure. We need to document these desired dreams as
3 intended and anticipated outcomes in students' IEPs.
4 That is, we need to let these desired dreams drive
5 the transition process, not what I believe currently
6 drives the process, which are diminished dreams of
7 professionals and service availability in local
8 communities.

9 From these desired dreams, we need to
10 develop annual goals, benchmarks, short-term
11 objectives that provide experiential opportunities,
12 skill instructions and supports.

13 Throughout the educational years, we need
14 to collect assessment and monitoring data that
15 describes how students are progressing towards the
16 desired outcomes. The data need to describe not only
17 what students cannot do but also what students can
18 do. Then and only then, and only as students near
19 the end of their transition planning process, the end
20 of their school programs, then and then only then
21 should we offer and negotiate alternatives to the
22 desired dreams that they hold.

23

1 In order to address a more visionary and
2 outcome-oriented transition process, I believe that
3 IDEA should consider first suggesting that each
4 transition meeting begin with a discussion of the
5 student and family's desired outcomes. And again,
6 I'll emphasize "begin with". Following the
7 discussion, there needs to be required documentation
8 of this discussion within the IEP. Documentation of
9 this discussion can typically take place by writing
10 something such as a futures statement, a dreams
11 statement, a desired outcome statement and including
12 this at the beginning of the transition plan.
13 Development of such a statement should not occur
14 exclusively at the IEP meeting. Instead, this is
15 best supported through a person-centered planning
16 process that takes place throughout the high school
17 years.

18 Second, there should be required
19 documentation within the IEP of visionary desired
20 outcomes in all adult lifestyle areas. Again, not
21 just in employment and post-secondary education, but
22 also specific desired outcomes in housing,
23

1 independent living, transportation, health and
2 leisure. For example, it is known in the United
3 States that close to 70 percent of Americans own
4 their own homes, yet less than 1 percent of Americans
5 with disabilities own their own homes. So while we
6 placed a great deal of emphasis on the high
7 unemployment rate, I'd also like to point out that
8 lack of home ownership and lack of access to
9 affordable housing is also a barrier to economic
10 self-sufficiency for individuals with disabilities.

11 It is important to document the
12 relationship between these desired adult outcomes and
13 IEP goals and objectives. When I work with families
14 who are beginning to enter the transition process
15 with their adolescent children, one of the
16 suggestions I give to them is to look at their
17 desired outcomes, look at the IEP goals and
18 objectives and very clearly ask the IEP team what is
19 the relationship between the two.

20 More often than I like to hear, what
21 parents say to me is the team is unable to give them
22 a relationship between why a particular IEP objective
23

1 is on the plan and what the relationship is to that
2 particular outcome desired by the family. Not only
3 do families need to be asking these questions, but I
4 think educators need to ask themselves these
5 questions as well.

6 Third, I believe that community-based
7 vocational instruction should be required for all
8 students and that all students, including those with
9 assistive technology and/or other types of support
10 needs, should be included in all of the school
11 district's career preparation programs. We know from
12 the research that's been done on vocational training
13 and employment outcomes that high school employment
14 experiences are a strong predictor of post-school
15 employment success.

16 Fourth, we need to continue to support
17 inclusive high school education models and special
18 education students' access to the general curriculum.
19 Again, this must include all students, including
20 those requiring assistive technology and/or other
21 supports.

22 Fifth, we need to require states to report
23

1 on post-school attainment of employment, post-
2 secondary education, housing, transportation, health
3 and leisure outcomes. These reports need to be
4 shared locally with receiving adult services agencies
5 so that fiscal personnel and other resources may be
6 addressed in a proactive and timely fashion.

7 The second area I'd like to talk with you
8 about is the need for long-range transition planning.
9 Over the last ten years we've learned a great deal
10 more about adolescent growth and development than we
11 knew when I was a special education major 20 years
12 ago. We know that adolescence is a time of many,
13 many transitions. We know that adolescents
14 transition from middle school to high school, they
15 transition from high school to employment, from
16 employment to post-secondary education and so forth.
17 We also know that young adults transition from living
18 at home to living more independently in homes of
19 their own, in apartments, in college dorms and
20 supported living situations. We know that they must
21 transition from the pediatric health care system to
22 the adult health care system.

23

1 We also know that transition in
2 adolescence is a time of complex and sensitive
3 decisionmaking. Adolescents need to make decisions
4 about driving and not driving. They need to make
5 decisions about sexual and reproductive health. They
6 and their families need to make financial and estate
7 planning decisions. They need to make decisions
8 about health insurance, nutrition and so forth. We
9 know that there are significant developmental
10 milestones that are faced by typically developing
11 adolescents. We also that for adolescents with
12 disabilities, they face these same milestones and
13 perhaps many more.

14 Transition planning must recognize the
15 developmental milestones of adolescents, and we must
16 begin to support longitudinal transition planning.
17 In order to do this, I believe that IDEA needs to
18 consider requiring transition planning for all
19 students with disabilities beginning no later than
20 age 14. In effect, this would eliminate the language
21 that currently ineffectively differentiates between
22 services at age 14 and 16.

23

1 I believe that IDEA also needs to promote
2 the establishment of state and local interagency
3 teams to collect and address transition data. We
4 know that information sharing across multiple
5 agencies is vital in helping to expedite eligibility
6 determination, avoiding duplication of services and
7 helping to make the transition process more consumer
8 friendly.

9 Third, we need to require students'
10 progress reports to address their progress on these
11 desired transition outcomes and action steps,
12 including the transition benchmarks and short-term
13 objectives. If we track the status of action steps
14 beyond those steps undertaken by local school
15 districts, the need for interagency documentation
16 will be better documented. We can save valuable
17 time, and students will be less likely to fall
18 through the cracks if interagency teams have multiple
19 opportunities to monitor progress, coordinate
20 resources and make changes.

21 Fourth, we need to promote personnel
22 preparation models for both regular and special ed
23

1 teachers that provide course work in both transition
2 planning and adolescent development.

3 The third issue I'd like to talk about is
4 the need for the development of self-determination
5 abilities. Self-determination is a very complex
6 construct. It requires knowledge of oneself, goal-
7 setting skills and behaviors and self-assessment and
8 negotiation skills and behaviors. The research tells
9 us that many adolescents with disabilities lack self-
10 determination abilities. The reasons are numerous
11 and complex, and certainly they include cognitive and
12 sensory disabilities, but I believe they also include
13 limited expectations and experiences and the low
14 expectations of adult service providers and
15 educators.

16 We also know that future orientation,
17 which may be defined as the ability to think about
18 and plan for the future, future orientation being the
19 ability to think about a future desired state of
20 affairs is a foundation of self-determination. If we
21 acknowledge that many adolescents with disabilities
22 lack self-determination and they lack future
23

1 orientation, then we must also acknowledge that it is
2 not enough to simply invite adolescents to attend
3 their IEP meetings.

4 To be active and informed participants,
5 adolescents must be provided systematic instruction
6 and opportunities to learn, practice and receive
7 feedback from their self-determination abilities. To
8 address this, I believe that IDEA needs to consider
9 continuing to build on the emerging self-
10 determination research by continuing to fund outreach
11 models that promote self-determination, future
12 orientation and adolescent development as well as
13 other self-determination abilities in adolescents.

14 I also believe that IDEA needs to build on
15 this same research by funding personnel preparation
16 models that promote educational opportunities and
17 address both adolescent development and self-
18 determination abilities.

19 Thank you for listening to me today, and
20 I'll end here and entertain any questions that I
21 might be able to answer.

22 MR. HUNTT: Thank you, Dr. Everson. I

23

1 appreciate your testimony. To clarify the process
2 for Q & A, we have 20 minutes for questions and
3 answers. We are going through the table and we
4 stopped right before Dr. Wright the last time. We're
5 asking each Commissioner to utilize only five minutes
6 or less, and we're asking panelists to be as concise
7 as possible. Feel free to use yes or no responses.
8 Dr. Wright?

9 DR. WRIGHT: Thank you, Mr. Chair. And
10 thank you so much, Dr. Everson, for your testimony.
11 I don't have very much to ask you, because your
12 testimony covered most of what I would ask. I did
13 want to mention this, though. In Illinois we have a
14 transition timeline for children and adolescents with
15 disabilities. And it would appear to me and I hope
16 that you would support this, that you would support
17 funding for such a timeline and that IDEA would
18 include such a timeline. I'm looking at this and I'm
19 sure that you're familiar with this. And it goes all
20 the way from early elementary rules and goes on and
21 on.

22 I was glad to hear you say that this
23

1 transition period, there should be early intervention
2 for that. Would you speak to that a little bit more
3 please?

4 DR. EVERSON: I think that transition
5 planning has got to be viewed as a longitudinal
6 process. We say and that we write that a great deal
7 in the literature, but I don't think that we
8 recognize that there are significant developmental
9 milestones that occur at age 14, 15, 16, 17 and 18,
10 and they are different at different ages. So to have
11 a transition plan that looks the same for a 14-year-
12 old as it does for a 21-year-old is not going to
13 accomplish what it is we hope to accomplish.

14 For example, for adolescents, one of
15 meaningful milestones is not surprisingly turning age
16 16 and getting a driver's license. We know that many
17 adolescents with disabilities do earn their driver's
18 license, and we know that many others cannot, either
19 because of cognitive or sensory disabilities. But
20 there are many wonderful curricula out there, and
21 there's one specifically by Pro Ed Publishers called
22 "Finding Wheels". That it recognizes that everybody

23

1 needs to have transportation opportunities, and
2 around about 16 is when that becomes a very important
3 part of one's life. So a transition plan for a 16-
4 year-old, if we use the type of timeline you're
5 considering, should look at transportation issues,
6 whereas for a 14-year-old, it might not.

7 A specific desired employment outcome is
8 probably going to be appropriate for an 18 or 19-
9 year-old, whereas it's not going to be for a 14-year-
10 old.

11 DR. WRIGHT: Thank you very much.

12 MR. HUNTT: Dr. Sontag?

13 DR. SONTAG: Good morning. Thanks for
14 being here. I really have one question. We talked a
15 lot this morning about planning the transition
16 meeting, planning. My question moves into the area
17 of planning for what. And I have a very specific
18 question here. Have you seen measurable changes in
19 performing community and special education and more
20 emphasis on training for the next step, training for
21 the world of work for some students in the last ten
22 years?

23

1 DR. EVERSON: Oh, absolutely. I think
2 that both families, adolescents, teachers,
3 rehabilitation counselors who have either exited
4 personnel preparation programs more recently or who
5 have had the opportunity to work more with
6 transition-age individuals, have much higher
7 expectations than individuals who either have less
8 experience with that population or who perhaps have
9 not had more in-service or pre-service training
10 recently.

11 I also see in communities that have at
12 both a local or regional level and at a state level
13 interagency collaboration that includes cross-agency
14 training and training in which families and
15 professionals are co-trained, I also see much
16 different and higher expectations among those
17 communities as well.

18 DR. SONTAG: Thank you.

19 MR. HUNTT: Thank you. Dr. Berdine?

20 MR. BERDINE: Good morning. I enjoyed
21 your testimony. I have two questions and one
22 inquiry. In your bio there's a mention of
23

1 deaf/blindness. You do have expertise in this area,
2 so I have a question with regard to adolescents and
3 young adults who are either deaf or blind or deaf and
4 blind. And it's with regard to post-secondary
5 transition.

6 You're familiar with the deplorable
7 statistics about first year dropout rate and
8 graduation rate. Are you aware -- I'm somewhat
9 familiar with deaf/blindness through the University
10 of Kentucky's Deaf/Blind Intervention Project which
11 we've had for 25 years. And now we're seeing kids
12 that we first intervened with coming into post-
13 secondary placement. Are you aware of any models for
14 students who are deaf or deaf and blind for post-
15 secondary success?

16 DR. EVERSON: Not specific models, but I
17 was employed with the Helen Keller National Center in
18 Sands Point, New York as the director of their
19 Transition Technical Assistance Center for a number
20 of years. And as part of that project, we did
21 develop a number of manuals, resources, factsheets,
22 guides that were for both teachers and for students

23

1 and their families on post-secondary education, and
2 I'd be glad to forward some of those resources to you
3 if that would help you.

4 MR. BERDINE: Yes, I would appreciate
5 that. We're becoming victims of our own success.
6 We're intervening with extremely, as Carl Sutor had
7 mentioned, tough nuts to crack. This is one of the
8 toughest in post-secondary is students who are deaf
9 and blind or deaf/blinds.

10 I have a question. After billions of
11 dollars having been spent on vocational
12 rehabilitation, we still have these statistics of 70
13 percent unemployed, 1 percent home ownership. How
14 can we justify the continuing funding at this level
15 if we're not getting any better results than that?

16 DR. EVERSON: Well, first I think we need
17 to recognize that the outcomes for transition-age
18 youth, when we separate them out, they are higher
19 than they are for the general adult population with
20 disabilities. So I think we do need to recognize
21 that we are making progress for transition-age youth.

22 22

23

1 I believe that we have eliminated many of
2 the systemic and policy barriers to good transition
3 planning. When I travel around the country, when I
4 work with families and teachers and rehab counselors
5 in both urban and rural areas, in small communities
6 and what would be considered to be some of the better
7 states and some of the lower states in terms of
8 services, I hear time and time again the same thing,
9 particularly among high school special education
10 teachers. They know next to nothing about transition
11 services and adult services.

12 Our personnel preparation programs
13 continue to teach special education as an elementary-
14 oriented developmental model. Even in those
15 universities that provide transition planning
16 courses, what many of them have done is taken an old
17 course, something perhaps titled Community-based
18 Instruction or Secondary Education, they've retitled
19 it Transition Planning and unfortunately, the faculty
20 teaching those courses still know next to nothing
21 about Social Security work incentives, vocational
22 rehabilitation, affordable housing opportunities and

23

1 so forth.

2 So I firmly believe that personnel
3 preparation programs have got to recognize that
4 adolescent development, transition services are
5 significantly different from the other areas of
6 special education curriculum.

7 MR. BERDINE: Thank you.

8 MR. HUNTT: Thank you. Mr. Jones?

9 MR. JONES: I'd like to ask about youth in
10 rural areas. Obviously there's the tension of any
11 vocational program of training youth to have a broad
12 set of skills versus skills that are applicable to
13 what happens to be around. Rural areas create
14 complications for voc ed, more so for students with
15 disabilities. That all said, can you point us to
16 some models or successes for youth in high poverty
17 rural areas in the last ten to 15 years?

18 DR. EVERSON: Well, recognizing that my
19 doctorate is in urban services, I'm probably not the
20 best person to respond to that, quite honestly. I'm
21 not really an expert on rural areas.

22 MR. JONES: Okay. Fair enough. And thank
23

1 you.

2 MR. HUNTT: Thank you. Dr. Pasternack?

3 DR. PASTERNAK: Thank you, Mr. Chair.

4 Dr. Everson, I'm having trouble reconciling what you
5 were telling us about personnel preparation and your
6 response to Dr. Sontag's question. If in fact things
7 have gotten so much better in the last ten years, why
8 then, if I heard you correctly, do we have so many
9 teachers who are not trained about secondary issues?
10 And what would you recommend to us from a policy
11 perspective to address what you just said?

12 DR. EVERSON: Let me differentiate between
13 pre-service personnel prep and in-service models. I
14 think that the pre-service programs where people
15 actually go and earn a degree a special education,
16 and even to some extent in rehabilitation counseling,
17 still are severely lacking in quality course work
18 both in transition planning and adolescent
19 development. I think many, many states, particularly
20 through the five-year systems change projects on
21 transition, have done an admirable job of providing
22 in-service training to people who are out in the

23

1 field.

2 The problem that we face in my home state
3 of Louisiana I think is very comparable to many
4 states. Most of our special ed teachers are either
5 noncertified or provisionally certified. We teach
6 Transition 101 three times a year and we give
7 everybody all the skills I think they need to write a
8 quality transition plan, but lo and behold, next year
9 they're not in the classroom.

10 DR. PASTERNAK: Okay. Thank you. My
11 next question is pretty much a yes/no. As you know,
12 in the current statute, it says that "students shall
13 be invited to their IEPs, where appropriate." Would
14 you submit that it's always appropriate for every
15 student with a disability to be invited to every IEP
16 meeting?

17 DR. EVERSON: Absolutely.

18 DR. PASTERNAK: Thank you. I appreciate
19 that. Next, apropos of what Dr. Berdine raised
20 earlier, as you know in New Freedom initiative, the
21 President documented that home ownership among adults
22 with disabilities is less than 10 percent. Someone

23

1 asked me the other day what the rate of home
2 ownership was for nondisabled adults and I inquired
3 and found out that it's 73 percent.

4 From a policy perspective, how would you
5 advise that we increase home ownership among adults
6 with disabilities in this country?

7 DR. EVERSON: From the perspective of IDEA
8 and education, I believe we need to develop curricula
9 and teaching strategies for high school teachers so
10 that they first understand that home ownership is a
11 possibility and a desired expectation for students.

12 I directed the Home of My Own initiative
13 in Louisiana, and one of the things we did in
14 Louisiana at the request of high school teachers was
15 put together a very simple board game called "The
16 Home Game". And it allows teachers to participate
17 with students in planning the whole process of going
18 through home ownership. Also at their request we put
19 together a set of lesson plans to accompany that. To
20 my knowledge, that is the only education-related
21 resource available for teachers who want to work on
22 home ownership. The only reason that came about was

23

1 because were demonstrating home ownership in
2 Louisiana and teachers saw that all of a sudden as a
3 realistic possibility.

4 DR. PASTERNAK: I guess I'll end with an
5 education question. Many of us on the Commission are
6 very troubled by the data that document that the
7 dropout rate for students with disabilities is twice
8 the dropout rate for their nondisabled peers. I'd
9 like to ask two questions along those lines. One,
10 why do you think that occurs? And second, what do
11 you think we can do to reduce that? And I know it's
12 a significant problem for you in your state and in
13 your neighboring state of Mississippi particularly.

14 DR. EVERSON: Well, keeping in the flavor
15 of the comments that I've shared with you today, I am
16 a firm believer that self-determination, even though
17 it's an overused term in the field of education, is
18 just a critical component of effective transition
19 planning. Certainly it's much more than what happens
20 at the IEP process.

21 But time after time after time when I
22 visit classrooms, when I work with families, I see

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1 teenagers who have absolutely no ability to think
2 about the future. They have no understanding that
3 things desirable can be shared and can happen to
4 them. When they have such low expectations and such
5 inability to dream of the future, they see no
6 relationship between what's happening in their high
7 school program and what they think is going to happen
8 to them in adult life.

9 It's certainly a very, very complex
10 answer, and this is only one part of it. But I
11 believe we have got to incorporate what we are
12 learning about self-determination and adolescent
13 development within all high school curricula for all
14 students with disabilities. I think that will go a
15 long way in helping to reduce the dropout rate.

16 DR. PASTERNAK: Is this something that
17 we've known about for a long time?

18 DR. EVERSON: I think that we in the field
19 of regular education and adolescent development have
20 known a lot about self-determination. I think in the
21 field of special education, the recent rounds of
22 projects that were funded four or five years ago, the
23

1 data are just now coming out of those. And I think
2 we're now realizing that self-determination is
3 something that needs to be taught in the classroom.
4 There's now about 25 curricula out there, and some of
5 them do have reliability and validity data showing
6 relationships with outcomes. But we also know that
7 it's more than a 14-week course. That it needs to be
8 something that's incorporated within everything that
9 happens in high school.

10 We also know in response to your earlier
11 question, that just inviting a student to an IEP
12 meeting is not enough. A student can sit and feel
13 perhaps just as nervous as I might be sitting in
14 front of this panel if they're not prepared and feel
15 confirmed in their ability to say I want a job when I
16 grow up, and this is what I want to do.

17 DR. PASTERNAK: One last question, Mr.
18 Chair. The pressure to include students in high
19 stakes testing and the fact that passing high stakes
20 testing will lead to a high school diploma has a lot
21 of people in the field of special ed worried that
22 we're going to see increasing pressure in referring
23

1 more students to special education. Any advice to
2 the Commission in terms of the increased need for
3 accountability and the impact of that high stakes
4 testing at the high school level on students with
5 disabilities?

6 DR. EVERSON: My background and my
7 experiences are almost exclusively with students with
8 more significant disabilities who often are not even
9 on a high school track. So I'm really going to defer
10 responding to that to perhaps one of the later
11 panelists who's more of an expert in milder
12 disabilities.

13 Let me only say that I hope we don't err
14 on the side of moving from what we know is effective
15 and important community-based, community-referenced
16 training for students to the side of total academic
17 preparation that leaves out employment preparation,
18 health transition and housing transition.

19 DR. PASTERNAK: For the record, the
20 graduation rates for students with significant
21 disabilities are significantly better than the
22 graduation rates for students with mild disabilities.

1 Is that a yes?

2 DR. EVERSON: I would think not, but.

3 DR. PASTERNAK: It is a yes. Trust me.

4 DR. EVERSON: Graduation versus
5 completion?

6 DR. PASTERNAK: Completion rates for
7 students with significant disabilities is much better
8 than completion rates for students with mild
9 disabilities. Highest dropout rate in the category
10 of ED, interestingly enough.

11 DR. EVERSON: Not surprising.

12 DR. PASTERNAK: Thank you very much.
13 Thank you, Mr. Chairman.

14 MR. HUNTT: Thank you. And thank you
15 again, Dr. Everson, for your testimony. We
16 appreciate it.

17 DR. EVERSON: Thank you.

18 MR. HUNTT: I'm going to ask Dr. Rusch to
19 come forward. Dr. Frank Rusch is a Professor of
20 Special Education in the College of Education at the
21 University of Illinois at Urbana-Champaign. He
22 established the Transition Research Institute in

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1 Illinois and later the National Transition Alliance,
2 which were founded by the U.S. Department of
3 Education to improve transition services and
4 outcomes. Welcome. And I believe the Buckeyes beat
5 Illinois last year if I remember.

6 DR. RUSCH: I'm sorry. I missed that last
7 comment. Thank you for giving me the opportunity to
8 testify before you today on transition-related
9 services that promote positive high school outcomes
10 for youth with disabilities.

11 Significant and fundamental changes in how
12 we educate all youth were intended when the
13 Individuals with Disabilities Education Act
14 amendments of 1997 were enacted. Indeed, IDEA has a
15 rich history of focusing upon emerging and well known
16 historical issues, including mainstreaming,
17 transition, inclusion, early childhood education, and
18 more recently, issues surrounding discipline in our
19 schools.

20 Since the reauthorization of IDEA in 1983,
21 Public Law 98-199, when transition was first defined
22 and measures were instituted to address the poor
23

1 outcomes associated with you with disabilities
2 leaving our schools, over 500 model demonstration
3 projects have received federal money, in part, to:

4 Stimulate high education enrollment.

5 Identify factors that facilitate student
6 involvement in the transition planning process.

7 Identify job-related training needs, and

8 Develop the capacity of local education
9 agencies to implement proven best practices.

10 Until 1983, no systematic attempt had been
11 made to better understand why youth with disabilities
12 were failing to make the transition from school to
13 work and post-secondary education, from being an
14 adolescent living at home and not participating in
15 the workforce versus a young adult striking out on
16 her own.

17 I am the former director of the Transition
18 Research Institute at Illinois and the National
19 Transition Alliance, both funded by research funds
20 made available as a result of IDEA's passage in 1983
21 and the passage of the School-to-Work Opportunity Act
22 of 1994, respectively. As director, my staff and I

23

1 visited over 100 model demonstration projects in
2 virtually every state department of education and
3 rehabilitation.

4 Our research and evaluation efforts over
5 the past 15 years clearly point to positive outcomes
6 achieved as the result of focused efforts on the part
7 of presidential commissions such as the current
8 President's Commission on Excellence in Special
9 Education, and progressive changes in legislation and
10 education practice.

11 I am here today to tell you that you and
12 others before you have been enormously successful in
13 changing the expectations of all youth, including
14 youth with disabilities in relation to work and
15 continuing education. And we have never been in a
16 better position to address these expectations. The
17 stage is set for all of us, including members of the
18 special education community, the vocational
19 rehabilitation community, the Social Security
20 Administration, and the general education community
21 to meet new standards as a result of significant
22 investments made over the past 20 years.

23

1 Twenty years ago, for example, there were
2 only a handful of books available on transition-
3 related services. Today there are well over 100.
4 Over 200 empirical studies can be found in seven
5 mainstream education journals. These research
6 findings support competitive employment as the
7 primary outcome of a high school education. Today
8 there are journals devoted entirely to secondary
9 special education and higher education and
10 disabilities. Indeed, an Internet search today would
11 find countless thousands of resources available on
12 hundreds of topics related to transition.

13 There should be little doubt among
14 professionals and politicians alike in relation to
15 accepted best practices in transition. The include
16 in part:

17 Individualized transition and career
18 planning beginning by the seventh grade.

19 Student involvement in self-determination
20 in transition planning.

21 Access to school and work-based community
22 referenced curricula and instruction.

23

1 Family involvement in planning.

2 And cross-sector collaboration and
3 comprehensive support services including investments
4 from the rehabilitation community and the Social
5 Security Administration.

6 As a result of the billions of dollars of
7 funding that have been available over the past two
8 decades and the parallel explosion of research
9 findings related to effective best practice, I sit
10 here before you to ask that you now make a
11 significant impact on the number of youth with
12 disabilities who want to be competitively employed
13 and who wish to enter higher education as they
14 prepare themselves for skilled work after graduation.

15 I ask that you focus future funding on the
16 real prize: A job. A mere 20 years ago we could not
17 have imagined the impact the legislation would have
18 in relation to changed expectations and how to effect
19 change. As a result of what we have all
20 accomplished, we now must place our emphasis on what
21 we have not yet accomplished. We have not made
22 significant gains in the number of youth with

23

1 disabilities who are competitively employed.

2 I make the following recommendations,
3 because we are continuing to miss the mark in
4 effecting real change among our youth with
5 disabilities who remain largely unemployed or
6 underemployed:

7 Recommendation number 1. All students
8 must leave high school competitively employed or
9 admitted to a university, college, trade school, or
10 certification program in their 18th year, and support
11 services must remain available to all students
12 throughout their 25th year.

13 Competitive employment and post-secondary
14 education must become the reality for all students
15 with disabilities. And high schools must assume the
16 leadership role in guaranteeing that all youth are
17 competitively employed or enrolled in post-secondary
18 education on or before their 18th year. No student
19 should leave high school with an uncertain future.

20 No student expects to live or work in a
21 segregated facility after departing high school.
22 Students must be diverted away from segregated
23

1 facilities that promote dependence, learned
2 helplessness and despair.

3 Virtually every high school in America
4 provides counseling to students without disabilities
5 who are enrolling in universities and colleges after
6 graduation. These students have access to a very
7 well defined system of qualifying for entrance,
8 receiving gift aid such as grants and scholarships
9 and/or self-help aid such as federal work-study,
10 campus jobs and loans. Students can apply for
11 federal financial aid by completing the Free
12 Application for Federal Student Aid.

13 This system can also benefit students with
14 disabilities. But this system can only better
15 benefit students with disabilities if there are
16 assurances that equal opportunities for financing and
17 funding are available to high schools and post-
18 secondary institutions to serve these students.

19 A nationwide system that promotes
20 competitive employment at the local level must also
21 be established. Virtually every community in America
22 has access to vocational rehabilitation and all

23

1 students with disabilities are eligible for Social
2 Security benefits. It is now time to move forward
3 with efforts that coordinate these programs and the
4 myriad adolescent and adult-related social services
5 that exist to support housing, income support and
6 workforce investments. All parents and their
7 children must have access to high school counseling
8 and employment placement offices that coordinate
9 competitive employment and post-secondary education
10 in their children's 18th year, and supporting
11 services should be available throughout their
12 children's 25th year.

13 Recommendation Number 2. All students
14 with disabilities must have access to long-term
15 follow-up services throughout their 25th year to
16 ensure their successful transition to competitive
17 employment.

18 All youth with disabilities must receive
19 long-term follow-up support services that focus upon
20 developing natural supports in the workplace,
21 replacing students in jobs that provide better wages,
22 retraining and placing students who lose their jobs,

23

1 and working with agencies to provide coordinated
2 housing, income and medical supports. This support
3 must continue throughout the youth's 25th year.

4 Again, we have not changed the number of
5 youth with disabilities who are competitively
6 employed. In fact, our track record today is as dire
7 as it was 20 years ago. And this record is in stark
8 contrast to our potential. We have never been better
9 prepared to offer tried and tested practices that
10 could change these outcomes. We must focus on the
11 outcome now. Funding for placement and support
12 services must be indexed to outcomes. Every youth in
13 America must be provided an allotment of resources
14 that they can distribute to educators and other
15 service providers who are successful in ensuring that
16 they receive the services that result in their
17 attaining their self-determined goals.

18 Recommendation Number 3. All students
19 must leave post-secondary education and training
20 institutions competitively employed, and support
21 services must remain available to all students with
22 disabilities throughout their 25th year.

23

1 Universities, colleges, trade schools and
2 certification programs must place their students in
3 competitive employment after they have completed
4 their post-secondary education. A nationwide effort
5 must be undertaken between high schools and post-
6 secondary education institutions and all social
7 services agencies to coordinate the competitive
8 employment of students with disabilities.

9 We must recognize that a new standard is
10 expected today, one that supports the goals of this
11 Administration to not leave any child behind.
12 Legislation must be passed that sets a new and
13 important standard for education, a standard that
14 results in every youth obtaining a meaningful job
15 after receiving an education, that promotes increased
16 earnings as a result of becoming more skilled and
17 talented.

18 Finally, parents are often confused about
19 what to expect from a public education after their
20 children turn 18. It is not uncommon for these
21 parents to insist on an education that mirrors one
22 that their children received before they turned 18.

1 We must step forward and clarify the roles of our
2 schools in relation to the outcomes that these
3 parents should expect. All youth with disabilities
4 are entitled to a job, competitive employment with
5 wages and benefits. All youth with disabilities are
6 entitled to a post-secondary education, an education
7 that promotes competitive employment.

8 Recommendation Number 4. Invest in
9 research, leadership training and demonstration that
10 support competitive employment for all students with
11 disabilities.

12 As you know, in 1995, the U.S. Office of
13 Special Education and Rehabilitative Services, the
14 U.S. Department of Education and the U.S. Department
15 of Labor jointly funded the National Transition
16 Alliance for Youth with Disabilities to promote the
17 inclusion of youth with disabilities in states'
18 school-to-work systems change efforts, as mandated in
19 the 1994 School-to-Work Opportunities Act. When this
20 legislation sunset on September 30th, 2001, an
21 estimated \$1.85 billion in federal funds had been
22 invested to allow states and local communities to

23

1 coordinate their efforts at education reform and
2 workplace and economic development to create a system
3 that prepares all youth for high wage, high skill
4 careers of the global economy.

5 We must reinvest in a new vision:

6 Employment and a certain future all youth with
7 disabilities. I ask that you establish a new office
8 to coordinate continued research, leadership training
9 and demonstration that focus upon competitive
10 employment outcomes and accountability. New research
11 must be directed toward interdisciplinary efforts
12 that focus upon solutions to the complicated problems
13 that will arise as a result of enacting a system that
14 is based upon competitive employment outcomes and
15 high schools and post-secondary education
16 accountability.

17 Further, I ask that the future of persons
18 with disabilities be a future that promotes
19 leadership development among persons with
20 disabilities. We must begin a nationwide effort to
21 train persons with disabilities to assume leadership
22 roles as principals, professors, directors, lawyers

23

1 and legislators.

2 Finally, we must continue to invest in
3 model program demonstration. High schools and post-
4 secondary education institutions must be the
5 recipients of new research monies that support taking
6 new risks, building new bridges and developing systems
7 that provide them with the data that they need to be
8 more effective at providing services that result in
9 competitive employment to our nation's youth with
10 disabilities.

11 Thank you very much.

12 MR. HUNTT: Thank you, Dr. Rusch. At this
13 point we'll ask for Commission Takemoto to ask
14 questions.

15 MS. TAKEMOTO: Thank you. And I think
16 we're trying some things together here. I was
17 interested in your tie to really meaningful outcomes,
18 and I was thinking through that perhaps post-18-year-
19 old education really does need to be moving into
20 compensatory, what didn't they pick up that an adult
21 needs to pick up within this timeframe up to now. As
22 well as transition, let's focus on some of the

23

1 activities that the previous speaker was talking
2 about need to be put in place.

3 So another place that I'd like to ask you
4 about tying some things together is thinking about --
5 this is just my thinking, not my fellow
6 Commissioners -- thinking about a way of taking the
7 IDEA money, the approximately \$1,200 per student that
8 the feds put in, tying with SSI and other services to
9 provide transition support in college.

10 There are lot of students who cannot go
11 directly to college at 18 because of the lack of
12 support. The Disability Service Center, there are no
13 resources to help support that. And thinking through
14 about instead of rehab coming to the high schools,
15 perhaps high school personnel going to the colleges
16 to help make that transition work and happen. We
17 just can't do babysitting 18 to 22. Can you respond
18 to that?

19 DR. RUSCH: Well, I agree with your
20 comment. I'm not sure what the question is. I'm
21 sorry.

22 MS. TAKEMOTO: What would be the
23

1 feasibility of perhaps taking some special education
2 resources into the community college, four-year
3 college arena to help support meaningful post-
4 secondary options for students in the 18 to 22 range?

5 DR. RUSCH: Well, 626 funded a number of
6 post-secondary education projects over the past now I
7 believe almost ten years. And we have many examples
8 of persons with disabilities who have entered junior
9 colleges and colleges at the age of 18. So those
10 models exist.

11 MS. TAKEMOTO: It's bringing special
12 education, public school special education services
13 to support post-secondary.

14 DR. RUSCH: Right. I think it's a great
15 idea, and I think that the coordination between our
16 high schools and our high school special education
17 programs and the myriad of post-secondary education
18 programs is a very good idea and is certainly
19 feasible.

20 MS. TAKEMOTO: Because project base, this
21 many people will get in. But if it's something that
22 can happen, many more students without someone

23

1 getting the grant to do this --

2 DR. RUSCH: Sure. I agree.

3 MS. TAKEMOTO: Okay. Thanks.

4 MR. HUNTT: Yes. And please have your
5 cell phones turned off. I don't want to target the
6 person who just had their cell phone ringing. But I
7 failed to make that announcement at the beginning of
8 the session this morning. Please turn them off.
9 We'd appreciate that. Dr. Wright?

10 DR. WRIGHT: Thank you, Mr. Chair. And
11 good morning, fellow alumni.

12 DR. RUSCH: Thank you, Katy.

13 DR. WRIGHT: I'm a fighting alumni as well
14 as a teaching alumni. I would like to call your
15 attention to the fact that I'm very proud that your
16 work is on the Web. I have a list here of Web
17 addresses for transition resources and you're on
18 there.

19 One thing that I wanted to mention is that
20 in the current issue of Educational Horizons, that's
21 the Pi Lambda Theta journal, and you did mention
22 educational journals, the whole issue is dedicated to

23

1 African American students in schools, research and
2 effective instruction of practices. My question is,
3 is the university involved in research, specific
4 research on African American students in the schools
5 that would lead to success in transition? And that
6 is my question.

7 DR. RUSCH: Are you saying is the
8 University of Illinois or are you saying is there
9 research related to African Americans with
10 disabilities?

11 DR. WRIGHT: Yes, with disabilities.

12 DR. RUSCH: I'm not aware of any focused
13 effort on just African Americans with disabilities.
14 I'm only aware of efforts that take a look at the
15 general population which includes African Americans
16 with disabilities.

17 DR. WRIGHT: I think incumbent in my
18 question is, is there research on teaching methods
19 and practices of African American students that would
20 help with the transition process of African American
21 students?

22 DR. RUSCH: Sure. And one practice that
23

1 comes to mind is mentoring, is identifying African
2 American young adults who have been through the
3 process or are in the process and having them mentor
4 incoming African Americans. Mentoring has been a
5 successful best practice, if you will.

6 DR. WRIGHT: Thank you.

7 MR. HUNTT: Thank you. Dr. Sontag?

8 DR. SONTAG: Dr. Rusch, good to have you
9 here this morning.

10 DR. RUSCH: Thank you, Ed.

11 DR. SONTAG: I've been looking at your
12 recommendations and I have a series of questions on
13 those. Let me kind of raise them all at once and you
14 can respond as you choose. It's unclear to me who
15 you're recommending to. Are you calling for these
16 changes to be implemented under the construct of
17 IDEA?

18 Secondly, as you call for essentially the
19 expansion of eligibility to age 25, are you
20 perceiving that as a federal role, a state role, et
21 cetera?

22 And then I guess finally have you given
23

1 any thought at all to what would be the humongous
2 task of your recommendation?

3 DR. RUSCH: First response to who am I
4 recommending to take a leadership role. Ed, as you
5 know, special education has assumed the leadership
6 role. And in many facets of education over the past
7 20 years, I believe in fact some of the very best
8 research that has been conducted in this country over
9 the past 20 years has come out of the special
10 education community, and I in fact have great faith
11 in our continued efforts to play this leadership
12 role.

13 Yes I do ask that the special education
14 community in particular through IDEA address the
15 recommendations that I've made in my testimony.

16 In terms of expanding eligibility to 25, I
17 do this because of my work in particular in Illinois
18 and Kansas where I was involved with the
19 establishment of 102 model programs in competitive
20 employment in Illinois and 22 programs in the state
21 of Kansas, and the subsequent placement of a little
22 over 3,000 individuals with quite diverse

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1 disabilities, including a cohort of individuals who
2 numbered approximately 250 with severe and profound
3 mental retardation.

4 What I found in that research is that a
5 number of individuals over time characteristically
6 separate from their jobs just as the general
7 population does. As I'm sure you are each well aware
8 of, the general population in their job-seeking
9 efforts after they have entered the job market may
10 separate as many as seven times before they find
11 their career. The special education community is not
12 exempt from this particular pattern.

13 So consequently, when we're talking about
14 individuals with disabilities, we must stay connected
15 to them to assist in their efforts to reconnect to
16 the workforce, and as you know, this process of job
17 separation, job expiration and eventually landing in
18 a career is something that takes place between the
19 ages of 18 and 25, not only in the general
20 population, but in my experience, in the population
21 of individuals with disabilities.

22 Now in response to your cost, as you know,

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1 I have conducted cost benefit studies since 1980,
2 publishing at least 11 that I can think of in
3 mainstream journals, many of those long-term and many
4 of those also projecting out five, ten, 15 and 20
5 years, based upon actual data and with the important
6 leadership of such scholars as Ron Connelly.

7 In my career, the last 25 years in special
8 education, I have made two fundamental findings. One
9 is that we typically underestimate people with
10 disabilities. And number two, we typically
11 overestimate the cost. So there may be a cost
12 involved in this, but I can guarantee you that any
13 scientific effort, long-term, at taking a look at the
14 benefits and the costs of my recommendations will
15 suggest that the benefits far outweigh the cost.

16 DR. SONTAG: Mr. Chairman --

17 MR. HUNTT: Please.

18 DR. SONTAG: The special ed delivery
19 system is essentially public school based. Are you
20 asking that universities, post-secondary institutions
21 begin to fall under that delivery system? And is it
22 a time for us in this nation to say to public
23

1 schools, the K to 12 system specifically, that
2 they're not to take on an additional role when we're
3 in the middle of a significant backlash against
4 special education right now?

5 To follow up that you really haven't
6 thought through the dollar implications of such a
7 major recommendation I find very difficult to accept
8 or understand.

9 DR. RUSCH: Is there a question there?

10 DR. SONTAG: Not if you don't want to
11 answer it, sir.

12 DR. RUSCH: Well, I think it's important
13 that we all, and I am referring to everyone in the
14 audience as well as of course on the Commissioner,
15 realize that when we're talking about the outcomes of
16 persons with disabilities that led to defining
17 "transition" and ultimately the spending of billions
18 of dollars over the past 20 years that on the one
19 hand, we've made great gains in our efforts, and
20 there are indeed significant outcomes related to
21 model demonstrations in just about every state.

22 What we haven't done is that we have not

23

1 yet really expanded our efforts to enjoin a broader
2 community that needs to be responsible for joining
3 hands and serving individuals so they stop falling
4 through cracks. Individuals with disabilities are
5 individuals who continue to remain unemployed or
6 underemployed largely. We must find a way to join
7 hands with all adult service providers, including our
8 post-secondary education partners, and meet the needs
9 of persons with disabilities. I think it's time for
10 us to make a step change now. I believe this
11 Administration can step forward and make a
12 fundamental change just as the administration in the
13 early '80s stepped forward and made some significant
14 change in defining the problem and consequently
15 beginning to address some of the solutions. This
16 Administration can do that also.

17 MR. HUNTT: I wanted to follow up on Dr.
18 Sontag's question because I'm not quite sure we have
19 the answer yet. What I'm trying to understand is why
20 would we create a new model rather than using
21 existing services? Why would we want to retrain
22 special ed when we have VR? And why aren't we

23

1 expecting more in terms of partnership rather than
2 creating a new cog in the wheel?

3 DR. RUSCH: We have partnerships now. I'm
4 not suggesting something that is not in practice
5 today in terms of having vocational rehabilitation is
6 at the IEP meeting. We have in many communities in
7 the United States, we have post-secondary education
8 representatives at IEP meetings. We have the
9 practices. They're just not widespread. I am
10 calling for widespread recognition that we must join
11 hands with the myriad adolescent and adult service
12 agencies and begin to provide these services
13 nationally.

14 MR. HUNTT: Dr. Berdine?

15 DR. BERDINE: Thank you, Frank. I've
16 enjoyed your testimony. And your written product I
17 think is well done. Under your Recommendation Number
18 2, I found that interesting. You have some language
19 there that I wonder if you could explain on the
20 bottom of page 6.

21 The statement is "Funding for placement
22 and support services must be indexed to outcomes."

1 And "Every youth in America must be provided an
2 allotment of resources". What do you mean by
3 "indexed to outcomes"? And what do you mean by "an
4 allotment of resources"?

5 DR. RUSCH: My reference to an index to
6 outcomes is that we must begin the necessary efforts
7 to follow up our special education services. And
8 when I say that is that high schools today must be
9 aware of their outcomes. And the best way to be
10 aware of their outcomes is to collect information
11 after they have placed individuals whereby they can
12 recognize the overall effectiveness of their efforts.

13 That feedback is very important. We can
14 no longer just assume that providing a transition
15 plan and having a child reach 21 and not assuming
16 responsibility is an accepted practice today. We
17 must move forward and begin to take a hard look at
18 the outcomes that are a result of our high school and
19 post secondary education. And it is those very
20 outcomes that need to be channeled back, and to even
21 suggest levels of funding for high schools who are
22 more effective, post secondary education institutions

23

1 who indeed are more effective.

2 So I would suggest that we have a system
3 that begins to define itself by its overall
4 effectiveness in relation to competitive employment
5 specifically, and that this information be publicly
6 available to parents, to the students whom they are
7 serving and others, and indeed we begin to take a
8 look at our future funding in relation to the overall
9 effectiveness of these programs.

10 MR. BERDINE: Thank you.

11 DR. RUSCH: You're welcome.

12 MR. HUNTT: Dr. Coulter?

13 DR. COULTER: I also want to talk about
14 the bottom of page 6 and the top of page 7. I am
15 struck by your comment of, in fact our track record
16 today is as dire as it was 20 years ago. And yet
17 I've heard you say a couple of times in responses to
18 Commissioners, well, we're doing much better today
19 than we did in the past.

20 Today is a struggle I think for me in
21 that, you know, we have kids that go through school
22 and appear to not get the satisfactory outcomes at
23

1 the end of that school process that we had hoped for.
2 As I understand what you're recommending, when you
3 say an allotment of resources that they can
4 distribute to educators and other service providers,
5 that almost appears as though you're talking about a
6 voucher for young adults to basically shop for
7 effective services. Is that a fair restatement of
8 what you say on the top of page 7?

9 DR. RUSCH: Yes. I'd stop short of
10 vouchers. But it may be that vouchers is the answer.

11 DR. COULTER: I guess I would ask you what
12 then, once again, do you mean by allotment of
13 resources that "they", meaning youth in America, that
14 they can distribute to educators and other service
15 providers? What do you mean by that?

16 DR. RUSCH: It would be my hope that we
17 begin to recognize that there's a certain amount of
18 resources available in our system of special
19 education as well as vocational rehabilitation and
20 other service providers, and indeed it's the sum of
21 those resources that I think need to be marshalled
22 and to the extent that all students and their

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1 families need to be made well aware of what those
2 resources are and how those resources are being spent
3 and where those resources are being spent.

4 So I would favor a system that more
5 closely ties an identification of those resources,
6 where the resources are being spent, and the outcomes
7 of those resources.

8 DR. COULTER: Well, I guess I'd ask you to
9 think through a little bit more clearly what you mean
10 by "they can distribute". If you're simply aware of
11 where the money is going, that doesn't necessarily
12 give you the power to distribute them differently.

13 DR. RUSCH: No, and I would be a fan of
14 the distribution of those resources at the level of
15 the informed self-determined student age 18 or above.

16 DR. COULTER: So they would direct is what
17 you're saying?

18 DR. RUSCH: They would have -- they would
19 indeed direct.

20 DR. COULTER: Okay. One second question.
21 This goes back I think to Commissioner Sontag. If I
22 hear you correctly, and I mean, I think your

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1 statement on page 6 is somewhat of an incredible
2 indictment against the current vocational
3 rehabilitation system and its outcomes. It's almost
4 as though you're suggesting that education should
5 take over the role that vocational rehabilitation has
6 traditionally had once a student with a disability
7 leaves high school. It's almost as though you're
8 saying now education should assume that role for a
9 person with a disability, at least in a follow-up
10 stage, up through age 25. How do we hold vocational
11 rehabilitation accountable if we now transfer that
12 responsibility to public education?

13 DR. RUSCH: Vocational rehabilitation has
14 been an important partner in the transition education
15 of youth.

16 DR. COULTER: An important partner --

17 DR. RUSCH: And I'm not recommending that
18 we disenfranchise vocational rehabilitation. What I
19 am recommending is that we recognize the importance
20 of vocational rehabilitation and make sure that they
21 are indeed integral partners in our efforts to place
22 individuals who are exiting our schools.

23

1 And when I say they're important partners
2 in the state of Illinois in particular or in
3 Champaign, STEP has been an important program serving
4 approximately 10,000 youth in the state, and the
5 services that they provide are important services as
6 a partner to special education in terms of their
7 connections to the business community, for example.
8 We don't want to lose that.

9 So, no, I am not on record to suggest that
10 special ed takes over vocational rehabilitation's
11 longstanding involvement in competitive employment,
12 but that the connection between vocational
13 rehabilitation and special education be more firmly
14 established and that the outcomes of their
15 partnership should be critically taken a look at.

16 DR. COULTER: I would just once again ask
17 you to think that through a little bit more clearly.
18 I'm not certain, given the answers that you've given
19 me, that we know any more now than we did 30 minutes
20 ago what to do differently, and especially given -- I
21 mean, you say it's an important partnership. It
22 appears to be an important partnership in a track

23

1 record today as dire as it was 20 years ago.

2 DR. RUSCH: What we have access to today
3 is that while I talk about the dire outcomes
4 nationally, and Dr. Pasternack has mentioned that,
5 we're talking about 70 percent unemployment or
6 underemployment today, and we were talking about 70
7 percent unemployment or underemployment 20 years ago.
8 These are not impressive records.

9 DR. COULTER: Right. Given the amount of
10 money that we put into this.

11 DR. RUSCH: But what is impressive is the
12 outcomes related to the model demonstrations who are
13 utilizing best practices. It is the best practices
14 that we have available in selected parts of our
15 country in selected model programs that have the
16 kinds of outcomes that we need to have in all
17 programs in this country.

18 You will hear testimony, for example, from
19 Dr. Margo Izzo about a program in Ohio whose outcomes
20 are phenomenal, not dire, in comparison to probably
21 the majority of communities and high schools in Ohio.
22 But she has a model program that is implementing the

23

1 best practices that we have identified and tested
2 over the past 20 years through investments made via
3 IDEA.

4 So we have been tremendously effective,
5 but we have not been very effective in terms of
6 pushing these particular best practices out to indeed
7 all high schools, all high school teachers, for
8 example. That's the direction we need to move.

9 DR. COULTER: Thank you.

10 MR. HUNTT: Mr. Jones?

11 MR. JONES: I'm going to continue the line
12 started with Commissioner Sontag about the nature of
13 the great leap forward here. I want to go to page 7
14 under Recommendation 3:

15 It's not uncommon for these parents to
16 insist that education mirrors one that their children
17 received before they turned 18. We must step forward
18 and clarify the roles of our schools in relation to
19 outcomes that these parents should expect. All youth
20 with disabilities are entitled to a job, competitive
21 employment, wages and benefits. All youth with
22 disabilities are entitled to a post-secondary
23

1 education, an education that promotes competitive
2 employment.

3 I get kidded by the members of the
4 Commission regularly as the token lawyer on here, but
5 entitlement in the United States has had a distinct
6 meaning for nearly four decades now. It means
7 something akin to a government guarantee. There are
8 two big jumps here that I see. One is, is an
9 entitlement to a job. And I'd like you to expound on
10 the nature of that concept. And the second is
11 entitlement to post-secondary education, which is
12 also a distinct break from current practice. Could
13 you comment on those?

14 DR. RUSCH: Sure. When we think in terms
15 of the outcomes for people without disabilities as
16 they exit our high schools, there are two paths that
17 they take. A little over 50 percent enroll in post-
18 secondary education, and the remaining very typically
19 find a job. What I am suggesting is that those are
20 exactly the two patterns that persons with
21 disabilities should and must be guaranteed.

22 We can no longer serve individuals until
23

1 they are 21 years of age with an uncertain future,
2 and a future where there's a handoff to potentially
3 even a waiting list, which occurs. This semester
4 alone I have been involved in 35 IEPs in adolescent
5 age individuals. It's astounding to me that the
6 parents are not sure of what they should ask for.
7 They are not sure whether at age 18, 19 or 20 their
8 children should continue in their public education as
9 opposed to enrolling in coordinated effort to find a
10 job.

11 There continues to be a tension at that
12 level, at that very level.

13 MR. JONES: I'm missing where the solution
14 is. Is it a suggestion -- and you had said again,
15 they must receive a job. I believe I'm slightly
16 misstating it, but who is the provider of that job?
17 Who guarantees -- the guarantee. Who guarantees that
18 job?

19 DR. RUSCH: I think that as I've indicated
20 in here, that the high schools and the high school
21 personnel should be involved in the placement of
22 individuals in jobs and post-secondary education,
23

1 that those are the two outcomes that special
2 education should be pointing students with
3 disabilities toward, which are the two outcomes that
4 special education students with disabilities desire.

5 And I'm suggesting that happen well before
6 their 21st birthday.

7 MR. JONES: But when you're saying
8 "pointing" you're saying that's a systemic goal as
9 opposed to creating work for that? I mean, you're
10 not saying that the job of schools and local
11 governments is making sure that jobs that we can put
12 Fred in the local workshop or in the local Seven-
13 Eleven, it's that we have a system that's designed to
14 bring as many options to Fred as possible and let him
15 select one that's appropriate and that our goal must
16 be that we find as many such outcomes for people like
17 Fred as possible. Is that correct?

18 DR. RUSCH: Well, you're underestimating,
19 as I once did, the employment vitality of a
20 community. There used to be a time when I would make
21 presentations and I would say that there were in
22 Champaign-Urbana, in the vicinity of 20 to 30

23

1 employers who would be willing to serve individuals
2 with severe mental retardation after high school, and
3 after a in fact model program funded through OSERS, I
4 surveyed employers in Champaign and Urbana and I
5 found that there are actually a little over 150 who
6 were willing to hire individuals not only with severe
7 mental retardation but with diverse disabilities. So
8 I completely underestimated the number of employers
9 who are willing to hire persons with disabilities and
10 felt that they would be an asset to their jobs.

11 So one other thing that I can sit here and
12 comfortably say is that I've underestimated the job
13 market and employers' potential investment in persons
14 with disabilities in the past. I don't do that
15 anymore.

16 MR. JONES: Well, I would love to continue
17 this, but the Chairman is pointing out we've reached
18 the end of our time.

19 MR. HUNTT: Thank you. And thank you, Dr.
20 Rusch, for your testimony and your answers to our
21 questions.

22 We are going to recess and begin precisely
23

1 at 10:15. Thank you.

2 (Recess.)

3 MR. HUNTT: Dr. Wehman, we're ready to
4 begin. Dr. Wehman is a Professor and Director of the
5 Rehabilitation Research and Training Center on
6 Workplace Supports and Chairman of the Division of
7 Rehabilitation Research at Virginia Commonwealth
8 University. He pioneered the development of
9 supported employment at VCU in the early 1980s as has
10 been heavily involved in the use of supported
11 employment with people who have significant or severe
12 disabilities. Thank you, sir.

13 DR. WEHMAN: Thank you very much. I want
14 to thank you for the privilege to present to you this
15 morning regarding my recommendations on transition
16 research for youth with disabilities. I am a parent
17 of a daughter, Cara, who is currently in high school,
18 who had five open heart surgeries in her first five
19 years of life. She has been also diagnosed with a
20 learning disability.

21 I'm also a stepfather to a son, Peyton,
22 with ADHD. Hence, I have learned from a consumer

23

1 perspective all about IEP development, standardized
2 testing issues, transition planning for each child,
3 and I also approach this testimony as the Director of
4 a NIDRR-funded Rehabilitation Research and Training
5 Center where I was earlier this morning, as well as
6 being in the special ed field for the last 30 years.

7 As you're aware, youth with disabilities
8 are significantly unemployed or underemployed
9 compared to their nondisabled peers. They tend to
10 drop out of school more and go to college less.
11 There is a strong need for evidence-based practices
12 for transition-related activities, specifically as
13 they relate to vocational competence, career
14 preparation and competitive employment.

15 In preparing my remarks, while they are
16 heavily oriented towards a professional bias, I have
17 to tell you that I consider the best single way to
18 learn about transition is to have teenagers. It's
19 like an experience you've never been through before.
20 And we have them all over our house, some that have
21 disability labels and some that don't.

22 I'd like to address two broad categories
23

1 in the few minutes that I have with you. They are
2 related to competitive employment and post-secondary
3 education. Both of these are areas where substantial
4 progress has been made since the inception 94-142 in
5 1975, but so much more work remains.

6 I would like to first address three key
7 points that I hope the Commissioner can consider in
8 the area of employment and career building:

9 Number one. Students need to attain
10 competitive employment before leaving school through
11 assistance from school personnel in conjunction with
12 the state-federal vocational rehabilitation program
13 and other community agencies. I'm a firm believer in
14 work. I love work. I think that work is extremely
15 important for all kids. I think they pick up so many
16 additional skills besides just the work tasks along
17 the way that I think it's tragic that we are letting
18 so many kids get out of school without holding a job.

19 I think one of the most powerful ways to
20 interfere with the progression of a large number of
21 youth onto SSI long-term benefits is to create a
22 competitive employment work history. As you're
23

1 probably aware, one of the fastest categories of
2 people that go onto SSI are young people. We could
3 do this by strengthening IDEA to provide stronger
4 language supporting LEAs' responsibility to provide
5 employment and career-building services. It could
6 also be done by establishing a grant authority in
7 IDEA for the states to earmark dollars strictly for
8 funding LEA competitive employment initiatives,
9 including supported employment.

10 Number two. One-stop career centers
11 supported through the Workforce Investment Act need
12 to accommodate students with disabilities. While
13 recent efforts have improved architectural
14 accessibility, invisible walls remain that restrict
15 access to and prevent coordination of services.
16 Federal and state policies should be amended to
17 require inclusion of students, beginning at age 16,
18 14 when appropriate, in the one-stops, while they are
19 still in special education. An expansion of the
20 Workforce Investment Act could involve, for example,
21 opening up all services to a younger population, 16
22 to 21, for example, or opening up one-stop training
23

1 services under some parameter while students are
2 still in school.

3 One of the themes that you will see
4 through my testimony and remarks back to you is need
5 for a meshed, converged, integrated federal policy so
6 that it isn't just one set of funding while you're
7 here and another set of funding while you're over
8 here.

9 Number three. Congress and the
10 Administration should work to ensure that federal
11 monies appropriated through the Workforce Investment
12 Act Titles XIX and XX of the Social Security Act, the
13 Rehabilitation Act and IDEA are used to support
14 competitive employment and career development
15 alternatives for students. For example:

16 Federal and state agencies should expand
17 the use of funding mechanisms that encourage joint
18 funding of career development and work experience
19 that begins early in the educational process for
20 youth with disabilities. Illustrations include:

21 Local school districts and developmental
22 disabilities agencies could jointly fund

1 job placement and ongoing support for
2 students with significant disabilities who
3 may already be receiving SSI benefits.

4 Again, my thinking is, I want to break this cycle of
5 moving into long-term dependence.

6 Local school districts and vocational
7 rehabilitation offices could jointly fund
8 the development of apprenticeship, mentor
9 programs or corporate partnership
10 initiatives.

11 Business is a major player here, and they have not
12 been at the table. They're willing to play. They
13 want to come. They want to do more than the
14 breakfast advisory group, but we have got to go to
15 them. They are where the jobs are.

16 Vocational rehabilitation needs to be
17 funded in such a way that they can participate more
18 fully and sooner in the transition process. Many if
19 not post state VR agencies follow a policy of not
20 providing rehab placement services until the student
21 is within six months of graduation.

22 Some specific research needs in employment
23

1 are listed in the table below that I've given you:

2 Longitudinal research needs to be
3 conducted on the benefits experienced by
4 students who have had real work
5 experiences before graduation versus those
6 who have not.

7 Research needs to be conducted on how to
8 include youth with disabilities into the
9 One Stop Career Centers.

10 Research needs to be conducted on how
11 businesses and schools can work more
12 closely together in order to facilitate
13 employment outcomes for youth with
14 disabilities.

15 I am not one of these people that think
16 that business is the problem. I do not think
17 business is the problem. I think business is the
18 answer. I think business is the solution. And I
19 don't think we've gone to business anywhere near
20 enough. They are waiting and they're particularly
21 interested in working with schools, because their
22 kids are in schools next to the kids that are labeled

23

1 disabled. We are not tapping into business anywhere
2 near enough.

3 Research needs to be conducted on how to
4 determine the effects of participation in the SSA
5 Ticket to Work program for students 14 to 18, as well
6 as on the effects of SSI redetermination.

7 Now as important as work and careers are,
8 that's only one half of the outcomes that occur in
9 the process of moving ahead once you leave school.
10 The other is post-secondary education, and that's
11 where I'd like to turn my attention now.

12 Many parents, like myself, have hopes and
13 aspirations for their children to go on to some form
14 of higher education because they know that in an
15 increasingly competitive workforce, our children need
16 every bit of education and training that they can
17 get.

18 As a personal aside, I've spent in the
19 last year and a half probably at least 150 to 200
20 hours on the Internet combing private colleges,
21 public colleges, trying to find those colleges that
22 would be appropriate for my daughter with learning
23

1 disabilities I have a son who is at James Madison
2 University in Harrisonburg with no label
3 disabilities. I've got another child who's a
4 stepdaughter who is going to another college. So I
5 have learned a lot about colleges and there are
6 certain things that we can do to expedite the process
7 and make it more friendly to the families. Right now
8 it is not a friendly process.

9 We know that the representation of
10 students with disabilities in higher education has
11 risen to about 20 percent, which has been a dramatic
12 increase since 1978. However, enrollment rates of
13 these students are still 50 percent lower than the
14 enrollment among the general population. We also
15 know there's a positive relationship between
16 disability, level of education and adult employment.
17 For example, we know that kids that work before they
18 go to school, by and large it's a better opportunity
19 that they're going to be able to have jobs later.
20 Not great evidence on that, tremendous anecdotal
21 evidence. Same thing with colleges.

22 Earning a college degree does not
23

1 guarantee employment post-graduation. On the
2 average, though, it takes students with disabilities
3 about five years after college to get a position in
4 their chosen career. We know students in college
5 with disabilities do have difficulty staying in and
6 completing their programs of studies.

7 There's three areas that I would ask you
8 to seriously consider in helping students gain access
9 to college and ultimately graduate.

10 The first is professional development
11 training for faculty and administrators. There
12 remains a critical need for training and TA for
13 faculty and administrators to ensure a quality post-
14 secondary education for students with disabilities.
15 Current issues in higher education are professional
16 development activities that focus on concepts such as
17 incorporating universal design techniques in the
18 course work, using technology to enhance learning,
19 providing accessible distance education courses for
20 individuals with disabilities.

21 And what I mean by that is basically the
22 whole concept of universal design is, you don't try

23

1 and set up a special program for kids with
2 disabilities per se. Instead, you train faculty,
3 people like me that are teaching lecture courses, how
4 to make the courses friendly to all kids in the class
5 so that if a kid has a learning disability or a
6 student has a poor attention span, what you're trying
7 to is you're trying to create learning techniques
8 that are friendly to all the kids. And it's the same
9 thing with the way buildings are laid out, access to
10 technology. And what we're finding more and more is
11 the way, in our research at Virginia Commonwealth
12 University, is the way to really make a university
13 more friendly to people with disabilities is to work
14 not just with the disability coordinators that are in
15 all of the universities and colleges around the
16 country, but work with the faculty and the
17 administrators, basically an entire generic inclusive
18 approach.

19 The use of this type of universal design
20 particularly has wide-ranging implications for
21 teaching all students with special learning needs.
22 To encourage the development and implementation of
23

1 innovative techniques and strategies, it is
2 recommended that funding of demonstration projects to
3 ensure quality of education for students with
4 disabilities continue through the Higher Education
5 Act.

6 Number two. Financial incentives. The
7 Selective use of financial incentives to public and
8 private colleges for enrolling, supporting and
9 graduating students with disabilities could be a
10 highly effective strategy through amendment of the
11 Higher Education Act. Issues such as flexible
12 admissions policies, eligibility for receiving
13 services, substantially expanding the use of
14 assistive technology, benefits counseling. For
15 example, the student earned income exclusion is
16 \$1,320. Most parents don't have a clue that that is
17 a resource that they could draw on.

18 I recommend that the Higher Education Act,
19 the National Institute on Disability and Rehab
20 Research and IDEA earmark research, demonstration and
21 training funds to study these issues in four-year
22 college settings, expanding the number of OPE model

1 demonstration projects and making post-secondary a
2 priority within the IDEA Part D, Model Demonstration
3 for Children Projects would be a positive first step.

4 As I mentioned a couple of weeks ago, I
5 believe the post-secondary area is a virgin area.
6 There has been very little research that has been
7 done in this particular area, particularly on a
8 clinical side of helping students with disabilities
9 not only get into college but succeed and get through
10 college with good grades and with a good happiness
11 and adjustment quotient. And one of the reasons that
12 I'm so big on college as a bilateral transition track
13 is because most of these kids at 18 or 19, yeah, we
14 can get them jobs in hamburger stands or hotels, but
15 that's not going to build a career. We really need a
16 dual track. Work while you go to college. That's
17 what so-called normal people do.

18 My last point. Comprehensive career
19 planning. Comprehensive career planning strategies
20 are needed in the post-secondary level which address
21 several of the difficulties still faced by students
22 with disabilities as they prepare for future
23

1 employment.

2 Students with disabilities are often
3 unable to articulate how their academic
4 accommodations transfer to the workplace. They are
5 unclear about how their disability impacts their
6 performance on the job. We've got enough time. Let
7 me give you a real quick true life story. I've got a
8 freshman in high school who is a stepson. ADHD is
9 his label. His name is Peyton. He's got to take a
10 standardized -- an SOL, a standardized accommodation
11 test in biology in two weeks, and he's been getting
12 C's in the class. But we have a problem, and the
13 problem is is that this kid can't read. He basically
14 understands what the content is. Well, because I've
15 got a great relationship with the guidance counselor,
16 we have quickly amended his IEP and he is going to
17 have every question on that biology SOL read to him
18 while he reads it, okay. And of course I don't have
19 a research study showing how he would have done
20 before and after because I don't want to turn him
21 into a research study.

22 But that is the type of accommodation that

23

1 needs -- we need a lot more research in these areas
2 to prove the efficacy of these, and we need a lot
3 more flexibility within colleges and high schools to
4 really help empower kids to fully use the
5 accommodations that the law has made available to
6 them.

7 University career staff have expressed the
8 need for more information and knowledge about
9 individuals with disabilities, how to advise students
10 regarding disclosure; what accommodations employers
11 are expected to make, and how accommodations actually
12 work on the job site. There is a serious lack of
13 good administrative research data in the post-
14 secondary area for analysis. Many persons in higher
15 education disability service positions have noted
16 there seems to be a fundamental disconnect between
17 IDEA, ADA and the Higher Education Act, especially in
18 terms of disability documentation and program
19 coordination.

20 There was a woman at a very large state
21 university in the western part of Virginia that when
22 she heard I was coming here again today, she sent me
23

1 an e-mail on Sunday night and said please let the
2 Commissioner know that there is a disconnect between
3 IDEA and ADA as it relates to higher education, and
4 specifically the issues of disability documentation.
5 You realize that in order to get access to a 504 for
6 support services in a college or university, you have
7 got to have a documented disability. Well, some
8 places have all sorts of different rules for
9 documenting disabilities. Some are quite easy. Some
10 are quite stringent. There's no coordination with
11 the high school. For example, with my daughter, we
12 had to pay outside to have a Wexler Adult
13 Intelligence Scale done because the high school
14 wouldn't do that. They said they'd only do WISK,
15 which is for children. I mean, all these little
16 gritty things that, you know, the higher up you go in
17 the pecking order you don't think about, but the
18 lower you are, the more you kind to have roll around
19 in the dirt with it.

20 Some of the post-secondary research needs
21 that I think need to be done, we need to do research
22 to determine the effect of the strategies and

23

1 academic support techniques on student access,
2 performance and retention in higher ed. Remember,
3 the U.S. News & World Report is ranking every one of
4 the colleges and all of the deans are looking at
5 those rankings. They don't want to be known as an
6 easy snap school to get into.

7 On the other hand, the way we've been
8 selling it at VCU is look, we're building a fantastic
9 retention program so that people will get out,
10 whatever their label is. And the university can see
11 the strength of that. That makes sense.

12 Research on the current models of service
13 delivery for students with disabilities in higher
14 education to determine what models encourage the
15 self-identification of a disability. If these kids
16 don't identify that they have a disability, nobody
17 has to give them an accommodation. So you end up
18 with a situation -- and I'm just about done -- you
19 end up with a situation where in November the kid
20 comes in, he's got a D on the exam and he says, oh I
21 have an LD problem. Well, the professor has trouble
22 believing it.

23

1 In closing, let me say that the U.S.
2 taxpayer really has invested billions of dollars in
3 special ed for the youth of America. The taxpayer
4 expects schools and the federal government to be cost
5 effective and accountable for positive long-term
6 results. Tremendous strides have been made, but in
7 order to maintain the covenant made to parents,
8 students and school districts, we must provide
9 students with the best possible opportunity to work
10 and go to college.

11 Full implementation of IDEA cannot be
12 complete without this covenant being honored.
13 Parents are saying, well, you've had my kid in school
14 for 10 or 12 years. How come he doesn't have a job?
15 How come he's not going to college? We have to be
16 able to answer those questions.

17 I'm sorry I took too much time. Thank
18 you.

19 MR. HUNTT: Thank you, Dr. Wehman. We'll
20 begin our question and answer. I would like to ask
21 you the first question. With regard to your
22 statement that business is not the problem, it's the
23

1 answer, I would suggest that education and business
2 together are the answer. Can you tell me
3 specifically what recommendations you would make to
4 us to change IDEA to incorporate or engage the
5 business community?

6 DR. WEHMAN: Excellent question. I think
7 in both IDEA and in the Rehabilitation Act and in the
8 One-Stops, all three of them, I think that we could
9 have language in there that would at least
10 acknowledge the role of business as a partner in
11 employment.

12 MR. HUNTT: Can we get past language,
13 though, for something specific?

14 DR. WEHMAN: I don't know -- I'm from the
15 school that says you can't really mandate a job for
16 anybody. There is no entitlement to a job. And so I
17 don't know that you can legislate that business is
18 going to hire individuals with disabilities or
19 anybody else because of the economic cycles.

20 On the other hand, we could certainly, for
21 example, in the Part D Demonstration Project, we
22 could certainly earmark some emphases on more
23

1 business school partnerships with employment
2 outcomes. And by that, again, I want to focus
3 heavily on employment outcomes of business. So if I
4 was to modify IDEA, for example, within the
5 discretionary funding area, I might have a category
6 or at least some language that suggested that
7 cooperative activity with business, funding of
8 special projects with business and LEAs, utilization
9 of the business leadership networks that are in many
10 states should play a role.

11 I think the problem is that both in IDEA
12 and in the Rehab Act, business really is minimally
13 identified. And yet it's like the 800-pound gorilla
14 that's out there.

15 MR. HUNTT: I'd like to keep the record
16 open beyond our meeting today, and I'd like you to
17 give some specific thought to that question and get
18 it back to us.

19 DR. WEHMAN: I'd be happy to.

20 MR. HUNTT: On how to engage business in a
21 better way.

22 DR. WEHMAN: I'd be happy to. Thank you.

23

1 MR. HUNTT: Commissioner Takemoto?

2 MS. TAKEMOTO: Thank you, Dr. Wehman. You
3 are a god in self-determination and transition
4 services, at least here in Virginia and apparently in
5 the country.

6 DR. WEHMAN: I didn't pay her to say that.
7 Thank you very much.

8 MS. TAKEMOTO: There are some questions
9 that I brought up to the previous person about the
10 transition 18 to 22 being really a time for
11 compensatory education. Never learned to read, now
12 we're really going to focus on that, and transition.
13 You say that you want to be a rocket scientist. How
14 are we going to get you into college? You say that
15 you want a job. Let's practice with the support that
16 we have. So using that as a basis for support. You
17 also have talked about post-secondary accommodations
18 and welcoming of people with disabilities at VCU.
19 Could there be a role for public education in
20 supporting post-secondary schooling for students who
21 don't know if they can make it in the college world?
22 The colleges still need some support in that area.

1 And what would that look like?

2 DR. WEHMAN: I love that question. The
3 answer is yes. I'm very unaware of any models where
4 you can get an LEA special education director to
5 underwrite, if you will, a business-like internship
6 in a community college or a four-year college.

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1 The closest that we've seen to that been
2 these dual-enrollment English classes or occasionally
3 a class being taken at a community college while the
4 student is still in school. But if you want to talk
5 about creating an innovative model, you would almost
6 have to, I think, mandate your SEA, your state
7 education agency, and/or your local education agency
8 to work with your state council on education or
9 something like it, to have that happen.

10 What you have suggested is so common-sense
11 and makes such good sense, but it breaks away, again,
12 from this concept that you should converge your
13 resources to do the best thing for the student, okay?

14 So, the short answer to your question is
15 that I see no reason at all that IDEA funds could not
16 be used to help underwrite, let's say -- let's just
17 take my daughter, for example. Let's say she wasn't
18 ready and we couldn't get her into Virginia Wesleyan
19 and we needed one more year. But she doesn't want to
20 be in high school anymore.

21 See, the dirty little secret that most
22 people aren't aware of is that the high-incidence

23

1 kids leave at 18; they don't use their full 21.

2 MS. TAKEMOTO: I think they're leaving
3 before 18, but they fun to look forward to after 18,
4 and might stick around.

5 MR. WEHMAN: For those that are not the
6 dropouts, okay, and not the leavers, what I'm saying
7 is that many of the high-incidence kids at 17, 18
8 years old, when their peer group leaves, they leave.

9 What you're talking about is a
10 transitional program that would be an excellent type
11 of situation for a senior, almost like something that
12 I saw the other day that Bill Gates is funding
13 through the Microsoft Foundation, what they call, oh
14 -- it was not junior colleges, it was like -- it was
15 like a transition.

16 He just released -- they just released
17 money to fund a number of programs that are almost
18 like academies, if you will, between high school
19 graduation and four-year college.

20 I am -- I would be extremely supportive of
21 that idea. I think that's exactly the type of
22 supported education that we're really talking about,

23

1 and, let's face it, what we are talking about is
2 supported education. We're talking about providing
3 the support for people.

4 And once they leave high school, it's a
5 two-year college or a four-year college. But the
6 only other thing that I can say that -- again, I
7 mentioned this a couple of weeks ago -- is that in
8 some states, for example, West Virginia, they have a
9 model where you can send your child to a two-year
10 program embedded in a four-year campus.

11 And that's a program that's been under
12 some controversy and heat according to the president
13 of one of the colleges, who's a colleague of mine, by
14 the name of Tom Powell, as a matter of fact, from
15 Glenville State College.

16 That's a interesting model, though, that
17 gets somewhere where your going, and that is, kids
18 need to leave, they need to be able to grow up, they
19 need to be able to develop on their own, but they may
20 not be ready for the stringent requirements of a
21 four-year academic environment.

22 MS. TAKEMOTO: True, and in our state we

23

1 have too many 9th graders this year who have not
2 passed their standards of learning, who see nothing
3 at the end of that tunnel, who will not be able to
4 graduate from high school, but for whom a successful
5 enrollment in a community college might demonstrate
6 evidence that they could meet a college curriculum.
7 So they might hang out a little bit longer if they
8 have that option.

9 MR. WEHMAN: Excellent. And not only
10 that, if those courses could be counted as either
11 full- or at least quasi-college courses, that student
12 then could avoid the ACT or the SAT.

13 MS. TAKEMOTO: Thank you.

14 MR. HUNTT: Thank you. Dr. Wright?

15 DR. WRIGHT: Thank you, Mr. Chair, and
16 thank you, Dr. Wehman, for your testimony. This will
17 only take a few minutes, I think, but I was glad to
18 hear you say that we need that professors at the
19 universities and colleges, need some training in
20 training teachers and others for special ed, and for
21 transition, particularly.

22 At St. Louis University, I served as a
23

1 counselor and tutor for learning-disabled students.
2 Now, we had the Student Educational Services Center,
3 which was kind of short of money. We used support -
4 - and I wrote this down -- take a long time -- would
5 you support some special funding for student
6 educational services centers, particularly those to
7 serve disabled students?

8 Would you support -- because these centers
9 need some special funding. Also, would you support
10 making the law standard for all higher education,
11 that all higher education institutions would have
12 these kinds of centers to serve disabled students,
13 and particularly for training professors?

14 I know it was my experience that I had to
15 go to professors to advocate for my learning-
16 disabled students when I was the same as you. And
17 many of them are good professors, and they are
18 Jesuits and all of that, but they didn't have a clue
19 as to what I was talking about to help these
20 students.

21 You know, I would say to them, now, these
22 students are not retarded, but they're going to need
23

1 a little extra time in order to take your exam.
2 Maybe you can give them the exam in the office of
3 something like that. They just didn't have a clue.

4 These professors, these Jesuits, these
5 Fathers, this, there and everywhere need some
6 training in dealing with these students. Would you
7 support some funding for such a thing? That's my
8 question.

9 MR. WEHMAN: Thank you very much. That's
10 an excellent question. I'd like to take the concept
11 of -- I think you used the term, student development
12 centers, or student development service centers.

13 I'd like to take that just a step further
14 and expand that to university development or faculty
15 development and student development centers. We've
16 tried for 20 years, the model that is basically a
17 disability services coordinator model, where you've
18 got one office in the college or the university where
19 the at-risk kids, the learning-disabled kids, the
20 Headstart refugees, if you will, all go over there,
21 and that person hopefully works with them at little
22 bit, and is kind of like their shepherd. That's been

23

1 the model.

2 And in a sense, those have been, quote,
3 student service centers. That's not what I'm really
4 hearing you say, though. I'm hearing you talk about
5 a broader concept.

6 DR. WRIGHT: Yes.

7 MR. WEHMAN: And I think that the broader
8 concept of training faculty, administrators,
9 admissions counselors, residence life people, the
10 university at large, it should be on the website.
11 This should be information about what -- how to help
12 students that are doing student teaching, clinical,
13 physical therapy, clinical social work, out in the
14 field, how to keep a log.

15 All those issues could be handled in that
16 type of higher education or office of post secondary
17 education type of funding, and, yes, I would very
18 strongly support that. But not just for disabled
19 student coordinators.

20 DR. WRIGHT: Right, but broader.

21 MR. WEHMAN: But for all of them, yes.

22 DR. WRIGHT: But let's not forget the
23

1 coaches, either, because many of these student
2 athletes are LD, are learning disabled.

3 MR. WEHMAN: Oh, absolutely.

4 DR. WRIGHT: So the coaches need some work
5 and some training, too. Thank you.

6 MR. WEHMAN: Uh-huh.

7 MR. HUNTT: Thank you, Dr. Wright. Dr.
8 Berdine?

9 DR. BERDINE: Again, I enjoyed your Guide
10 Light presentation, and I feel humbled to be able to
11 speak to you from this position.

12 MR. WEHMAN: That's usually a setup for a
13 zinger. Go ahead.

14 DR. BERDINE: You did not mention some of
15 my favorite federal pools of money, in this case,
16 lakes of money with regard to the post-secondary
17 transition issues.

18 As you probably well aware, the TRIO
19 provides \$823 million, GEAR-UP (ph.) provides \$285
20 million in fiscal year 2002. That comes to \$1.108
21 billion, and the Higher Education Act has \$7 million.

22 22

23

1 Can you propose or make a recommendation
2 that would find maybe a more equitable distribution
3 of federal money towards the issue of post-secondary
4 transition? There were high ed folks like you and me
5 and many others in this room that might have a better
6 chance of meeting the demands that you say we should.

7 MR. WEHMAN: I think -- that's an
8 excellent question, and in generating my testimony
9 and remarks, I concentrated more on seed money,
10 innovation, research and demonstration, which, of
11 course, \$7 million is a woefully small amount to do
12 the --

13 DR. BERDINE: As compared to \$1.108
14 billion.

15 MR. WEHMAN: Well, I would -- following up
16 on Dr. Wright's comment when she was speaking, I was
17 thinking of the TRIO program, because a significant
18 expansion of the TRIO program would begin,
19 particularly with the rewriting of the language in a
20 way that would reflect some of the points that I made
21 about universal design and more comprehensive career
22 planning, and more efforts at working with faculty

23

1 and other members of the university community.

2 The TRIO mechanism would be, it would seem
3 to me, an appropriate mechanism, if we were to
4 significantly expand that so that more colleges --
5 and by that, I mean the small colleges, as well -- I
6 mean, remember, there are many, many small private
7 schools where a lot of students with disabilities
8 find themselves, and, you know, the universities have
9 been funded with demonstration projects.

10 The 20 or so that have been funded are,
11 for the most part, very large universities that are
12 well-endowed universities. I would clearly expand
13 the TRIO.

14 DR. BERDINE: But that funding has been
15 zeroed out for 2003.

16 MR. WEHMAN: Well, yeah, that's a serious
17 mistake, and it's a serious mistake. We're going
18 backwards.

19 That funding should not be zeroed out; it
20 should be expanded, because we're just beginning.
21 We're like in the second inning, first to second
22 inning of learning what we need to do to get more

23

1 kids in, and once they get in, what to do with them.

2 DR. BERDINE: Are you aware of any
3 evidence that's been provided for the effectiveness
4 of either TRIO or GEAR-UP with regards to their
5 expenditure of funds over the last, say, decade?

6 MR. WEHMAN: I think my colleague, who is
7 coming this afternoon, Dr. Stodden, would be in a
8 better position to answer that. I am not familiar
9 with any empirical evidence that has evaluated those,
10 longitudinally.

11 DR. BERDINE: Thank you.

12 MR. HUNTT: Thank you. Dr. Coulter?

13 DR. COULTER: Dr. Wehman, nice to see you
14 again. I appreciate your testimony. You mentioned,
15 in the course of your own personal experience, some
16 problems as it related to more or less the
17 communication across agencies over concept of
18 disability.

19 And we've received testimony, both from
20 experts and from the public over the issue of
21 specific disability categories, in many instances
22 really not communicating students' education needs,

23

1 leading, possibly, some people to suggest that fewer
2 categories and less resources spent on the search for
3 pathology, and more directed towards instructional
4 needs would be a wise way to go.

5 If, in fact, that were to happen, so that
6 were maybe fewer categories and more general kinds of
7 categories, how would that translate then to the
8 concept of disability, as used by other agencies or
9 agencies other than education, for instance, under
10 504 Higher Ed Act?

11 MR. WEHMAN: Excellent question; I had not
12 considered that. Let me say right from the beginning
13 that I have never understood why there are so many
14 categories of disability. But as not somebody who
15 currently does this, but who spent a number of years
16 doing teacher training and working with state
17 certification boards around the country, I realized
18 that every state has their own thing in terms of what
19 they want to call people and how they want to label
20 it.

21 And a lot of that has to do with
22 stakeholder constituency lobbying. I'm not really
23

1 sure that, for example, consolidating TMR and severe
2 profound multi-handicapped into one category is going
3 to necessarily -- and I'll just throw that one out,
4 okay -- is necessarily going to get me where I want
5 to get with the convergence of resources and the
6 agencies working together for full employment and
7 career-building and post-secondary outcomes.

8 Fifteen years ago, being 15 years younger,
9 I would have probably, you know, wide-eyed, say,
10 absolutely that's the answer. I don't think so. I
11 think that that's -- I think then you're into a war
12 with all the states about what's an EMH versus a TMR,
13 and the heck with it all, okay? They're all kids. I
14 mean, they all start with being kids first.

15 And what we miss in special ed is that
16 we're dealing, first and foremost, with kids who have
17 been during six hours of the day labeled a certain
18 thing, and then they go home again and they're kids.
19 But when they go out to business, or they go to church
20 or they go to, you know, Little League or they go to
21 the Mall, all of a sudden that label is kind of gone
22 again.

1 And so now I don't think a consolidation,
2 per se, of the categories would necessarily do it. I
3 think it's more a question of if we're going to be
4 statute-driven, then we darn well better make sure
5 that our statutes are saying the same things, and
6 that the guy who's pushing the rehab envelope ought
7 to be pushing in the same direction as the guy who's
8 pushing the Workforce Investment Act envelope and the
9 higher education act envelope.

10 You know, we have interagency groups
11 across, you know, OSERS and Social Security and the
12 Department of Labor, and we've done this in the past,
13 and I think we're going to have to continue to do
14 that, except that on a regulatory basis and on a
15 statute basis.

16 I think we're going to have to identify
17 what is it that we want to happen and get it right
18 into the language, and, you know, to the point, you
19 know, with the full understanding -- and I apologize
20 for rambling here somewhat -- but to the full extent
21 that you can't make LEAs do certain things because of
22 local control, you can sure as heck give the state

23

1 education agencies a quick hit in the butt and say,
2 look, we want to see a whole lot more of this, this,
3 and this, and that's how I would modify some of the
4 IDEA language, since we're keeping the record open
5 and I can come back to you.

6 DR. COULTER: Okay, let me see if I can
7 summarize that.

8 MR. WEHMAN: Okay.

9 DR. COULTER: Because I think you were
10 sort of thinking as you went along there. And so
11 let's see if our thinking is somewhat similar.

12 I think what you're suggesting is that
13 whatever conceptions of disability there are in
14 legislation, that all legislation should basically be
15 using the same conception, and that to a certain
16 extent, any classification that occurs, it ought to
17 be classification that's consistent across all of the
18 legislation.

19 So, in other words, our responsibility
20 extends beyond reauthorization of IDEA, but looking
21 basically at special education as a system of
22 services to meet the needs of families. And so I

23

1 guess what I thought I heard you say was, gee whiz,
2 be very careful that if you change in one place, you
3 need to make certain that that change follows through
4 in all the other legislation.

5 MR. WEHMAN: You really do. You've
6 capsulized it well. When you get into the transition
7 area, as opposed to some of the other areas within
8 the Commission on Excellence in Special Ed, you are
9 now really crossing into the other world, sort of
10 like the zero-to-three area.

11 I mean, you really cannot get away from
12 that, because transition is not a special ed issue,
13 per se; it's only -- it's where the kids come from
14 and where the start is, but those other groups in
15 labor and business and rehabilitation and higher
16 education, they're major players.

17 And if they're not there, then it isn't
18 going to happen.

19 DR. COULTER: Thank you for your
20 thoughtfulness.

21 MR. HUNTT: Speaking of god, I would be
22 remiss not to ask Dr. Pasternack if he has any

23

1 questions.

2 (Laughter.)

3 MR. WEHMAN: I got away from him two weeks
4 ago.

5 DR. PASTERNAK: I've always wanted to
6 talk to god, so this is -- and I do talk to god, but
7 god doesn't talk back until today, so this is a real
8 treat for me, Paul.

9 I wanted to follow up on the always-
10 outstanding questions from Commissioner Coulter, and
11 specifically, Paul, what suggestions would you have
12 for us with the upcoming reauthorization of the Rehab
13 Act in terms of addressing some of the issues that
14 you were talking about, particularly, how do we put
15 the kind of conforming amendments, or the right kinds
16 of regulatory or -- not regulatory, pardon me --
17 statutory language in place to improve transition
18 outcomes.

19 And then after that one, I've got one
20 other one, if we have a minute.

21 MR. WEHMAN: Great, great question. Thank
22 you very much.

1 Business, Social Security, and transition,
2 those are three words, three pieces that need to
3 appear in the Rehab Act legislation. I spoke with
4 the CSAVR people in the early 1990s, and I told them
5 that the Social Security, Welfare-to-Work bus was
6 leaving the station, and persons with disabilities
7 needed to be part of that train that was leaving.

8 We missed that train. As far as making a
9 modification within the Rehab Act, I'd like to have -
10 - I'd like to be able to keep the record open to go
11 through the different -- some of the different
12 Titles, and perhaps suggest language where
13 transition, business relationships, coordination with
14 Social Security and the Ticket to Work Program, all
15 of those things need to be in there.

16 We don't have the -- the Ticket to Work
17 Program, of course, 1999, passed. We should not
18 reauthorize the Rehab Act amendment without having
19 language that acknowledges that there is a Ticket to
20 Work Program, and that that state agencies, you know,
21 can and should be employment networks.

22 And employment networks can also be

23

1 schools, okay? Employment networks -- schools may
2 turn out to be some of the best employment networks,
3 because they have money and they have workers. And
4 they can put the money up for it. Okay, one of the
5 main problems with the Ticket, in our testimony that
6 we're doing to Social Security Administration, you
7 know, we're pointing out to them that without the
8 money up front, people don't -- the local community
9 provider doesn't want to invest in that.

10 So, I would want to talk about transition;
11 I want to talk about Social Security Ticket to Work,
12 and I'd want to talk about business, and I'd want to
13 insert that in judicious places throughout the Rehab
14 Act. I'd like to keep the record open to give you
15 specific places where I'd like that to go.

16 DR. PASTERNAK: Mr. Chairman, if we could
17 add that to the things you're asking be added to the
18 record, I would appreciate that, and I know you
19 would, as well.

20 MR. HUNTT: I would admonish that the
21 record will be open for a very short period of time.
22 We have just a couple of weeks to make these
23

1 recommendations.

2 MR. WEHMAN: Would five days be good?

3 MR. HUNTT: Five days would be great,
4 thank you.

5 DR. PASTERNAK: Paul, the next question
6 I'd like to ask you is, as you well know, the
7 requirements under the IDEA state that schools are
8 responsible for inviting outside agencies, and we
9 frequently hear that there's difficulty getting these
10 outside agencies to come to the table.

11 So the schools have the responsibility to
12 invite them, yet no -- sanctions might be one way of
13 -- or no club to use in forcing those agencies to
14 come. I wonder, from your experience and the success
15 that you've had, how you would advise us to perhaps -
16 - should we continue that strategy? Should we change
17 that part of the requirements and just basically some
18 suggestions as to how we can get the outside agencies
19 to participate more effectively?

20 MR. WEHMAN: Excellent point, and it's the
21 reason for the major disparity from the one locality
22 where you go 50 miles away and you get another

23

1 outcome in a locality.

2 I don't know that you can mandate
3 relationship, reputation, credibility. I don't know
4 that you can mandate that. I think that the concept
5 of the school being the host that is inviting
6 agencies to come in and participate, is a fundamental
7 one, and I wouldn't mess with that; I'd leave that.

8 And I have wrestled with that over the
9 years. I mean, I remember that 15 years ago we
10 talked about maybe the rehab people should be the
11 ones that kind of are the hosts and start it. That's
12 too late.

13 No, I think a good part of the way we're
14 set up as far as the schools being the host, calling
15 people in to come to the party, makes sense. Now,
16 the issue of, like you say, how do you get people to
17 come to the party?

18 Well, since the record is open, one of the
19 things that I will probably comment on will be -- in
20 IDEA, will be having business connections in some
21 fashion there, so that there is a business
22 relationship with the school and the transition

23

1 planning process.

2 Ultimately, the only way that you really -
3 - if you look at the places that get people to the
4 table, there's generally two things that happen: One
5 is an intangible. It's not really intangible, but
6 it's the principal, the guidance counselor, the
7 special ed people, the transition people, have built
8 relationships with people in the community, and when
9 they ask them to come, they come, because they know
10 that they're credible.

11 The other thing that we can influence as
12 we go forward with the reauthorizations -- and as
13 Assistant Secretary, you're in a unique position to
14 do this -- is that I think the Rehab Act and the
15 Workforce Investment Act -- you know, if we put in
16 information there that says we want youth to be -- we
17 want the people that are in those constituencies,
18 within those laws, and being involved in the
19 transition planning, that will filter down to the
20 local group and bump it, a little bit more likely.

21 See, the problem you have is, if you talk
22 to a rehab counselor and you have a transition plan

23

1 for a 16-year old, they'll say, well, I'm not going
2 to see them for three years or four years, you know.

3 So, and actually sometimes that's okay.
4 That's why the school is so critical in the sense of
5 knowing which people to bring in at what point in
6 time. And so I don't think we can tweak that much
7 more. I think we can look at the other laws and we
8 can build up the emphasis on transition planning
9 there.

10 DR. PASTERNAK: Do you think that we've
11 provided enough information, both to families and to
12 school personnel about things like the WEA and the
13 Ticket and other non-education programs that are
14 designed to assist people with disabilities?

15 MR. WEHMAN: If that isn't a softball or
16 layup, I don't know what is. Absolutely not. We are
17 so far behind the curve.

18 We have a two-tiered system. We have a
19 small number of people that know lots, like me, that
20 can try and go in and get things for their kids, and
21 then we have a large silent majority of people that
22 really don't have very much information.

23

1 And that's part of the implementation
2 problem. We've got a lot of laws, but we don't have
3 tremendously good training and TA to the silent
4 majority. And ultimately that's going to come down
5 to the state education agencies, you know, funneling
6 money to the LEAs, and really going out --

7 I'm on our local Hanover County Special Ed
8 Advisory Committee. I'm actually on the Committee,
9 and, you know, we've got a pretty good group right
10 now. But there's still only 15 or 20 people that
11 come to a meeting.

12 So, you know, I think ultimately if you
13 want -- you know, as a parent, you're all parents, if
14 it comes home from the principal and the guidance
15 counselor, people pay attention. And so I think the
16 more that we get the principals and we get the school
17 administrators to know about kids with disabilities
18 and some of the issues that are going on, the better
19 off that we are to make changes. It's a local
20 problem; it's a local issue.

21 DR. PASTERNAK: I know that we're short
22 on time, but, Mr. Chairman -- Paul, you know that the

23

1 goal here is excellence in special education, and
2 we're never going to get there if we don't find jobs
3 and housing and transportation and post-secondary
4 opportunities for young adults with disabilities. So
5 any suggestions that we've triggered by the
6 questions, that you didn't have a chance to add to
7 your testimony, would be welcome, I know, by this
8 particular Task Force and by the Commission, and
9 certainly by my office as well. So thank you very
10 much.

11 MR. WEHMAN: I can't thank you enough for
12 paying attention to this and giving it the time,
13 because any way you cut it, this is a -- it has to be
14 led -- it has to be led and policy has to be set at
15 the federal level. I mean, there's -- it's going to
16 be implemented at the local and state level, but you
17 paying attention to this and carrying the issues
18 forward to the Hill in the way legislation can be
19 modified, can have a tremendous ripple effect out.

20 We actually are on the brink of doing some
21 really good things. I mean, we're very close, but we
22 need to get over the hump here, and the full funding
23

1 is only part of it. It's a training TA issue that
2 has to get out to the local schools and parent
3 centers. Thank you.

4 DR. PASTERNAK: For the record,
5 Commissioner Huntt deserves the credit for asking the
6 Commission to create a Task Force on this issue, and
7 I'm grateful to him for his intense interest in this
8 area, and I want to make sure that the record
9 includes that statement.

10 MS. TAKEMOTO: This is for the record.
11 Frank, I asked Dr. Rusch if he would be willing to
12 provide some additional information for the record,
13 particularly about his very, very out-of-the-box
14 comments about services through age 25, so I would
15 like the record to remain open for that, please.

16 MR. HUNTT: Absolutely. Thank you, Dr.
17 Wehman. We appreciate your testimony.

18 MR. WEHMAN: Thank you for the
19 opportunity.

20 MR. HUNTT: I'd like to ask Dr. Izzo to
21 come forward. By the way, Dr. Pasternack, all
22 compliments are welcome, regardless of time, so thank
23

1 you.

2 Dr. Margo Izzo is the Co-Project Director
3 and Principal Investigator for the Ohio State
4 University Partnership Grant. The Partnership Grant
5 creates and maintains active partnership among OSU
6 departments, two-year community colleges,
7 collaborators at national, regional, and local
8 levels.

9 The primary objective of these
10 partnerships is to enhance the post-secondary
11 experience for students with disabilities, working
12 for greater educational access and understanding of
13 the accommodations process through knowledge and
14 practice. Welcome, Dr. Izzo.

15 DR. IZZO: Thank you, Doug, and thank you
16 Commission, thank you for providing me with the
17 opportunity to testify before you this morning on a
18 transition process that is designed to promote more
19 positive post-school outcomes for youth with
20 disabilities.

21 This Administration's goal of No Child
22 Left Behind is admirable. This legislation and the
23

1 New Freedom Initiative represent important steps in
2 working to ensure that all Americans with
3 disabilities have the opportunity to learn and
4 develop skills, engage in productive work, and choose
5 where to live and participate in community life.

6 The goals of the President's Initiative
7 include increasing access to assisted and
8 universally-designed technologies, expanding
9 educational opportunities, and integrating Americans
10 with disabilities into the workforce.

11 The New Freedom Initiative supports the
12 vision of many parents, professionals, and students
13 with disabilities. These stakeholders believe the
14 promise that IDEA promises, which states that
15 children with disabilities should be living a full
16 life, raising families, being part of their
17 communities.

18 I believe that together, with your
19 support, Congress can strengthen IDEA to assure that
20 youth with disabilities gain the transition services
21 and skills they need to realize the promise of this
22 legislation and the New Freedom Initiative.

1 The need to improve transition services
2 and outcomes is illustrated in the following research
3 findings, and we've been discussing these findings
4 all morning: Youth with disabilities, especially
5 those with significant disabilities experience
6 particularly poor education and employment outcomes.

7 People with disabilities are nearly three
8 times more likely than people without disabilities to
9 be living in households with total income of less
10 than \$15,000. Only one-third of youth with
11 disabilities who need job training receive it.

12 More than half of all young people with
13 emotional disturbance are arrested at least once
14 within three to five years of exiting school.

15 Young people with disabilities have
16 significantly lower rates of participation in post-
17 secondary education, and we all know that now a
18 college degree is a right of passage that opens up
19 numerous more employment opportunities.

20 As a researcher, I want to share four
21 models that have consistently improved transition
22 outcomes for youth with disabilities: The first is

23

1 the Youth Transition Program in Oregon, jointly
2 funded by LEA dollars and Vocational Rehabilitation
3 dollars. They work together to provide transition
4 services to youth who are at risk of dropping out.
5 It was designed as a dropout prevention program.

6 The second is the Bridges Program
7 developed by the Marriott Foundation For People with
8 Disabilities that operates in Maryland, Virginia,
9 Washington, D.C., Los Angeles, San Francisco,
10 Atlanta, and Chicago. These are cities that have
11 high populations of minority youth, of youth from
12 culturally and linguistically diverse backgrounds.
13 And this also was designed as a dropout prevention
14 program.

15 The Great Oaks Job Training Coordinators
16 Program in Ohio is a vocational training program
17 located in Ohio that extended transition services
18 beyond the graduation point to assure that youth were
19 stabilized in employment before schools withdrew
20 their support services.

21 And, finally, teaching all students skills
22 for employment and life is the Tassel Program in
23

1 North Carolina, which has students choose either an
2 occupational course of study or an academic course of
3 study. The academic course of study, of course, will
4 lead to post-secondary education, where the
5 occupational course of study leads to paid
6 employment, prior to program exiting.

7 All of these programs have achieved high
8 school completion and employment rates that exceed
9 the National Longitudinal Transition Study results,
10 and so these programs are doing better than the
11 national average.

12 All of these programs were supported
13 initially by federal funding through the Office of
14 Special Education Discretionary Grant Program. The
15 first program, the Youth Transition Program in
16 Oregon, is operated collaboratively by the Oregon
17 Department of Education, the Oregon Vocational
18 Rehabilitation Division, and the University of Oregon
19 and the local schools.

20 This model incorporates several predictive
21 factors that are associated with secondary and post-
22 secondary outcomes for students with disabilities

23

1 that are improved. These factors include
2 participation in vocational education or career
3 development classes in the junior and senior years,
4 participation in paid work experience prior to
5 completing the program, and confidence in basic
6 academic skills, money management, getting along with
7 others, and self-determination and self-advocacy
8 skills.

9 The program was piloted in seven schools
10 in 1990, and is now operating in 88 percent of all
11 high schools in Oregon. The YPT students who need
12 support beyond the traditional educational and
13 vocational programs offered in their high schools in
14 order to complete high school, a three-member team
15 consisting of special education, a transition
16 specialist and a rehabilitation counselor from the
17 rehabilitation agency implement the YTP.

18 We've been talking a lot about how can we
19 get education and rehab to work together, but by
20 pooling resources and jointly funding these people to
21 actually work together in transitioning, we can
22 achieve better outcome for youth.

1 YPT students receive transition planning
2 focused on the post-school goals and self-
3 determination, so what the student wants becomes the
4 goal of the planning process. They receive
5 instruction in academic, vocational, and independent
6 living and personal social skills.

7 They have paid job training while in the
8 program, and help in securing employment beyond high
9 school, and followup support and services for up to
10 two years after high school completion. And so
11 because you have rehab and education working
12 together, they extend those transition services for
13 two years beyond high school completion.

14 An independent evaluation conducted by the
15 U.S. Department of Education in 1995 reported these
16 major findings: 90 percent of YTP students received
17 a high school completion document -- 90 percent.
18 Eighty-two percent secured a competitive job, post-
19 secondary education, or some combination at their
20 program exit.

21 YTP completers maintained a rate of
22 employment or education consistently above 80 percent
23

1 for two years after the program. Based on these
2 findings, it appears that when transition programs
3 include instruction on career development, basic
4 academic skills, self-determination and self-
5 advocacy skills and participation in paid work
6 experiences, that students with disabilities who are
7 at risk of dropping out, can successfully complete
8 their high school education program, secure
9 competitive employment, and participate in post-
10 secondary education and training.

11 A critical component of the YPT program is
12 the continued support two years beyond high school.
13 Many students find this time period to be
14 particularly difficult as they learn to navigate the
15 employment and post-secondary education settings.

16 The Bridges Program, we have a lot of
17 employer involvement in the Bridges Program. The
18 Bridges Program was developed by the Marriott
19 Foundation for People with Disabilities in 1989, and
20 operates in many large urban cities.

21 The Bridges Program provides an intensive
22 vocational intervention for students with
23

1 disabilities during their last year prior to school
2 exist, and consists of three phases: A pre-
3 vocational orientation program, where they're
4 introduced to goal-setting activities; a pre-
5 vocational preparation program, where they get career
6 guidance and job search skills; and then an
7 internship placement program, where they get specific
8 skill training, monitoring of students work
9 performance and other activities in support of an
10 employer-employee relationship.

11 This internship is a paid work experience
12 that lasts a minimum of 12 consecutive weeks, and can
13 be continued if the employer and the student both
14 agree to convert the internship into a competitive
15 job placement.

16 Data were collected from 1993 to 1997 on
17 over 3,000 special ed students during the program and
18 at three designated followup intervals of six months,
19 12 months, and 18 months after program completion.

20 Students enrolled were 81 percent
21 minority, and so this is a program that has
22 demonstrated that it can produce good outcomes with
23

1 minority youth. Results of the six-month followup
2 interval indicated that 68 percent of those contacted
3 were employed -- 68 percent. That's significantly
4 improved over the National Longitudinal Transitional
5 Study.

6 Enrollment in post-secondary education was
7 the most frequently-cited reason for not working; 43
8 percent of those that said they weren't working said
9 they were in post-secondary programs. At the 12-
10 month interview, 53 percent of the students were
11 employed, and in 18 months, 60 percent reported that
12 they were employed.

13 Minority participants with emotional
14 disturbance were the least likely to be working at
15 the 18-month followup. The problems of this
16 population continue to challenge us.

17 The third program is a program in Ohio
18 that I worked with very closely. It's the Great Oaks
19 Job Training Coordinator Program.

20 Traditionally, vocational ed programs were
21 required to report employment outcomes for students
22 after graduation. These data are used to implement a
23

1 continuous improvement process that results in
2 technical assistance, program improvement, and at
3 times, program elimination. They get rid of programs
4 that don't produce good outcomes.

5 Given that employment outcomes are used to
6 maintain quality program, the Great Oaks Institute of
7 Technology and Career Development provided a Great
8 Oaks warranty. This guarantee allows any of the
9 graduates to return to their program for retraining,
10 if they do not meet the employers' expectations in
11 guaranteed competency areas during their first year
12 on the job.

13 So employers can send kids back to school
14 for retraining if they don't have the skills that the
15 school verified the student had. And yet nobody was
16 making use of this guarantee. Only three students
17 came back for retraining.

18 And so in 1990, we received a model
19 demonstration grant to determine the effects of
20 extending transition services beyond graduation on
21 employment outcomes so that the vocational students
22 with disabilities who graduated from over 50 career
23

1 training programs offered at the Great Oaks --

2 We called up graduates three to four
3 months after they graduated, and we asked if they
4 were in stable employment situations, or did they
5 want additional technical assistance and transition
6 services to get more hours on the job or find a
7 better job that matched their interests and
8 abilities.

9 And approximately 70 percent of the kids
10 said, yes, I need help. I'm not doing well; I got
11 fired over the summer, or I -- my hours were cut to
12 15-20 hours a week, and I really want to be working
13 full-time.

14 What we did for all of the students who
15 said, yes, they wanted help, we randomly assigned
16 them to an experimental group and a control group.
17 And we did a pre-test/post-test design to examine the
18 effects of extending transition services beyond
19 graduation on employment earnings of vocational
20 students with disabilities.

21 We delivered specific transition services
22 that included vocational assessment, agency contacts,

23

1 IEP meeting, extended vocational training where they
2 would come back into the lab for retraining,
3 employability counselling, job clubs, job interview
4 preparation, job development, and job coaching.

5 We collected the wage record data from the
6 Ohio Bureau of Employment Services on the 76 youths
7 that were in either the experimental or the control
8 group. The wage data of the groups were compared for
9 the two years following program completion,
10 graduation for the control group and the termination
11 of extended transition services for the experimental
12 group.

13 On average, youth who received extended
14 transition services earned approximately \$3,000 more
15 per year than peers who did not receive these
16 services. The results indicated that youth who
17 receive extended transition services had
18 significantly higher earnings for two years following
19 the termination of those services than youths who did
20 not receive those services.

21 I have a figure at the end of the paper,
22 if you want to turn to it. It's pretty amazing when
23

1 you look how much more students in the experimental
2 group were receiving as compared to the control
3 group. Three thousand dollars a year is significant,
4 and it will keep kids off of SSI, if they are earning
5 enough money to be able to make it.

6 MR. HUNTT: Dr. Izzo, we want to make sure
7 that we have enough time for questions, as well. You
8 have about four or five minutes to sum it up.

9 DR. IZZO: Okay, fine, thank you.

10 MR. HUNTT: Sorry to interrupt.

11 DR. IZZO: No problem, Dr. Hunt. The
12 final program is the Tassel Program where they have
13 to select an occupational course of study or the
14 academic course of study.

15 And I just want to highlight some common
16 characteristics of the model programs on page 10. A
17 coordinated assessment and planning process: Schools
18 do a ton of assessments, and rehab also does a ton of
19 assessments, and what -- by combining the resources
20 of both voc rehab and special education programs, we
21 can do a better job of focusing on self-determined
22 outcomes.

1 Work-based training, paid work
2 experiences, was critical. Pooled resources and
3 shared funding among schools, voc rehab, and other
4 adult services agencies is a critical feature of
5 these four model programs. They actually pooled
6 dollars and delivered intensive support to kids in
7 transition.

8 And accountability: We cannot ignore that
9 all of these programs knew we were going to be
10 following up on what happened to their kids, and that
11 makes a huge difference when special educators know
12 you're going to be following up with them.

13 I want to turn to recommendations and
14 implications. Recommendations for practice: While
15 teachers agree that developing self-determination
16 career development skills among students is
17 important, very few teachers have incorporated these
18 skills into the IEP goals for students.

19 One barrier frequently identified by
20 educators to providing self-determination skills and
21 transition services was that they did not have
22 sufficient training. Teachers are telling us, I need

23

1 to know more.

2 And so to strengthen pre-service and
3 inservice teacher prep programs, the following
4 competencies need to be integrated into special and
5 general education teacher certification and
6 continuing ed programs:

7 We need to integrate training and self-
8 determination, self-advocacy, and career development
9 into teacher pre-service and inservice programs that
10 provides direct instruction on how general and
11 special educators must work with parents, students,
12 administrators, and guidance personnel to focus high
13 school graduation requirements on the acquisition of
14 academic and transitional skills that are relevant to
15 the students' self-determined future vision;

16 To promote curricular relevance and self-
17 determination through student-centered planning that
18 occurs both within the general education curricula,
19 as well as through individualized career guidance
20 transition and IEP meetings. We need to expand
21 internships, work-based learning, and community-based
22 work experiences, so teachers can assist students to

23

1 better match their interests and abilities with the
2 academic skills needed to complete the work
3 requirements of their chosen career.

4 We need to develop collaborative
5 relationships between secondary special ed teachers
6 and rehabilitation counselors from community agencies
7 as a mechanism for transition planning and
8 programming. We need to extend secondary school
9 reform efforts to include career development, applied
10 learning in the community, and transition planning as
11 a regular part of the education for all students, and
12 we need to include students in transition planning by
13 preparing them to be active partners in their own IEP
14 meetings, not just invited to the meeting, but active
15 partners.

16 I'd like to end with recommendations for
17 policy, what I'd like to see happen in IDEA. Federal
18 and state legislation has often been the catalyst for
19 improvements at the local level. In this spirit, the
20 following policy recommendations are suggested:

21 One, require comprehensive transition
22 planning, including goals and objectives leading to
23

1 post-school outcomes for youth by age 14, and
2 eliminate the differentiation between 14 and 16.
3 That's just confusing schools, and we need to start
4 this process earlier.

5 Two, hold schools accountable for outcomes
6 by collecting statewide data on post-school outcomes
7 of all youth, including post-secondary enrollment
8 rates, retention rates, and employment outcomes.
9 Currently, the vocational ed programs collect outcome
10 data. The Bureau -- the U.S. Department of Labor
11 collects wage record data, and rehabilitation
12 services, the state program, collect outcome data.

13 If we had a coordinated management
14 information system, we could feed all of that data
15 into the same computer and let programs know what
16 outcomes they are producing. We could provide
17 technical assistance to programs that are doing a
18 good job, but could be doing a better job, and we
19 could eliminate programs that were not producing good
20 outcomes.

21 We need to establish certification
22 programs for transition specialists at the state
23

1 level, that are based on national standards and
2 implemented through local colleges and universities.
3 We've talked about the needs of personnel to
4 understand the transition process. It's not teaching
5 reading, writing, and arithmetic, like teachers have
6 been trained to do; it's learning about agencies and
7 learning about self-determination concepts.

8 The fourth recommendation: Encourage the
9 use of pooled funds and resources from school and
10 adult service agencies to conduct and share a
11 coordinated set of assessments in transition services
12 that extends beyond high school graduation and
13 provides support to kids in that initial year after
14 high school graduation.

15 The fifth recommendation: Hold schools
16 accountable for improving the achievement of all
17 students, including students with disabilities, while
18 integrating self-determination, career development,
19 and academic skills within the general curricula.

20 High expectations for positive post-
21 school outcomes need to be established at the local,
22 state, and national levels.

1 My final and most important recommendation
2 is to reinstate the earmarked funding for
3 discretionary support for transition research, model
4 demonstration, and personnel preparation. In 1997,
5 IDEA eliminated required categorical support on
6 transition research and demonstration programs, yet
7 you've seen the benefit of that research in the
8 programs that do get better outcome data.

9 It appears that there has been close to a
10 75-percent reduction in the support of transition-
11 related research and demonstration activities in this
12 short time period. We must hold schools accountable
13 for the delivery of transition services, or we will
14 continue to leave another generation behind. Thank
15 you.

16 MR. HUNTT: Thank you, Dr. Izzo.
17 Commissioner Takemoto?

18 MS. TAKEMOTO: It's hard for me to talk to
19 her. Can you hear me now? My fellow Commissioners
20 are having trouble hearing me, but I'm trying to talk
21 to you and also help Katie here.

22 You have done some interesting work in
23

1 looking at children with emotional disabilities,
2 minority children, and I'm wondering what different
3 or extra does it take to help ensure success for
4 populations for whom -- who have had poorer outcomes
5 than everybody else?

6 DR. IZZO: Excellent question. I believe,
7 by delivering an appropriate education that is based
8 on where that student wants to go, their self-
9 determined outcomes, and by giving them paid work
10 experience, so that they can actually earn money as
11 part of their educational program, is one effective
12 strategy, and was one of the components of all four
13 of the models that I described.

14 African American and minority youth want a
15 program that is relevant and that is rigorous and
16 that has relationships, people who care about whether
17 they come to school or not. And when you look at
18 dropouts and look at the literature about why kids
19 drop out, it is because they did not think the
20 program was appropriate. They did not want to be in,
21 you know, a biology or a chemistry or a world history
22 class. They didn't see the relevance of that content

23

1 for them, so why come to school?

2 Also, nobody cared whether they came to
3 school or not. In fact, often because they
4 oftentimes are a more difficult student, schools
5 actually don't encourage them to come to school,
6 because they are difficult to serve.

7 MS. TAKEMOTO: So how do we strengthen
8 that self-determination aspect of the IEP? We have
9 too many IEPs where they say get a job, go to school,
10 but nothing really is happening to get them to that
11 job or school. How do we strengthen the self-
12 determination aspect in IDEA?

13 DR. IZZO: I believe what we need to do is
14 to help teachers and building principals understand
15 the importance of the self-determination construct.
16 We now have 25 model programs that are available
17 commercially to help teachers teach students how to
18 become self-determined, how to figure out what their
19 future can hold for them, to teach them how to set
20 goals, and yet it's difficult to try to integrate
21 these transition -- these self-determination
22 curricula into the general ed curricula.

23

1 Currently, I have a federally funded
2 project with the University of Oregon, and we are a
3 subcontractor in Ohio, and we are working in ten
4 general ed classrooms where we are teaching the
5 teachers how to integrate self-determination training
6 within the English curricula and within the writing
7 curricula. We have students writing about their own
8 futures, instead of writing book reports on books
9 that they didn't choose to read and have no interest
10 in reading.

11 And so we've -- and they we have the
12 teachers teach assistive technology and how to use
13 technology, and students develop a PowerPoint
14 presentation about their strengths and what they're
15 good at, and about what they have to work around and
16 who is going to help them work around their deficit
17 areas.

18 And they use this PowerPoint presentation
19 after IEP meetings to establish what their self-
20 determined vision is, and then they ask the school
21 and the agency people at their IEP meeting to help
22 them meet their goals.

1 MS. TAKEMOTO: I would like to have the
2 record remain open, because I know we don't have time
3 to complete. But just in terms of everybody, not
4 just model practices, for everybody, what would
5 strengthen student self-determination within the IEP
6 process that would be holding schools accounting, not
7 just applying best practices? And I'll ask to leave
8 the record open for you to respond to that, please.

9 DR. IZZO: Um-hmm.

10 MR. HUNTT: Thank you. Dr. Wright.

11 DR. WRIGHT: Thank you for your testimony.
12 I appreciate Commissioner Takemoto for bringing forth
13 the question of minorities, because I'm not the
14 resident authority on minorities, even though I'm
15 one. And I loved your answer.

16 My question is on page 14, refers to page
17 14 where you are saying to establish certification
18 programs for transition specialists at the state
19 level. Is this beyond other certification?

20 For example, in the State of Illinois, to
21 get certified, you must take an examination in
22 whatever category or whatever that you want, so

23

1 you're saying, for example, in the State of Illinois,
2 establish another certification program, above and
3 beyond other certification. That's my question.

4 DR. IZZO: We have a shortage of
5 transition specialists and we have a shortage of
6 special ed teachers, so I think we do need to look at
7 new and creative ways to give people the skills to
8 come into our schools and to deliver quality programs
9 for our youth. In Ohio, we have a school-to-work
10 endorsement, which is an 18-credit course of study
11 for special ed professionals who want to specialize
12 in transition services.

13 And they can take these 18 credits through
14 distance ed, through some of our universities, or
15 through actual sitting through the classes in a
16 traditional model. And I think that's excellent, but
17 I think we need to step up our pre-service programs,
18 and need to look at new mentoring models where we
19 actually send a teacher to work with a transition
20 specialist for, you know, three or four months, and
21 kind of learn the skills on the job, in order to meet
22 the shortage we currently have, and to get people up

23

1 to speed quicker, because not everybody has time to
2 do an 18-credit pre-service program.

3 So I think you need to have both types of
4 programs in operation, and give people more
5 flexibility in how they can gain the skills needed to
6 deliver quality transition services.

7 DR. WRIGHT: So this has implications,
8 then, for universities, for teacher training, for
9 universities and colleges to do this training, to set
10 up these programs, and then get certified by a state
11 in this. But this is above and beyond any other
12 training that you would have in special education,
13 right?

14 DR. IZZO: Yes, it is above and beyond,
15 and I think teachers should be compensated for having
16 those extra certifications. It's been real helpful
17 to have the personnel prep program where teachers can
18 take those courses and not have to pay for them. I
19 really think that by expanding the personnel prep
20 funding in the transition area, we can assure that
21 more teachers have the opportunity to gain the skills
22 they need without taking a financial hit to their own
23

1 pocketbooks.

2 DR. WRIGHT: And would such training, such
3 programs, encompass training in diversity, cultural
4 diversity, so that minorities, so that these teachers
5 or trainees get some knowledge of the cultural
6 diversity that has impact on transition programs?

7 DR. IZZO: Yes, that's very, very
8 important, because self-determination from a Euro-
9 American point of view is very different than self-
10 determination for Pacific Islanders or African
11 Americans. I mean, family sometimes has much more of
12 a say, and it's not the student's self-determined
13 future that's going to happen; it's the family's
14 future for that individual son or daughter that is
15 really what is going to drive the transition process.

16 16

17 And school personnel and rehab counselors
18 need to understand the impact of culture on how those
19 post-school outcomes are determined, or what the
20 vision for that individual student is.

21 DR. WRIGHT: Thank you, Mr. Chair.

22 MR. HUNTT: Thank you, Dr. Wright. We

23

1 have about -- we're going to extend this about five
2 minutes, and we have three other Commissioners who
3 would like to ask questions, so I'll call on Dr.
4 Berdine.

5 DR. BERDINE: Hi, Margo. A real quick
6 question: This is actually a request for
7 information, more than a question. The Commission
8 has heard over the past several months, testimony
9 that there is best practice literature or research in
10 area readings emerging in math, emerging in writing
11 and composition, and in classroom management.

12 From listening to you and the four case
13 studies and listening to Dr. Rusch earlier, it would
14 seem to me that you are inferring that there is a
15 literature base that would indicate that there is a
16 model well documented, evidence-based research on
17 model programs in the area of self-determination,
18 self-advocacy, and career development.

19 Could you provide the Commission, in a
20 relatively short period of time, with a bibliography
21 that would show that documentation?

22 DR. IZZO: I certainly can. I use that in
23

1 some of my workshops. Self-determination, I can
2 produce really, really quickly. Career development
3 is expansive, but I can get my hands on that, as
4 well, and, sure, I'd be happy to.

5 DR. BERDINE: We'll get the best of the
6 best then.

7 DR. IZZO: Yes.

8 DR. BERDINE: Thank you.

9 DR. IZZO: Sure.

10 MR. HUNTT: Thank you. Mr. Jones?

11 MR. JONES: You spoke in your testimony
12 about the 14/16 distinction in transition planning.
13 As I recall, when that was added in 1997, it
14 essentially got to that the Administration's proposal
15 was that it be 14. Some members of Congress were
16 concerned about the fact that if you extend to 14 in
17 middle schools and junior high, you're dealing with a
18 cadre of teachers and administrators who have little
19 experience in transition planning for any students,
20 whereas, if you wait till high school, you have
21 people who have much greater expertise in that.

22 And the practical and financial costs of

23

1 making that training available to teachers in middle
2 schools was a concern. Your concern about this was
3 simply -- or at least as you put it in your testimony
4 -- was the distinction was hard for folks to
5 understand as they implement it.

6 Given the Congressional difference on
7 that, how do you see to resolve that? Is there
8 merely administrative, if the need does go that deep?
9 How do you address these needs for additional
10 knowledge among the administrators and staff who
11 would be implementing these plans?

12 DR. IZZO: Typically, your high school
13 course of study is planned while you're still in
14 middle school, so at 8th grade, most middle schools
15 begin the transition process to transition kids from
16 8th grade to the high school level.

17 And there are important things that happen
18 that differentiate a middle school curriculum from a
19 high school curriculum, mainly GPA to get into
20 college. I mean, it doesn't really count in 7th and
21 8th grade, but it counts a great deal once you get
22 into high school. And kids need to understand the

23

1 difference of how that, the difference in grades
2 matter.

3 Also, if you want to go into a post-
4 secondary program, you have to plan a four-year
5 sequence of courses that include language
6 requirements and a certain number of credits in
7 English and math, and they have to be aware of that
8 in 8th grade so that they can plan appropriately for
9 that sequence of courses.

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1 MR. JONES: Would you address the issue of
2 making those skills more available to the
3 administrators and teachers in the 8th grade.

4 DR. IZZO: Again, it's a personnel prep
5 issue, and I really think that our middle school
6 teachers have to become knowledgeable about
7 transition services, and begin to prepare students
8 for thinking about their future.

9 Now, not many 8th graders have an
10 appropriate career goal. They don't know what they
11 want to do. And I didn't know what I wanted to do.
12 I wanted to be an airline stewardess in 8th grade,
13 but at least somebody asked me the question, and at
14 least I had an answer, and at least I knew I was
15 going to be part of the working world. And that's
16 what I think has to happen in middle school, is that
17 we have to have the expectation that you are going to
18 go to work or you're going to go to college, or
19 you're going to do both.

20 And many kids with disabilities don't have
21 a professional community that believes that they will
22 become a productive member of society. And that has

23

1 to start as young as possible, and that's why I
2 support moving it down to 14.

3 MR. JONES: Thank you.

4 MR. HUNTT: Dr. Pasternack?

5 DR. PASTERNAK: Thank you, Mr. Chairman.

6 In the interest of time, I'm not going to get to
7 several questions that I'd like to ask you that maybe
8 we can talk about. But one question that has not
9 come up at all in front of the Commission is the
10 requirement, as you know, to prepare students, in the
11 year in which they're going to reach the age of
12 majority, to take on the rights that are previously
13 safeguarded by their parents.

14 I wonder if you're aware of any research
15 on more of what you've found out from your research
16 on self-determination, so how that particular
17 provision is working or not working, whether that's
18 something that should be continued, whether that is
19 something that we can do a better job of making sure
20 that we implement?

21 DR. IZZO: I'm not aware of any research
22 around the age-of-maturity issue. I know that in my
23

1 in-service workshops with teachers, we've discussed
2 the importance of students acknowledging the fact
3 that at 18 in Ohio, they will be an adult, they can
4 sign their IEP meeting, and they can sign themselves
5 out of school.

6 Schools don't trust kids to make good --
7 there are some school personnel that don't trust kids
8 to make good decisions for themselves, and so they
9 are hesitant to even provide the information to
10 adolescents in high school, that at 18, they have
11 this right to be making these decisions. And you
12 can't give kids total responsibility for making all
13 of their own decisions at 18 unless you've started
14 giving them choices at a much earlier age in
15 elementary school and middle school and earlier in
16 high school.

17 You don't learn how to make decisions
18 because you turn 18. And so what I'd like to see
19 incorporated into the transition language is that
20 kids are given more opportunities to choose
21 appropriate courses, appropriate career objectives,
22 and then they experience the consequence of those

23

1 decisions.

2 Oftentimes we save kids too much, and we
3 let them pass a course when, in fact, they should
4 have flunked that course. And they need to
5 experience the natural consequences of the decision
6 of their own decisionmaking process, and only with
7 lots and lots of practice, do kids arrive at knowing
8 how to evaluate all of their program options and make
9 an educated choice that's really going to help them
10 meet their long-term goal.

11 DR. PASTERNAK: Very quickly, Mr.
12 Chairman, we have a critical shortage of personnel
13 now, as you know, and one of your recommendations is
14 to create -- for states to create another category of
15 personnel. Is another strategy to get to people
16 building the capacity to implement the transition
17 requirements, better training of the existing
18 personnel, rather than creating a new category of
19 personnel? Or do you really think we need a new
20 category of personnel?

21 DR. IZZO: I do think we need a new
22 category of personnel. I think that coordinating

23

1 transition services requires a lot of skills and
2 knowledge and attitudes that currently are not in
3 your special ed teacher prep program. But I agree
4 with you totally that we have to get the personnel,
5 the teachers that are going to be in the classroom
6 doing the teaching process, up to speed in terms of
7 what the transition requirements are, so that they
8 can deliver a curricula that is relevant to that
9 student's self-determined future plans.

10 If we don't keep the curricula relevant,
11 rigorous, and build relationships with kids, we're
12 going to lose them. That's why they drop out of
13 school. It has no meaning to them; they're not
14 getting what they need.

15 DR. PASTERNAK: Thank you, Mr. Chairman,
16 and Dr. Izzo.

17 MR. HUNTT: Thank you, Dr. Izzo. I think
18 we benefitted more from your not going to into the
19 airline industry.

20 (Laughter.)

21 MR. HUNTT: And thank you for all the work
22 you're doing on behalf of kids and young adults with
23

1 disabilities. Thanks for your testimony.

2 DR. IZZO: Thank you.

3 MR. HUNTT: We're now in recess until
4 1:00. Thank you.

5 (Whereupon, at 11:50 a.m., the Commission
6 was recessed for luncheon, to be reconvened this same
7 day at 1:00 p.m.)

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1 AFTERNOON SESSION

2 (1:10 p.m.)

3 MR. HUNTT: I call the meeting back to
4 order. Robert Stodden, Dr. Bob Stodden, is the
5 Director for the Center on Disability Studies and the
6 National Center for the Study of Post-Secondary
7 Educational Supports, and is a Professor of Special
8 Education at the University of Hawaii at Manoa.

9 Dr. Stodden has served as principal
10 investigator and director of more than 100 research
11 and training projects spanning the areas of secondary
12 school transition, post-secondary education, and
13 employment for youth with special learning and
14 behavioral needs. Welcome, Dr. Stodden.

15 DR. STODDEN: Thank you. Before I start,
16 I'm also -- my program also represents a national
17 network of university centers on disability that are
18 funded through the Administration on Developmental
19 Disabilities, and I'm currently the President of that
20 Association, which is the Association of University
21 Centers on Disability.

22 Good afternoon. It's a pleasure to be
23

1 here this afternoon, and I'd like to thank the
2 Commission for the opportunity to testify today
3 regarding my research findings and recommendations on
4 youth, the transition of youth with disabilities to
5 post-school settings.

6 As you know, the reauthorization process
7 currently underway for the Individuals with
8 Disabilities Education Act provides an opportunity
9 for updating and improving this landmark legislation
10 in order to achieve better educational and post-
11 school outcomes for children and youth with
12 disabilities.

13 This Administration's goal of leaving no
14 child behind is highly commendable. Implicit within
15 this goal is the need to create more opportunities
16 for youth with disabilities to access and participate
17 fully within quality educational experiences which
18 result in meaningful opportunities as they transition
19 to post-secondary education and employment.

20 Historically, children and youth with
21 disabilities have been left behind, especially when
22 considering their preparation to access, participate,
23

1 and succeed in post-school environments. Since its
2 enactment in 1975, reauthorizations of the IDEA have
3 been responsive to evolving concepts and data about
4 how best to provide a free, appropriate public
5 education for all children and youth.

6 Beginning with the 1990 reauthorization,
7 one area that has received increased attention is
8 that of transition from high school. This relatively
9 recent focus on transition is based on research
10 showing that after leaving high school, youth with
11 disabilities experience successful employment and
12 attend post-secondary education or other vocational
13 programs at a significantly reduced rate when
14 compared with their peers without disabilities.

15 In response, the IDEA 1997 reauthorization
16 requires that individualized educational plans
17 include statements of the transition service needs of
18 students with disabilities, beginning by the age of
19 14. Transition services are further defined as the
20 coordinated set of activities designed within an
21 outcome-oriented process to promote movement from
22 school to valued post-school activities such as post-

1 secondary education, vocational training, employment,
2 independent living, and community participation.

3 Many of these issues that should be
4 addressed in this IDEA reauthorization concern
5 improving the preparation of students with
6 disabilities, so that they are better able to take
7 advantage of post-high school education and
8 vocational training opportunities. Access to and
9 participation in post-high school programs is
10 increasingly essential for obtaining quality
11 employment in the American economy, which has a
12 growing, unmet need for workers with advanced skills
13 and knowledge.

14 With the provision of effective
15 educational and related services, virtually all
16 students with disabilities can obtain the academic
17 background needed to successfully access and
18 participate in some kind of post-secondary education
19 or vocational training program that enhances their
20 prospects for success in post-secondary education,
21 quality employment, and full participation in their
22 communities.

23

1 Therefore, I would like to speak to six
2 areas of improvement for the IDEA reauthorization
3 that I hope the Subcommittee might consider in their
4 discussions:

5 The first area is that of high
6 expectations. Research indicates that students with
7 disabilities tend to meet the expectations of their
8 parents and teachers regarding their ability for
9 academic achievement, achieving at lower levels when
10 expectations are low, but at higher levels when
11 expectations are high.

12 According to the Congressional findings
13 summarized in IDEA 1997, the implementation of this
14 Act has been impeded by low expectations and an
15 insufficient focus on applying replicable research on
16 proven methods of teaching and learning for children
17 with disabilities.

18 On the other hand, over 20 years of
19 research and experience has demonstrated that the
20 education of children with disabilities can be made
21 more effective by, among other things, having high
22 expectations of such children, and ensuring their

23

1 access in the general curriculum to the maximum
2 extent possible.

3 In response, the IDEA of 1997 specifies
4 that evaluations for special education eligibility
5 and the development of IEPs be oriented to maximizing
6 the participation of students with disabilities in
7 the general curriculum, and also prescribes funding
8 for research, personnel preparation and state systems
9 improvement grants that include a focus on supporting
10 participation in the general curriculum.

11 The current reauthorized IDEA should,
12 number one, contribute to promote or continue to
13 promote the concepts of high expectation and
14 participation in the general curriculum; and, two,
15 provide additional for personnel preparation,
16 research, demonstration, outreach, and dissemination
17 activities that serve to enhance and broaden the
18 implementation of these concepts.

19 Area Number Two, Self-Determination:

20 Self-determination refers to the personal capacity to
21 choose one's own goals and then purposefully
22 undertake steps to achieve them. Research shows that

23

1 youth with disabilities who have good self-
2 determination, attitudes, and skills, achieve better
3 post-school outcomes than those who lack such
4 attitudes and skills.

5 The component skills of self-
6 determination have been identified as including:
7 Evaluating one's own skill levels; recognizing
8 limits; setting goals; identifying options; accepting
9 responsibility; communicating preferences and needs;
10 and monitoring and evaluating one's progress.

11 Largely as a result of OSERS support for
12 more than two dozen projects on self-determination
13 since 1988, the concept of self-determination has
14 been widely adopted as a guiding principle for
15 planning and providing special education and related
16 services.

17 One important reason for promoting self-
18 determination is that youth who actively participate
19 in setting their own goals and planning their own
20 services are more likely to be engaged and strive for
21 the success of their own services.

22 A number of successful self-determination
23

1 programs have demonstrated the efficacy of having
2 students with disabilities actively participate in
3 developing their own transition plans, sometimes even
4 running the planning meetings. However, self-
5 determination is not mentioned in the IDEA of 1997,
6 although it is referred to in the Act's regulations
7 as a component of the philosophy of independent
8 living described in Section 701 of the Rehab Act.

9 In order to enhance the capacity of youth
10 with disabilities to recognize and express their
11 needs, make informed decisions, and function as
12 responsible and productive members of their
13 communities, the reauthorized IDEA should: One,
14 specify that beginning at the age of 14, as part of
15 transition planning, the self-determination capacity
16 of each student with a disability should be
17 addressed, and if deemed lacking by the IEP team,
18 services and supports to address this lack should be
19 included in the IEP.

20 And, two, in line with the concept of high
21 expectations, IDEA should state that students with
22 disabilities aged 14 and older shall participate in
23

1 their own IEP development and transition planning,
2 rather than just being invited.

3 Area Number Three - Self-Advocacy:

4 Closely related to the concept of self-determination
5 is that of self-advocacy, the ability to recognize
6 and express one's strengths and needs and to seek out
7 and obtain services and supports needed to achieve
8 one's goals.

9 Primarily as a result of the IDEA,
10 students in Grades pre-K to 12 who are identified as
11 having disabilities, will automatically have their
12 needs assessed, and services and supports planned and
13 provided for them. In contrast, youth with
14 disabilities who reach the age of adulthood,
15 generally find that it is now their own
16 responsibility to have their needs and services taken
17 care of.

18 In many cases, however, youth with
19 disabilities lack the self-advocacy skills, and,
20 therefore, have difficulty gaining needed services
21 and supports. This is a problem that could be
22 prevented by teaching self-advocacy skills to
23

1 students with disabilities at an early age, and
2 giving them ample opportunity to use those skills.

3 The reauthorized IDEA should: One,
4 specify self-advocacy as an area to consider in IEP
5 development and transition planning; and, two,
6 promote additional support for personnel preparation,
7 research, demonstration, outreach, and dissemination
8 activities aimed at enhancing the self-advocacy
9 abilities of all students with disabilities.

10 Area Four - School Completion: Students
11 with disabilities drop out of high school at
12 substantially higher rates than their peers without
13 disabilities. The highest dropout rates for students
14 with disabilities are found for a number of
15 culturally and linguistically diverse or CLD groups
16 of children, notably in the cultural areas of African
17 Americans, Hispanic Americans, and Native Americans
18 having the highest rates of all among students -- are
19 those students with limited English efficiency.

20 The CLD dropout problem is acknowledged in
21 IDEA '97, and OSERS has sponsored over the years,
22 numerous projects to address this issue. A troubling
23

1 research finding is that schools themselves often
2 contribute to dropping out through making certain
3 students feel unwelcome, especially those students
4 with emotional or behavior problems.

5 Being suspended or expelled is one of the
6 top three school-related reasons for dropping out,
7 and suspension is a moderate to high predictor of
8 dropping out. More than 30 percent of sophomores in
9 high school who drop out have been suspended.

10 Although schools may thereby rid
11 themselves of what are considered problem students
12 who consume large amounts of staff time and other
13 school resources, the result is that these students
14 usually end up failing to gain the attitudes and
15 skills they need to be productive, contributing
16 members of their community and are more likely to
17 engage in antisocial activities.

18 The reauthorized IDEA should: One,
19 strongly support continued funding of research,
20 demonstration, personnel preparation, outreach and
21 dissemination projects aimed at reducing school
22 dropout rates; and, two, enjoin schools from using

1 discipline procedures that have been shown to
2 increase the likelihood of dropping out.

3 Area Number Five - Mentoring: Research
4 indicates that youth who grow up to be successful
5 adults, despite multiple risk factors, were almost
6 always supported by at least one caring adult who
7 served as a role model. Analysis of the largest ever
8 survey of American adolescents found that the most
9 significant predictor of school failure was large
10 amounts of time spent hanging out with friends,
11 engaging in behaviors known to produce unhealthy
12 outcomes.

13 Such findings point to the need for
14 connections with caring adults, whether these are
15 parents, other family members, teachers, friends, or
16 others who will steer adolescents clear of danger and
17 express belief in their potential, regardless of
18 their background. The reauthorized IDEA should
19 specify an increase in funding for projects focused
20 on developing, demonstrating, and disseminating
21 mentoring practices and strategies that effectively
22 steer youth with disabilities away from risk

23

1 behaviors and promote their engagement in school
2 activities.

3 Area Number Six - Case Management, also
4 known as service coordination or support
5 coordination: Case management refers to a set of
6 activities needed to effectively obtain, coordinate,
7 and monitor services and supports to children with
8 disabilities.

9 The case management function is typically
10 assumed during school years by an IEP team member,
11 usually a special education teacher or a parent.
12 However, when students with disabilities exist high
13 school and perhaps leave home, case management is
14 generally lacking, except in the cases of those youth
15 with high levels of need who transfer to services
16 that might be provided by a developmental
17 disabilities program, in some cases vocational
18 rehabilitation or mental health programs.

19 Yet, according to data collected by the
20 Office of Special Education Programs in 1996, case
21 management is the most anticipated service need for
22 youth with disabilities exiting high school, needed
23

1 by about 80 percent of all students with disabilities
2 who exit.

3 This findings underlines the importance of
4 promoting and fostering self-determination and self-
5 advocacy, so that youth with disabilities and their
6 families are better able to assume the case
7 management function when it is not assumed by an
8 agency during their adult years.

9 The reauthorized IDEA should address the
10 post-school need for case management by: One,
11 including post-school case management as a need that
12 should be addressed in the transition planning
13 process; and, two, by providing funding for projects
14 focused on developing, demonstrating, and
15 disseminating case management or support coordination
16 skills and practices that can be used by youth with
17 disabilities and their family members.

18 Over the past 25 years, the United States
19 taxpayer has invested significantly in special
20 education services under the IDEA. The expectation
21 of this investment is quality post-school outcomes
22 for youth with disabilities as they transition from
23

1 secondary school education to valued adult roles.

2 It is my hope that this reauthorization of
3 IDEA will build in this investment to ensure that all
4 youth with disabilities will experience an education
5 that supports their successful transition to post-
6 secondary education and employment. Thank you.

7 DR. COULTER (Presiding): Thank you, Dr.
8 Stodden. Commissioner Takemoto, questions?

9 MS. TAKEMOTO: Thank you, thank you for
10 your testimony on this important issue. When we were
11 in San Diego, we spoke to -- we listened to some
12 folks about the issue of age-of-majority, self-
13 determination. I'd like for you to speak to two
14 pieces of that:

15 The first one would be what is informed
16 consent for students with disabilities? And, number
17 two, your thoughts as to whether or not parents
18 should still be invited members to the IEP team?

19 I hear too many horror stories of parents
20 of kids who have been discouraged by their school; we
21 have nothing to offer you; you don't really want to
22 be here; sign this little piece of paper and your

23

1 pain is over. And that, to me, is not necessarily
2 informed consent.

3 DR. STODDEN: Yes, and I would agree with
4 you that I think informed consent for a young person
5 with disabilities, the real strength of the consent
6 is what options are available to that individual,
7 both in school and out of school.

8 And often for youth with disabilities who
9 turn 18 years of age, there is often very little left
10 for them in secondary school, and their peers of the
11 same age are moving on such that it's very
12 difficult, even though this might be the domain where
13 services and supports might be available to be
14 continued.

15 I think that related kind of to the second
16 question --

17 MS. TAKEMOTO: I still need the informed
18 consent piece. What would constitute informed
19 consent?

20 DR. STODDEN: Well, I think that now it's
21 constituted by the student signing off and the parent
22 agreeing, or the parent doesn't have to agree, in
23

1 most cases. I'm not sure what you're asking,
2 exactly.

3 MS. TAKEMOTO: Should there be a standard
4 for students who sign that little piece of paper
5 saying they're out of there, they have a certificate
6 of attendance now? What should be their rights to
7 understanding the significance of that consent?

8 DR. STODDEN: It obviously should be very
9 clear that they understand what they're doing and
10 what it means.

11 MS. TAKEMOTO: And what they're meaning is
12 getting rid of the pain of special education and what
13 it means is that they have no meaningful options
14 after school?

15 DR. STODDEN: That could be what it means.
16 It also means that they are losing services and
17 supports that they have received under IDEA. I think
18 they should understand that, and their parents should
19 understand it.

20 Some youth with disabilities are going to
21 see that the way you described it, I think, as a pain
22 and as a place they don't want to be. But that

23

1 should also be part of that process; it should be
2 talked about as part of that process.

3 MS. TAKEMOTO: Before you get to the other
4 parent case, I have also been asking questions of the
5 other folks about continued IDEA services for
6 students in the 18-22 range who want to try out
7 college jobs or other post-secondary opportunities,
8 primarily in education. That sounds like something
9 that you allude to here, the case management services
10 after 18?

11 DR. STODDEN: Yes, I think I'm alluding to
12 a couple of things: One is much earlier on,
13 preparing youth with disabilities and their families
14 to begin to assume the case management function, as
15 is often required after age 18 or 21.

16 That is my primary point. I think that is
17 a critical skill and set of attitudes that youth with
18 disabilities need to have, or their advocates or
19 family members need to have.

20 The 18 to 21 year period, extending -- you
21 know, you're talking about the LEA expending funding
22 into this period for a child with disabilities to

23

1 participate in employment activities and/or in post-
2 secondary education.

3 I think that's a good concept. It's had a
4 hard time being implemented, because it also carries
5 a cost factor, I think, for most LEAs. But I would
6 support that concept, in principle.

7 MS. TAKEMOTO: I'm sorry, but the last
8 question is about parents as invited members of IEP
9 meetings, after a child obtains age-of-majority.

10 DR. STODDEN: Yes, I think -- personally,
11 I think parents have a role, but I also think they
12 have a role in just as parents of all other kids
13 have, of preparing their child to begin to take
14 responsibility for themselves, for their actions, for
15 their needs, addressing those needs, and for
16 advocating for themselves.

17 So, it's somewhat of a double-edged sword,
18 I think. The parental role from 16 to 18 and 18 to
19 21, is, there's a need for the parent to educate the
20 child; there's a need for the parent to back away;
21 and there is a need for the young person to take on
22 these responsibilities.

23

1 And that -- I'm advocating that the school
2 also has a role in that in assisting that process to
3 occur, just as they have a role in teaching academics
4 and providing other related services and supports to
5 instruction.

6 DR. COULTER: Thank you. Commissioner
7 Wright?

8 DR. WRIGHT: Thank you, Mr. Chair, Mr.
9 Presiding Officer, and thank you, Dr. Stodden, for
10 your testimony. I want to start out by saying that I
11 love the mentoring issue that you have brought forth.

12 12

13 There is a need for the majority culture
14 to really help with the mentoring, and to know about
15 the organizations and to help get funding for
16 organizations that in the black community, for
17 example, that do the mentoring. And I'll give you a
18 little story:

19 I'm not a Clintonian, but I live in a
20 depressed area, East St. Louis, Illinois. So
21 President Clinton came there a couple of years ago to
22 promise money and all, which he didn't give, but

23

1 anyway, he was there. And I was there wearing my
2 elephant, and I had a tag, Dr. K.B. Wright, because
3 I'm one of the officials.

4 And so he said, oh, he says, Dr. Wright, I
5 notice that you're a Delta. I about fainted. Here
6 is a white man who knew about Delta Sigma Theta. I
7 said, well, Mr. President, yes, I'm also a Delta, but
8 I'm also a Republican. He said, oh, but Dr. Wright,
9 I don't hold that against you.

10 But here is a man in the majority culture
11 who knows about Delta Sigma Theta Sorority, which is
12 one of the premiere public service black groups. We
13 do a lot of mentoring of black kids.

14 Then there is another group to which I
15 belong, Top Ladies of Distinction, and we have the
16 Top Teens of America. This is a mentoring group, but
17 can you support these groups, including faith-based,
18 church-based groups getting funding that's in the law
19 for mentoring?

20 We need funds. These groups need some
21 funds to do their mentoring, and the grants ought to
22 be -- you know, it ought to be easy, easier to get
23

1 the money, but I brought that forth.

2 And, of course, Delta Sigma Theta is not
3 the only group that mentors African America kids.
4 There's Kappa Alpha Sci with their Guidelight
5 Program. There's Alpha Kappa Alpha with their Pearls
6 Program.

7 But these groups need some funding and an
8 easier way to do the mentoring for these students.
9 Could you address that, please?

10 DR. STODDEN: Yes. I honestly believe
11 that faith-based groups have a role in mentoring
12 youth, and they can have a very extensive role. And
13 there are many excellent programs that are conducted
14 by faith-based groups, and particularly in minority
15 cultural areas.

16 We have another center that is focused on
17 Asian-American and Pacific Islanders, including
18 native Hawaiians. And one of our main streams of
19 activity in trying to access that population is
20 through churches, through community organizations,
21 through ethnic organizations, various cultural
22 groups, because this is a population of people who do

23

1 not necessarily participate in western agencies such
2 as voc rehab. Their parents would not necessarily
3 recommend their children for special education.

4 They are very distrustful, often, of
5 western types of services, and you will typically
6 find these individuals in associations,
7 organizations, including religious organizations
8 where they feel very comfortable. So I support that
9 fully.

10 I'm not sure what the fit is with the
11 school, and I'm not sure how the funding vehicles
12 should work, but I think there's definitely a role
13 there, or I strongly believe there's a role there.

14 DR. WRIGHT: Thank you; thank you, Mr.
15 Chair.

16 MR. HUNTT: Thank you, and thank you,
17 Commissioner Coulter. Dr. Berdine?

18 DR. BERDINE: Yes. Hello, Bob.

19 DR. STODDEN: Hello.

20 DR. BERDINE: I have some questions
21 relative to your recommendations, and they really
22 should be fairly short kinds of answers to them.

1 They're more for clarification for me, and hopefully
2 others in the Commission.

3 Your first recommendation deals with high
4 expectations. Prior to your coming here earlier this
5 morning, one of our colleagues, Frank Rusch, laid out
6 some of the highest expectations that many of us have
7 ever heard.

8 For example, it was all individuals with
9 disabilities are entitled to a job, employment,
10 and/or post-secondary education. Is that the kind of
11 high expectation you're talking about?

12 DR. STODDEN: I don't know if I would use
13 the word, "entitled," but I would definitely say that
14 all youth with disabilities should have the
15 opportunity to participate in some form of post-
16 secondary education and some form of employment.

17 DR. BERDINE: If you took away the notion
18 of entitlement in the federal sense, the you'd
19 understand what was meant by that? Entitlement is
20 oftentimes construed as funding.

21 DR. STODDEN: Right.

22 DR. BERDINE: Under self-determination,

23

1 today we've heard very clearly from just about
2 everybody that has spoken and in written and oral
3 testimony, that as to self-determination, there ought
4 to be some formal process by age 14, not 16.

5 Why would you wait? My question is, why
6 wait until 14? What's the magic with 14? Why not
7 start that process at the time that an individual is
8 declared to be eligible for services? What's sacred
9 about that?

10 DR. STODDEN: Honestly, there is nothing
11 sacred about the age of 14; it's a delimiter,
12 aligned, typically, with 9th Grade or entering high
13 school.

14 DR. BERDINE: So it's forced by an
15 artifact of our educational system?

16 DR. STODDEN: Yes. No, I honestly believe
17 that self-determination skills are things that should
18 be taught throughout one's life, and particularly
19 prior to middle school, there should be some work
20 done where kids -- and I'm looking at self-
21 determination as kind of a process of becoming aware
22 of yourself and your surrounding environment and the
23

1 roles that you might play in those environments, and
2 then exploring yourself in relation to those
3 environments, obtaining an understanding of yourself
4 in relation to those environments, and then having
5 the ability to act and advocate for yourself within
6 that environment.

7 And that's a long -- that's a process
8 that's a lifelong process.

9 DR. BERDINE: I just get very concerned
10 when I hear educators talk about age limits, age
11 parameters as if they are some real thing to them.
12 Age 18 is in many places the legal majority, but what
13 is 14, what is 15? Is self-determination something
14 that is intuitive, or is it something that you learn
15 through your interaction with your environment?

16 DR. STODDEN: No, I think you learn it,
17 definitely.

18 DR. BERDINE: So, therefore, it is not
19 age-determinant?

20 DR. STODDEN: Yeah.

21 DR. BERDINE: Under self-advocacy, my
22 background in disabilities comes out of low-

23

1 incidence, particularly persons with moderate to
2 severe mental retardation. And I am interested in
3 how you would approach that population with regard to
4 self-advocacy, as compared to the high-incidence
5 population.

6 DR. STODDEN: Well, I think that youth
7 with multiple and severe disabilities or high support
8 needs should have every opportunity possible to
9 explore themselves and their environments. They also
10 should have a trusted advocate that is also
11 exploring, knows them well, knows the environments,
12 knows their interests, their desires, and can
13 advocate very closely with them.

14 DR. BERDINE: Are there provisions under
15 federal guidelines for that advocate to be there?

16 DR. STODDEN: Under IDEA?

17 DR. BERDINE: Correct.

18 DR. STODDEN: Well, currently, a parent
19 would typically be, and parents are not necessarily
20 always the best advocate for a young person with
21 disabilities. So there aren't --

22 DR. BERDINE: There are not?

23

1 DR. STODDEN: There are not requirements,
2 yeah, at this point.

3 DR. BERDINE: And the final question:
4 With regard to case management, since January, this
5 Commission has heard a preponderance of testimony
6 about the deluge of paper in the management of IEPs
7 and the management of ITPs and every other kind of I
8 that we have in special education.

9 Do you know of a model that exists, a case
10 management model that exists that is electronic in
11 its form an format?

12 DR. STODDEN: Well, of I know of states
13 that are experimenting with electronic case
14 management systems. Several states are looking at
15 attempting to bring together the different support
16 pieces of one's life as they move through adulthood.

17 I'm not the biggest advocate of those
18 systems. I think they might be good systems for the
19 service sector to manage one's life, but they
20 contribute little to the individual actually
21 understanding and managing their own life.

22 And I would actually like to see people be
23

1 supported to develop the skills and attitudes that go
2 with understanding and putting together what their
3 needs are, and being able to advocate and manage
4 those, rather than maybe having it in a computer bank
5 at the VR system or the human service system or the
6 education system.

7 DR. BERDINE: Thank you. I think your six
8 recommendations are very doable. I appreciate it.

9 DR. STODDEN: Thanks.

10 MR. HUNTT: Thank you, Dr. Stodden. I
11 want you to know that I lobbied hard for this
12 Commission to come to you, but Hawaii wasn't in the
13 budget.

14 DR. STODDEN: That's too bad. We could
15 have helped out.

16 MR. HUNTT: We appreciate your coming
17 here. Thanks.

18 DR. STODDEN: Thank you.

19 MR. HUNTT: Andrea Sobel and Kathy Healy?

20 (No response.)

21 MR. HUNTT: Okay, we are going to move
22 forward to Deborah Leuchovius. Deborah Leuchovius is
23

1 the National Coordinator of Technical Assistance on
2 Transition and Vocational Rehabilitation at the
3 Parent Advocacy Coalition for Educational Rights,
4 based in Minneapolis, Minnesota.

5 Their mission is to expand opportunities,
6 enhance the quality of life of children and young
7 adults with disabilities and their families, based on
8 the concept of parents helping parents. Thank you
9 for joining us.

10 MS. LEUCHOVIUS: Thank you. It's a great
11 honor to be here.

12 I'm here today to share the perspective of
13 parents of transition-age youth with disabilities.
14 For the past ten years, I have worked at PACER Center
15 on national technical assistance projects. I
16 currently coordinate the Technical Assistance on
17 Transition and Rehabilitation Act Project, or TATRA
18 project, which is funded by the Rehabilitation
19 Services Administration.

20 The TATRA project assists the seven parent
21 information and training projects funded by RSA.
22 With the assistance of Professor Susan Hazazy at the
23

1 University of Vermont, the TATRA project recently
2 conducted a national survey identifying the technical
3 assistance needs of parent centers in the area of
4 transition. In addition, I represent PACER in
5 partnership activities with the National Center on
6 Secondary Education and Transition funded by OSA. I
7 am in a somewhat unique position of working both with
8 researchers who are identifying best practices in
9 transition, and with families who are dealing with
10 the reality of transition in their own lives. I,
11 myself, am a parent of a 17-year old with
12 disabilities, who is currently receiving transition
13 services in St. Paul, Minnesota.

14 I'd like to tell you a little bit about my
15 son, Freddie. Freddie was born with spina bifida,
16 and he has a number of complicated and related health
17 conditions. Freddie uses a ventilator and attends
18 school accompanied by a home care nurse.

19 Frequent surgeries to replace an
20 intraventricular shunt have resulted in brain injury,
21 partially paralyzing the left side of his body -- he
22 was already paraplegic -- as well as significant non-

1 verbal learning disabilities. Freddie masterfully
2 operates a power wheelchair, a sophisticated
3 augmentative communication device, and assisted
4 technology for his computer.

5 To give you a more complete picture of my
6 son, I should also tell you that he has read Tokien's
7 Lord of the Rings Trilogy at least three times, has a
8 CD collection of every Beattles album ever recorded,
9 and is quite passionate about Ravi Shankar, sitars,
10 and any and all things from India.

11 Special education has served Freddie well.
12 He has been included in regular education classes
13 since kindergarten, and is currently receiving
14 transition services to help him develop computer
15 skills that will prepare him for employment. He
16 already has a summer job lined up, working for the
17 school district, doing data processing.

18 I tell you this because I want to make the
19 point that although Freddie's individual needs,
20 strengths, and interests are complex and unique, our
21 special education and transition experiences mirror
22 the struggles reported by families across the

23

1 country.

2 At the same time, our experience reflects
3 what I have learned from researchers about best
4 practices in transition. To put it simply: When the
5 services Freddie receives reflect best practice, he
6 has been successful. When they don't, he has not.

7 The recommendations I am making reflect
8 this combination of professional expertise and a
9 deeper personal understanding that represents the
10 experiences of many other families throughout the
11 United States, as well as my son's experience. First
12 of all, I also want to say that I am very encouraged
13 by several directions being taken in both general and
14 special education.

15 Smaller learning communities, for example,
16 will benefit youth with and without disabilities,
17 likewise, an increased emphasis on service and
18 contextual learning. I would, however, like to make
19 the following recommendations that I believe are of
20 critical importance.

21 Although further research will no doubt
22 help us identify best practices, as a voice for
23

1 parents, I urge the Department of Education to place
2 a greater emphasis on implementation. We need to do
3 what we already know how to do right now to implement
4 best practices.

5 It's time to focus on putting this
6 knowledge to work. Delay of concerted efforts to
7 implement proven best practices means that thousand
8 of transition-aged youth will not reap the benefits
9 of the millions of dollars already directed towards
10 research and the wealth of knowledge that has been
11 the result.

12 Priority Area One: Implement best
13 practices on transition through parent training. We
14 know that parent involvement improves education
15 outcomes for youth with disabilities.

16 By establishing a national network of
17 parent information and training centers, OSERS has
18 already developed the infrastructure to deliver
19 information and training on transition to families in
20 every state and U.S. territory. However, OSERS has
21 not provided its parent centers with adequate
22 resources to help families meet the significant needs
23

1 they face in the area of transition.

2 Although there are 105 parent centers,
3 there are currently only seven parent information and
4 training projects on transition funded by the
5 Rehabilitation Services Administration.

6 When parents feel knowledgeable, they
7 become involved and can make systems change happen at
8 the local level. Providing information and training
9 to families about best practices, interagency
10 coordination, and services of non-education agencies
11 and community organizations such as faith-based
12 organizations will result in families working
13 together with educators to access these services.

14 As you have surely become aware from your
15 work on this Task Force, transition is a field unto
16 itself. It requires knowledge, not only of IDEA and
17 special education, which are the focus of OSERS
18 existing parent centers, but of a broad range of
19 laws, systems, and resources.

20 These include vocational rehabilitation,
21 the Americans With Disabilities Act, Title I,
22 Workforce Investment Act programs, Perkins Act

23

1 programs, higher ed, technical and career education,
2 Social Security, and, unfortunately, the juvenile
3 justice system.

4 As parents told PACER staff at a recent
5 focus group session, we know the information is out
6 there, but no one -- but there is no one place to go
7 where you can find out what all services are
8 available.

9 If you don't know what your options are,
10 there can be no such thing as informed choice or
11 informed consent. What families need is a one-stop-
12 shop approach to obtaining information on transition
13 services. At the same time, efforts must be made to
14 include families from diverse cultures, and provide
15 information in ways that are culturally accessible to
16 them. One-stop-shopping is not one size fits all.

17 Parent centers have a proven track record
18 in reaching diverse families. However, in order to
19 provide families with the information needed in the
20 area of transition, parent centers need adequate
21 resources. The staff of parent centers funded by
22 OSEP are already stretched thin in providing

23

1 information on IDEA issues to families and children
2 and youth age birth to 21.

3 The seven projects that are funded by RSA
4 on transition barely begin to address the national
5 need. I therefore propose that OSERS, through the
6 Rehabilitation Services Administration, fund a
7 national network of parent information and training
8 projects on transition, run by and for parents.

9 These projects would, one, bring the
10 vision of the President's New Freedom Initiative to
11 families in each state through one-stop parent
12 information and training programs on transition;

13 Two, help families launch youth with
14 disabilities on the way to successful post-school
15 outcomes and full inclusion in society by providing
16 one-stop access to information;

17 Three, utilize the existing network of
18 parent centers established by IDEA and expand their
19 capacity to provide information and training on

20

21

22

1 And four, promote interagency
2 collaboration in the coordinated delivery of services
3 available to youth and their families through
4 government and community programs.

5 Priority Area 2. Implement Best Practice
6 on Student Self-Determination and Self-Advocacy. An
7 issue that parents, educators, and researchers all
8 agree on is the need to promote student self-
9 determination, self-advocacy, and student center
10 planning. Why then is this not the norm? I believe
11 the answer centers around time-constraints. For
12 years I asked teachers to implement curriculum that
13 would help my son to prepare to take on a more
14 meaningful role in his IEP meetings. For years his
15 teachers agreed to do so but in the end could never
16 manage to squeeze it into his school day.

17 Last year, we finally postponed Freddie's
18 IEP meeting until he could talk with key members of
19 his IEP team to develop and write IEP goals in his
20 own words. The transformation resulting from this
21 simple approach was dramatic. For years, Freddie had
22 been present at IEP meetings but so uninvolved he was

23

1 barely able to sit through an entire meeting.

2 However, when he felt prepared and in
3 control, Freddie became a confident and active member
4 of his IEP team who made sure everyone else had a
5 chance to participate in his meeting. Every single
6 student should have the opportunity to develop the
7 skills they need to take charge of their education.
8 I believe it is critical that students learn about
9 their disability and how it affects them, recognize
10 the accommodations they need to be successful,
11 understand the basics of laws that address the rights
12 of people with disabilities, and specifically apply
13 these skills to their own IEP process and transition
14 planning. To do this, they need time set aside
15 during the school year to focus specifically on these
16 issues. I therefore propose the following:

17 Federal policy should direct school
18 districts to offer year long classes or innovative
19 summer programs for students with disabilities that
20 allow them to focus on developing the knowledge base
21 and skills needed to become leaders in their own IEP
22 process and strong self-advocates.

23

1 Transition specialists from the State
2 Vocational Rehabilitation Program should be
3 encouraged to participate in the development and
4 delivery of these programs.

5 Priority Area 3. Provide professional
6 development in the area of transition. Like
7 students, educators themselves need to have time to
8 develop the skills they need to be successful. Too
9 many special educators working with our sons and
10 daughters have no training in the area of transition.
11 Many have no background in the basics of transition,
12 much less best practices. Educators have received no
13 training on how to coordinate services with agencies
14 outside of the school. Similarly, many vocational
15 rehabilitation counselors assigned transition
16 responsibilities have no training in the area and
17 little experience working with families. Finally,
18 the paraprofessionals working with students with
19 disabilities are even less prepared for the
20 significant responsibilities they are so often
21 handed.

22 Professional development opportunities in
23

1 the area of transition need to be improved for all
2 professionals and paraprofessionals who work with
3 transition-age youth with disabilities. There should
4 be multiple approaches to addressing professional
5 development, including making transition course work
6 a requirement of university degree programs.
7 However, I would like to recommend the following
8 strategies.

9 MR. HUNTT: Ms. Leuchovius, you have about
10 three more minutes.

11 MS. LEUCHOVIUS: Okay, I'm going slower.

12 MR. HUNTT: That's okay.

13 MS. LEUCHOVIUS: Federal policies should
14 direct state education agencies to offer intensive
15 summer programs to general and special educators,
16 vocational rehabilitation staff, and human services
17 personnel to become familiar with transition best
18 practices. Since you have this, I will abbreviate.

19 Both transition and family contributions
20 to successful employment outcomes' priority areas for
21 training offered to vocational rehabilitation
22 counselors through RSA's Regional Rehabilitation
23

1 Continuing Education Programs (RCEPS).

2 And VR counselors working with transition
3 age youth have training in transition. VR counselors
4 with expertise in transition should be designated
5 "transition specialists" and assigned responsibility
6 for working with specific high schools.

7 Priority Area 4: Implement Best Practices
8 in the Area of Interagency Collaboration.

9 Interagency collaboration is a key factor
10 of successful transition programs. Many parents and
11 professionals believe it is the problem, the major
12 problem of transition planning. Families and
13 educators are frustrated with how difficult it is to
14 get agencies to work together, to decide who will pay
15 for what, and who will make sure this will happen.

16 It takes time and effort to develop these
17 relationships and coordinate services of multiple
18 agencies. And I make the following recommendation:

19 State VR and education agencies should
20 jointly fund staff positions to serve as liaisons
21 between schools and VR programs with responsibility
22 for service coordination. These individuals need not
23

1 be educators. What is essential is that those
2 responsible for service coordination have adequate
3 time in their schedule to carry out these essential
4 responsibilities.

5 I also believe that the federal government
6 can promote interagency collaboration at the local
7 level by modeling effective interagency collaboration
8 at the federal level. I have three related
9 recommendations.

10 That the office of Special Education
11 Programs and RSA conduct joint monitoring activities
12 when assessing transition activities of state
13 education and VR agencies.

14 That OSERS itself model interagency
15 collaboration at the federal level by coordinating the
16 transition programs of OSEP, NIDRR and RSA. In
17 addition, I believe that families should be brought
18 into this process to offer input to the department
19 and to ensure dissemination of information to
20 families.

21 And finally in the spirit of the
22 President's "New Freedom Initiative" OSERS should
23

1 take the lead in improving coordinated communication
2 between its programs and the transition programs of
3 other federal agencies and departments.

4 Priority Area 5. Implement Best Practices
5 to Improve Access to the General Education. If I had
6 to choose one area where I felt, where our
7 expectations were not fulfilled in the area of my
8 son's education, it would be in accessing the General
9 Ed Curriculum. We had a great elementary school
10 experience, but once we moved on to high school, Fred
11 found less and less success in regular ed classes.
12 His teachers did not know how to teach to his
13 learning style. They didn't have the time to figure
14 how to adapt their existing curriculum, and they
15 often gave the responsibility for modifying course
16 work to paraprofessionals who were unprepared or
17 untrained.

18 I've had the opportunity to see some of
19 the new products being developed by the National
20 Center on Accessing the General Ed Curriculum at
21 CAST, and I believe that by incorporating this
22 universal design for learning process, teachers would
23

1 be able to meet each student at his or her own level,
2 accommodating multiple learning styles, as well as
3 disability-related impairments. All students
4 benefit.

5 MR. HUNTT: I think we'll have to end
6 there with that last recommendation.

7 MS. LEUCHOVIUS: Okay. Oh, there's so
8 much to say.

9 MR. HUNTT: I have the dubious distinction
10 of keeping us on time here, so I appreciate it.

11 MS. LEUCHOVIUS: We're ahead of schedule,
12 though. You've done a good job.

13 MR. HUNTT: At this point, I'll ask Dr.
14 Coulter to ask his questions.

15 DR. COULTER: Hi. It can be a nervous
16 situation, right, to try and read this stuff in front
17 of us, so we appreciate your careful attention, and I
18 know you prepared lots of remarks that you didn't
19 have time to mention.

20 Let me just note for the record that on
21 the 7th page, you gave us a recommendation that I
22 know we'll pass on to the Assistant Secretary for
23

1 Special Education and Rehabilitation Services that in
2 terms of joint monitoring activities and also to try
3 and model some collaboration just within that office.
4 And I think one of the things that we've heard
5 repeatedly over time is that, you know, the federal
6 government can do a lot by establishing a good model
7 at its level that states can emulate.

8 Let me ask you to turn to the area of
9 mental health, which you didn't have any opportunity
10 to talk about, so I want to ask you a couple of
11 questions and give you an opportunity to get that
12 into the record as well.

13 MS. LEUCHOVIUS: Thank you.

14 DR. COULTER: I mean we have your written
15 testimony, but giving you an opportunity to expand
16 upon it. You mentioned in terms of trying to expand
17 mental health services but you also talk about
18 recommending model programs. Would it be your
19 opinion that we don't currently know enough about
20 meeting the needs of students with emotional
21 disturbance or emotional disabilities as it relates
22 to their mental health needs?

23

1 MS. LEUCHOVIUS: I would say yes. This is
2 an area that, as a technical assistance provider to
3 parent centers, when we did our survey of their
4 needs, it was very clear that they were desperate for
5 more information to be able to share with families
6 about what services are available, that more services
7 themselves be available.

8 And in a related fashion, addressing some
9 of the issues in the juvenile justice system in which
10 so many unmet needs of youth with disabilities and
11 including emotional disturbances are being served.
12 So I think there's a great need out there to address
13 that issue. Parents are struggling with it, and we
14 as technical assistance providers are struggling with
15 how to help them.

16 DR. COULTER: Okay. Would you see schools
17 as the primary delivery system for school-aged kids
18 in terms of their mental health needs or some other
19 agency?

20 MS. LEUCHOVIUS: I don't know that I
21 really have the expertise in that area to offer it.
22 There are all kinds of mental health needs, some in
23

1 the emotional, you know, serious emotional
2 disturbances, sort of end of the spectrum. But there
3 are many other kinds of needs that many youth with
4 disabilities as adolescents struggling with their
5 self-identity, and their differences, and learning to
6 accept their disability have that I think would be
7 very appropriate to be addressed through school
8 settings.

9 But I'm also, as a parent of a kid with,
10 you know, high needs, I'm very aware there's only so
11 much time in a school day, you know, and so perhaps
12 accessing services through schools but that are
13 working in collaboration with other agencies or
14 outside of the school program would be a way to
15 address that.organization

16 DR. COULTER: Okay. Thank you. I want to
17 say to you it's wonderful to see a parent up here
18 talking to us, you know, telling us about sort of
19 weaving in your personal experiences with also the
20 experiences of your agency, so I want to thank you
21 for taking the time to do that.

22 MS. LEUCHOVIUS: Thank you.

23

1 DR. COULTER: I yield, chair.

2 MR. HUNTT: Thank you. Mr. Jones.

3 MR. JONES: I just wanted to ask you two
4 questions and they are unrelated. The first one, and
5 since I'm in the Administration, I can't give my
6 value judgment of it, but let me put it in neutral
7 terms.

8 There are those in the independent living
9 center movement who regard the relationship of some
10 state independent living centers with their state
11 agencies as either a paternalistic one or one that
12 lacks independence and harms the ability of those
13 centers to provide the kind of support vis-a-vis
14 state activities they might otherwise provide if they
15 were independent. Parent training centers under IDEA
16 are more independent that, it would probably be fair
17 to say in some cases.

18 While that may or may not be true in
19 Minnesota, do you have any concerns about the
20 possibility that more centrally-directed structure
21 being an impediment to these parents, these
22 transition centers you talked about in your

23

1 testimony, from doing their job?

2 MS. LEUCHOVIUS: The agency that I work
3 for, PACER, I feel is able to walk that line and has
4 developed a strong collaborative working relationship
5 with our state agency. We are both working towards
6 the same goals. We all, you know, we make
7 compromises. From our advocates perspectives, we see
8 ourselves making compromises but we also see
9 ourselves making progress. There are parents who
10 have said to PACER that we're too closely tied to the
11 State Department of Ed, but I do think that we have a
12 close working relationship, and so I see that there
13 is the ability to walk that line particularly in
14 providing information and training. Our role is to
15 help parents identify what services and resources are
16 out there for them and help them in the
17 decisionmaking process. And in terms of serving that
18 role, I can't see that they're -- well, that's not
19 exactly true -- I've been told by advocates in some
20 states working with the VR agencies, for example,
21 that they were engaged to provide training and
22 information to parents, but instead of providing
23

1 parents will the full range of options, they were to
2 train them on this, you know, a, b, or c. So that
3 was attention that happens. But we can try to work
4 those out.

5 MR. JONES: The other question I wanted to
6 ask you is in regard to the suggestion of a separate
7 system. Presumably you could have recommended that
8 more money be given to current parent training
9 centers to address these needs and it crossed my mind
10 there are several reasons you'd do that, either --

11 MS. LEUCHOVIUS: Actually that is what I
12 am proposing.

13 MR. JONES: Not the RSA administered
14 portion then is not a separate --

15 MS. LEUCHOVIUS: Well, I'd like to see
16 them merged. I realize there's some, you know, some
17 administrative difficulty by saying this RSA program
18 and the OSEP program should become one, I believe
19 that they are very closely-related and if you're
20 going to foster interagency collaboration that you
21 can use the infrastructure of the existing OCERS or
22 existing OSEP parent training centers to deliver

23

1 training on transition so that you don't have to set
2 up another whole separate infrastructure but can give
3 them the additional resources, which would be more
4 cost effective, to meet this great unmet need in
5 transition.

6 MR. JONES: Okay. I guess I only press
7 this because the needs of this task force to make
8 concrete recommendations, so what does that really
9 look like? Is it a funding stream that's tacked on
10 to PTIs, is it a separate one that is merged, is it
11 just a hope for change in bureaucratic processes, and
12 if so, is that federal or state level?

13 MS. LEUCHOVIUS: I think what we're
14 proposing is that it be addressed at the federal
15 level, that funding stream come through RSA, that
16 there be a competitive process for every state. In
17 many states there's one parent center, and in some
18 states there's more than one parent center. You
19 know, or to let OSEP develop the administrative
20 review of parent centers and give those parent
21 centers the resources they need to do transition.

22 MR. JONES: Okay. Thank you.

23

1 MR. HUNTT: Is your talk about up?

2 MS. TAKEMOTO: I was told by our chair
3 that I only have five minutes to share with my fellow
4 commissioner with my fellow commissioner, Dr. Wright,
5 so I just want to take the time to thank you for all
6 that you have done as part of the technical
7 assistance for transition for all the parent training
8 information centers regardless of whether or not we
9 were funded by one of the RSA projects, and I'd like
10 for you to supply answers to three things for the
11 record.

12 One is the question about what meaningful
13 informed consent would be for 18 through 21 years
14 old, an idea. I've written this down.

15 Two, whether or not for students who have
16 reached age of majority who are signing the IEP and
17 the transfer of parental rights, whether or not
18 parents should still be members of the IEP team and
19 why?

20 The third related to meaningful idea
21 services expanding to post-secondary options,
22 community college training centers and other higher
23

1 ed programs. Thank you.

2 Well, I'm sorry but Dr. Wright is going to
3 kick me under the table if I don't just ask you to
4 submit those for the record and to allow Dr. Wright
5 an opportunity to ask her question. You will be
6 submitting this for the record to us?

7 MS. LEUCHOVIUS: At a later time.

8 MR. HUNTT: Dr. Wright?

9 DR. WRIGHT: Thank you so much, Mr. Chair,
10 and thank you so much for your testimony. I have one
11 thing that I wanted to bring up. I noticed that you
12 talked about -- and you are a parent; I'm a parent
13 too and I'm also a grandparent -- about parent
14 education and I wonder if you could support school
15 home intervention in terms of educators going into
16 the homes to help train parents and to work with
17 parents. There are such programs but they're not
18 into special education.

19 And teachers will say, well, I'm a union
20 member and all like that, and I'm not getting paid to
21 go into these homes and all like that. But could you
22 support funding for educators to do home visits, home
23

1 education with parents on transition and things like
2 that. Could you support that?

3 MS. LEUCHOVIUS: Well, let me just say
4 that that's actually what many parent centers are
5 doing. About a third of the parents served by
6 parents centers or families from diverse cultural
7 backgrounds, many of whom do not learn by going to
8 very formal, majority-culture workshops and things
9 that the parent centers had started out delivering
10 information through. And we've found that it is more
11 time-intensive, it does require more funding, but if
12 we're going to reach those populations, you have to
13 have the ability to work in smaller, more intimate
14 groups in more culturally appropriate ways to be
15 effective and respectful of the parents that you work
16 with. So it's been a model that's been effective for
17 parent centers and that's something that parent
18 centers can already do, that's one thing. But in
19 terms of the approach, I think it's effective and
20 it's needed for many families.

21 DR. WRIGHT: Like in centers in the
22 schools, the parents of course come to the centers in
23

1 the schools but I'm proposing and asking about if the
2 schools and the centers could go to the parent in
3 terms of going into the homes to chat with them, to
4 work with them.

5 MS. LEUCHOVIUS: And that's what I'm
6 talking about too. You call the parent center and
7 you say, you talk to an advocate there. The advocate
8 says let's meet at your home, where would be
9 convenient for you.

10 DR. WRIGHT: Great.

11 MS. LEUCHOVIUS: And sometimes it's at a
12 church, you know, where there will be a smaller group
13 that is gathering, or in the homes of, you know, an
14 Asian-American community center in certain parts of
15 town and things like that. So going out into the
16 community is what I'm talking about too.

17 DR. WRIGHT: Thank you.

18 MR. HUNTT: Thank you very much. And I
19 want to echo Commissioner Coulter's comments that we
20 appreciate your taking the time to be here with us
21 today, and we look forward to your addition responses
22 to the questions.

23

1 MS. LEUCHOVIUS: I'm glad to be here.

2 Thank you.

3 MR. HUNTT: Thank you.

4 Andrea Sobel and Catherine Healy.

5 Andrea Sobel is a foster care consultant
6 and Catherine Healy is a Kennedy Fellow At the U.S.
7 Department of Labor. Both were involved in the
8 caring communities for children and foster care
9 project funded by the Maternal Child Health Bureau
10 while at the Parent Educational Advocacy Training
11 Center. Today, they will provide testimony about
12 transition issues related to children in foster care.
13 Welcome to you both.

14 MS. HEALY: We could just play Vanna White
15 for each other and change places.

16 DR. SOBEL: Okay, great.

17 MR. HUNTT: Please note that if we do run
18 long, I'll interrupt you and indicate that you have a
19 few minutes left to sum things up.

20 MS. HEALY: Good afternoon and thank you
21 for inviting us today. I would like to begin by
22 commending you for bringing into focus the plight of

23

1 children in foster care and how very important it is
2 if we're talking about not leaving any child behind,
3 to bring them forward.

4 My name is Cathy Healy, I'm here with my
5 colleague, Dr. Andrea Sobel, and we are here from the
6 Caring Communities for Children in Foster Care
7 project and the authors of the Fostering Health in
8 the Foster Care Maze: Educational Materials. We
9 would like to share with you the information that we
10 learned about the realities children in foster care
11 face and to recommend to this Committee improvements
12 to IDEA that we believe would enhance the outcomes of
13 youth with disabilities who are in out-of-home
14 placement.

15 We will share information gleaned from the
16 Caring Communities project. It was a four-year
17 project funded by the Maternal Child Health Bureau
18 Integrated Services Medical Home Initiative with the
19 American Academy of Pediatrics. We investigated the
20 availability of comprehensive health care services
21 for children in foster care using the medical home
22 model. The project was a collaborative effort

23

1 between the Parent Educational Advocacy Training
2 Center and Fairfax County Virginia Child Serving
3 Agencies.

4 The recommendations that we would like to
5 make are as follows:

6 Number 1. Strengthen interagency
7 collaboration with child-welfare partnering agencies.

8 Number 2. Assess the educational needs of
9 children in foster care upon entry into school
10 systems.

11 Number 3. Develop a national data
12 collection and tracking system to determine which
13 children in foster care are served under IDEA and
14 what their outcomes are.

15 Number 4. Provide funding to demonstrate
16 best practice models of educating students with
17 disabilities in foster care.

18 And we would submit to you that these best
19 practice models would include increased collaboration
20 among child-serving professional in education,
21 protocols for the safe and efficient transmission of
22 educational records. Development and establishment

23

1 of training for foster parents and social workers and
2 other child welfare participants in accessing special
3 education services. To promote and establish
4 training and/or public awareness materials to help
5 teachers understand and prepare for the unique
6 special needs of students with disabilities who are
7 in an out-of-home placement, including involvement in
8 extracurricular activities to diminish the isolation
9 that students with disabilities and students in
10 foster care experience. Make available community
11 service projects that help to promote work experience
12 and will continue to keep students involved in the
13 community, and to promote and identify skills
14 training in self-advocacy and self-determination.

15 I would like to present an overview of the
16 child welfare system as it is working today, and Dr.
17 Sobel is going to give you specific examples about
18 our project.

19 When we talk about children in foster
20 care, we're referring to those children who've been
21 removed from their birth parents. They may be
22 receiving services as provided by Title 4(e) of the
23

1 Social Security Act, they may be in the care of
2 relatives or in family foster homes, they may reside
3 in group homes, shelter care, therapeutic foster
4 homes, residential care, or be placed in juvenile
5 just detention facilities. What is readily known
6 about children and youth in foster care is the
7 demographic information that is provided to the U.S
8 Department of Health and Human Services. It is a
9 mandate as set forth by the Adoption and Safe
10 Families Act of 1997. It is the adoption and foster
11 care analysis system or AFCARS and it just tells us
12 generic demographic information about children in
13 foster care. It tells us about their ethnicity,
14 their gender, their age, length of time of their stay
15 in foster care, the number of licensed foster care
16 homes and reports of abuse and neglect while in the
17 care of the state.

18 The AFCARS gathers information about
19 permanency goals including reunification, adoption,
20 and guardianship, relative custody, preadoptive
21 homes, and other placement types. The AFCARS data
22 looks at trends and compares numbers from year to
23

1 year. The primary goals of child welfare are to
2 protect children, reunite them with their families
3 and/or find permanent homes for children. There is
4 not a comprehensive national study that demonstrates
5 the educational outcomes for children and youth in
6 foster care who are students with disabilities served
7 under the provisions of IDEA, whether it is Part B or
8 Part C.

9 1997 Blome reported to us and these are
10 very widely cited statistics that foster youth are
11 more than twice as likely to have dropped out of high
12 school than non-foster youth. Foster care youth who
13 dropped out of high school were less likely to have
14 received a high school diploma or a GED. Foster care
15 youth were less likely to be enrolled in college prep
16 classes and foster care youth who leave high school
17 with a diploma ranges between 37 and 60 percent.

18 A recent study from the Urban Institute in
19 2002 based data on a national survey of America's
20 families and they found that 27 percent of children
21 between 6 and 17 years of age in the child welfare
22 system have high levels of emotional and behavioral
23

1 problems. Thirty-two percent, ages 12 to 17 were
2 suspended or expelled from school in the past year,
3 17 percent ages 12 to 17 skipped school in the past
4 year, 25 percent ages 3 to 17 received mental health
5 services in the past year, 32 percent of children 6
6 to 17 years have high levels of behavioral and
7 emotional problems and received no mental health
8 services.

9 School-related experiences showed that 39
10 percent ages 6 to 17 had low levels of engagement in
11 school and three percent were receiving special
12 education. This statistic was believed to be an
13 under count because they didn't ask if the children
14 were special education.

15 A handful of states have begun to
16 investigate special education and educational
17 outcomes for children in foster care. A
18 comprehensive study in New York City tells us that 30
19 percent of the foster youth reported receiving
20 special education services with 56 percent beginning
21 receipt of services after entering foster care. This
22 is nearly three times the average for New York City

1 and it is not known if this number is representative
2 of an over representation, misidentification or if
3 it's in fact quite appropriate. We don't know.

4 Less than six percent of parents indicated
5 they participated in special education identification
6 and referral process and 90 percent indicated that
7 they participated in none of the special education
8 process. Sixty percent of social workers and case
9 workers said they were not aware of existing laws
10 when referring children to special education.

11 A study in Washington State tells us that
12 approximately 25 percent of children in foster care
13 are receiving special ed services. A 1996 California
14 study tells us that 11 percent of children in foster
15 care were found to have a diagnosed disability.

16 Other studies cite developmental disability for this
17 group to be around 20 to 40 percent, and the rate of
18 learning disabilities in the adolescent population
19 overall's been estimated to be 8.8 percent. It is
20 not clear what percentage of these children received
21 services under IDEA. We cannot assume that a
22 diagnosed disability alone ensures that children will

23

1 be found eligible for services under IDEA.

2 Upon reaching the age of 18, youth in the
3 foster care system may lose their eligibility for
4 Title 4(e) services unless they are in school full
5 time. They will be eligible for independent living
6 services up to the age of 21 under the John H. Chafee
7 Foster Care Independence Act and states may opt to
8 allow access to Medicaid health services for youth.

9 MR. HUNTT: Ms. Healy?

10 MS. HEALY: Yes?

11 MR. HUNTT: You're about halfway through.
12 We're really like you to get to recommendations.

13 MS. HEALY: Great.

14 MR. HUNTT: Thank you. Sorry to make you
15 lose your train of thought but we just want to get to
16 the meat of the recommendations.

17 MS. HEALY: That's fine. We believe that
18 it is imperative that schools and social services
19 agencies partner with one another. Schools do not
20 understand the range of employment options available
21 to children, they do not understand about supported
22 employment, sheltered workshops, integrated work

23

1 settings; social services may.

2 It is critical that schools identify best
3 practices of self-determination and self-advocacy.
4 Students who transition out of foster care at 18 may
5 lose all of their supports, and if they are not
6 correctly connected to the appropriate services, that
7 may in fact happen for them..

8 Andrea, do you want to talk a little more?

9 DR. SOBEL: Actually, what I prepared to
10 discuss is to try and give a picture of what we
11 learned about outcomes for kids in foster care in
12 general which will lead into why we have the
13 recommendations that we do and why we feel it's such
14 a critical urgency to consider this population as a
15 separate population in identifying services early
16 that the kids need, providing those services,
17 providing clear records. Because these kids are
18 often lost in the multiple of systems that they come
19 to us from. Just in general, in 1999, which are the
20 latest statistics, 547,000 children were in the
21 foster care system. The children are getting
22 younger, they're staying in foster care longer, and

23

1 they're having more transitions from home to home and
2 school to school than they have in the past.

3 So even when the national data reflects
4 the absolute number is dropping, the amounts of kids
5 in the system is not decreasing because they are
6 staying for longer periods of time. Based on the
7 history of kids in foster care -- and we learned this
8 through a variety of research into the literature as
9 well as talking with people; we've conducted focus
10 groups with foster parents, social workers, teachers,
11 lawyers -- basically all of the people who are
12 responsible for providing services for children in
13 foster care. And what we found is that through a
14 series of events, the complexities for these kids are
15 paramount, number one being exposure to multiple
16 risks from their history. Kids are removed from
17 their parents for reasons of child abuse or neglect
18 primarily. The majority of kids entering the foster
19 care system were living in poverty facing all the
20 risks associated with life in poverty including a
21 higher incidence of prematurity, exposure to
22 environmental and other biological hazards, in
23

1 addition to which parents have a higher incidence of
2 stress related to trying to help kids survive in a
3 life of poverty which therefore increases the
4 incidence of abuse and neglect.

5 So these kids are entering the system from
6 a very, wherever, a very difficult situation. As
7 they're leaving their family, they experience a
8 tremendous amount of loss. Whether or not the
9 situation was good or bad, whether they were abused
10 or not, they still have that loss of being taken from
11 their family, placed in the hands of strangers,
12 usually in an emergency placement for overnight, and
13 then in another placement and then often in another
14 and another and another. They lose all support
15 systems whether it was community or relatives and
16 that's devastating to kids and they often experience
17 disabilities concerning attachment and mental health
18 problems from those two additions.

19 Thirdly, they're placed in a very complex
20 and difficult system where again they go through
21 multiple transitions from home to home, from school
22 to school. They may not be in a school long enough

23

1 to even be identified for special education services
2 or, as we heard from colleagues in the education
3 system, the schools often choose not to go through
4 the process of identification because the kids aren't
5 going to be there long enough to actually get the
6 services.

7 If they have the services and then they're
8 transferred to another school system, there's no
9 recordkeeping, so the new school system may have and
10 often has absolutely no information about previous
11 academic services and identifications for these kids
12 so the process starts all over. So kids begin to
13 fail. The mental health problems that they're coming
14 into care with become exacerbated by all these
15 transitions, by failure in school, by being
16 considered different, being considered an outcast.
17 So what happens to these kids is the spiraling effect
18 of failure in school, lack of identification, lack of
19 records, leads to the increased number of kids not
20 graduating from school, the increased number of kids
21 in juvenile justice and the increased number of kids
22 who are lost in the system.

1 So this is why we think it's imperative
2 and an IDEA can step up to the plate to provide
3 services for these kids because of the circumstances
4 that are bringing them into the school system. So we
5 can go back and highlight the recommendations again.
6 We'll skip all this, and there's a lot more detail
7 and research in the report. Obviously we don't have
8 time.

9 So again the first one is strengthen the
10 interagency collaboration between schools and all of
11 the child-welfare partnering agencies. We found that
12 in our research into looking at health care outcomes
13 for kids in foster care, physicians never talk to
14 social workers. Social workers don't always confide
15 in foster parents to get their input and their
16 thoughts about the kids. The schools are rarely
17 informed that kids are in foster care. Social
18 services will come and remove a child from their home
19 in the school system without any knowledge for the
20 teachers or the schools professionals to even support
21 this child through the transition, so there's a total
22 lack of communication amongst the different child

23

1 serving agencies.

2 When we investigated the medical home, and
3 we investigated programs that work for health care,
4 the key components of that were the collaboration,
5 were the establishment of the care coordinator
6 through the medical system who could keep all the
7 different pieces together and share information with
8 foster parents and various agencies so that everyone
9 could work together rather than contraindicating
10 services that often happens for the kids.

11 The second recommendation, ensure the
12 acquisition of baseline educational data. And to
13 align more closely with already in place child
14 welfare regulations that assure that acquisition for
15 children and youth. There's precedents set for that
16 component through child welfare serving agencies.
17 The EPSDT ensures that kids entering the foster care
18 system will receive an immediate assessment of their
19 health and well being and then upon 30 days after
20 that will be guaranteed a full evaluation. Those
21 evaluations include in theory physical health, mental
22 health, dental, hearing, vision, developmental and

23

1 educational. We know from talking to people, we know
2 from the literature there is no educational
3 assessment done for kids.

4 If they receive a comprehensive
5 developmental assessment, they are probably the lucky
6 ones.

7 In addition to that, the CWLA and AAP
8 actually got together and made recommendations for
9 the child welfare agency and the health care agency
10 and highlighted the importance of an assessment of
11 educational status for kids entering the foster care
12 system. And again because the schools have not
13 traditionally been connected with this system to
14 serve kids in foster care, that has not been
15 accomplished either.

16 MS. HEALY: We also would recommend that
17 you develop a National Data Collection and Tracking
18 System. We know who the kids are in foster care but
19 we don't know what kind of services they are
20 receiving. It's just not apparent.

21 And as I had mentioned earlier, some
22 states are beginning to investigate but it's still
23

1 not clear from an national perspective how many
2 students in foster care are actually receiving IDEA
3 services. And as we tried to paint a picture for
4 you, we know the need, we know the level of need that
5 these children have when they enter the system, but
6 we're not sure if they're qualifying for services or
7 if there are barriers that are preventing them from
8 receiving the services. So one first step might be
9 to develop a data collection system and tracking
10 system just so that we can figure out who is getting
11 those services and where they're ending up.

12 And then finally we were brainstorming
13 what could you do more locally and we were thinking
14 about pilot programs and developing best practice
15 models. And some of these recommendations are
16 actually things that we'd heard in our health care
17 project but also anecdotally we began hearing from
18 teachers and others who were very interested in
19 understanding about access to special education. And
20 what we had come up with was the investigation of use
21 of the education passport. The State of Washington
22 has actually developed a passport, and what it is,

23

1 it's a document to help the transferral of records.

2 That's a huge problem.

3 The school records don't often follow
4 children in a quick, efficient manner. Foster
5 parents and social workers do not always understand
6 how to access special education. Teachers clearly to
7 not always know the special and unique needs of
8 children in foster care, and it would be very helpful
9 for them to have some of that understanding and some
10 resources to understand what their needs are coming
11 in.

12 It's important about extracurricular
13 activities. All students, all children with
14 disabilities do often experience isolation. For kids
15 in foster care who also have disabilities that we're
16 aware of, it is even more critical, the isolation
17 that they experience is even more critical.

18 Community service projects that would help to promote
19 work experience, you know, we know that successful
20 work sometimes happens because young people have had
21 work experience. So we think that that would be a
22 good goal, and then also the whole promotion of self-

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1 advocacy and self-determination. We don't really
2 know how much kids in foster care with disabilities
3 are getting and it is very, very, very critically
4 important that if we do nothing else, we teach them
5 how to stand up for themselves.

6 MR. HUNTT: I think that's a great way to
7 end the public comment or your comments. I
8 appreciate your time and your commitment to the
9 issue. We'll open up the table for questions and
10 answers. Dr. Berdine?

11 DR. BERDINE: I have nothing to add.

12 MR. HUNTT: Dr. Coulter?

13 DR. COULTER: Yes. Thank you very much
14 for your presentation. I have a colleague in the
15 Chicago area who contacted me the other day and
16 wanted to let me know as a commissioner that she
17 wanted to inform me that they'd just done a study of
18 foster care children in the Chicago public schools,
19 and that 30 percent of the foster care children were
20 receiving special education services which is
21 roughly, a little bit more than three times the
22 incidence rate for kids in Chicago.

23

1 MS. HEALY: That's similar in New York
2 City as well.

3 DR. COULTER: And so I was interested to
4 see your New York City statistics. One of the things
5 that's concerned me as I've listened today is that I
6 am forming the impression that the more agencies that
7 touch kids, the less likely they are to communicate
8 with each other and do necessarily be efficient in
9 the way in which they serve families. And I notice
10 that your number one recommendation is once again
11 this issue of collaboration which my sense is, is as
12 we've listened today is we're not doing a terribly
13 good job in that area. What leads you to believe
14 that on making this recommendation, other than with
15 good will and great hope, that things are going to be
16 any better? In other words, can you give us
17 something more specific than just simply strengthen
18 interagency collaboration? I mean those two words
19 are almost becoming a oxymoron for me today as I
20 listened to testimony.

21 MS. HEALY: Well we know at the local
22 level from our research in the medical home that the
23

1 best practices that we observed were when physicians
2 and social workers and foster parents and birth
3 families worked as a team. Now that's at the local
4 level. One of the difficulties is that staff
5 turnover is so high. Social workers may not have
6 been developing those relationships with the
7 principal of the school or with the physicians. You
8 know, this is a huge issue. At the federal level,
9 modeling whenever we can, sitting down with DHHS and
10 talking about what you're doing for child welfare and
11 how does that work with us. You know, we have to
12 try, we have to try to do better.

13 DR. SOBEL: Just in addition to that, the
14 awareness level, we found was a huge barrier to
15 collaboration again in the health care community.
16 When we would talk to physicians, personal friends
17 who were physicians, and they see kids in foster care
18 in their offices, their feeling would be unless there
19 was an obvious physical nutritional real visible
20 disability, that kids were fine, and that's the same
21 attitude that the schools have about kids in foster
22 care. They're fine unless you tell me otherwise.

1 And what the research really points to,
2 and anecdotal stories additionally, point to is that
3 they're not fine. They're coming in as a hugely
4 vulnerable population so that some of that
5 collaboration comes through training and awareness,
6 that if the schools are aware and no where to get
7 help, teachers want help.

8 Just to share a quick story, I have a
9 friend who's a special educator right here in
10 Arlington County. A child was in here self-contained
11 special education class, was pulled out in the middle
12 of the day by a social worker he never met, and taken
13 into protective custody because of the pretense of
14 abuse and neglect. The teacher did not see or hear
15 from him or anyone from social services for three
16 days, when he finally returned to her class. And he
17 was one of the lucky ones that stayed in the same
18 classroom so he maintained that supportive
19 relationship that he had with his teacher. He had
20 not eaten, his Ritalin medication had expired and
21 three was no new -- I mean there were huge, huge
22 issues and his progress was totally delayed.

23

1 Had there been a pattern of format set for
2 communication between at the local levels, school and
3 social services, a lot of the problems that arose for
4 this child could have been avoided just by
5 information and communication and awareness.

6 DR. COULTER: A lot of the recommendations
7 that you made seem to point less to education as an
8 agency as much as to the foster care management
9 system, so you know, I'm also a little bit concerned
10 about, you know, the direction that that goes.
11 Because for instance, acquisition of baseline
12 educational data, my assumption is, and please
13 correct me if I'm wrong, is that when any child
14 evidences a problem in school, I mean they have data
15 that they collect simply as a function of being in
16 school in student data. So I wasn't quite sure
17 whether you were talking about that from the foster
18 care agency side or from the education agency side.

19 Could you clarify that a little bit?

20 DR. SOBEL: And again, that's both is
21 really the simple answer. The complex answer is that
22 because of the transitions that these kids go through

23

1 from school to school, and home to home, they're
2 often not in a school long enough for the process of
3 child study to even begin. And again if a principal
4 knows that this child's in a temporary placement,
5 they're not going to pursue it. We also know that
6 kids are coming in as a vulnerable population with a
7 very high likelihood of mental health and behavioral
8 problems if nothing else. What we're really
9 advocating for is when children enter a school, for
10 the teacher to at least do an initial observational
11 assessment of a child. Maybe not even going through
12 the whole process of self-study unless there's an
13 indicated need but to have some kind of information
14 that he or she can then pass on to the next school
15 and the next placement so that as the child
16 progresses in school, a pattern may become evident in
17 the second or third placement where he or she would
18 be more likely to be called for child study, not just
19 for the two months he was in that school, but for all
20 his past experiences in the educational system as
21 well.

22 DR. COULTER: Do you worry about the

23

1 possibility if this were some sort of a requirement
2 that kids in foster care would be in some respects
3 negatively labeled by schools? In other words you're
4 really pointing to them absent any, you know, overt
5 evidence that there's a problem.

6 DR. SOBEL: Yes. I mean I always worry
7 about over identification and segregation of kids,
8 but the reality is these kids are isolated from the
9 time they walk into a school setting. It's obvious
10 often from their clothes or their lack of being able
11 to contribute to conversations about their families
12 that they are different. So I don't know that this
13 is necessarily a labeling concern, as much as a
14 tracking and providing the information. I mean, I do
15 worry about that. I think it's a concern for all
16 kids being served under IDEA.

17 DR. COULTER: Thank you.

18 MR. HUNTT: Thank you. Dr. Wright?

19 DR. WRIGHT: Thank you, Mr. Chair, and I
20 thank you so much for your testimony. The very best
21 friend that I have in this total world is Mrs. Bessie
22 Peabody in Illinois. She an educational advisor for

23

1 foster children in Illinois. I'm from a state that's
2 we get way ahead in most things. She works out of
3 Northern Illinois University and they have a grant
4 and they work with the Illinois Department of Family
5 and Children's Services. She's an educational
6 advisor and when Bess knew I was coming here -- she
7 knew I was going to be on this panel -- she says,
8 Kate are they going to talk about foster kids in
9 special ed, because she has horror stories about kids
10 in foster care, special kids in foster care who
11 really are not getting the service. I said I'm sure
12 that we will and lo and behold we're doing it today
13 and Todd Jones asked me if I would come and join this
14 panel today.

15 I just wonder if you brought along with
16 you an extra copy of this because I can make copies
17 of because Bess needs a copy of this. Naturally
18 she's not here. And my question is this. Would you
19 support replication of the Northern Illinois
20 University -- and this is soft money that they have
21 -- replication of this program so that other
22 universities and other departments of family and

23

1 children's services could get this. That's my
2 question. And do you have an extra one of these that
3 I can give to Bess?

4 MS. HEALY: Absolutely.

5 DR. WRIGHT: Okay.

6 MS. HEALY: Social workers are dying for
7 information. When the reason we got interested in
8 education --

9 DR. WRIGHT: Excuse me. She's an
10 educator.

11 MS. HEALY: But social workers don't know
12 where to turn for help.

13 DR. WRIGHT: But she's also doing social
14 work, see. She's an educator but she's doing social
15 work.

16 MS. HEALY: Right. The case workers are
17 just desperate.

18 DR. WRIGHT: She's desperate.

19 MS. HEALY: Yes. They don't know how to
20 access special education. I mean, that is something
21 has really been drummed into us. They really do not
22 understand the system and they don't know how to

23

1 access the services. They're desperate for help and
2 when they found out that there was a PTI that they
3 could in fact call, we did begin receiving more and
4 more phone calls. So I would highly support
5 information for her.

6 DR. WRIGHT: Do you have an extra one of
7 these.

8 MS. HEALY: Absolutely.

9 DR. SOBEL: And additionally, we didn't
10 really talk about the role of universities in helping
11 to address the issues of collaboration which I agree
12 are huge, huge issues in any kinds of complex systems
13 like this because of the funding sources. If money
14 is funneled through universities to provide that type
15 of training and support to case workers, to educators
16 in the public schools because they don't, the
17 educators don't understand foster care, the social
18 services don't understand education and particularly
19 special education services so somewhere there needs
20 to be opportunities for information and professional
21 development to the two groups primarily and foster
22 parents as well who have the ultimate 24/7

23

1 responsibility for these kids.

2 DR. WRIGHT: Thank you. Thank you, Mr.
3 Chairman.

4 MR. HUNTT: Thank you. Commissioner
5 Takemoto.

6 MS. TAKEMOTO: Well I feel like crowing
7 here. Thank you very much for doing PTSI, my
8 organization proud with your testimony. And Dr.
9 Wright, this will be posted on our Web site on our
10 foster care Web site page that should be a resource
11 for your colleague.

12 I also wanted to recognize Cynthia Glimpse
13 who was a former member of the foster care team and
14 is now at the National Information Center For
15 Children and Youth With Disabilities. Thank you,
16 Cynthia, for your contributions.

17 And for the record, I would like a little
18 bit more on the issue of surrogate parent and the
19 role. We need to be breaking right now, so I need
20 that information for the record, as well as,
21 following upon Dr. Coulter, more specific ways, more
22 specific roles for education in bringing the

23

1 particularly social services and medical community in
2 on the collaborative effort. Thank you.

3 MR. HUNTT: Thank you both for your
4 testimony.

5 At this point in time, the Task Force will
6 take a ten-minute recess. We'll convene precisely at
7 3:00 o'clock. Thank you.

8 (Recess.)

9 MR. HUNTT: Andrew Block is the Director
10 of the JustChildren Project sponsored by the
11 Charlottesville-Albemarle Legal Aid Society in
12 Virginia. The JustChildren Project provides civil
13 and legal services and education to low income at
14 risk children and their families. The staff helps
15 clients and their families access education and
16 social services and, when necessary, advocates on
17 their behalf in court and at special education
18 hearings, school discipline proceedings, and public
19 benefit hearings.

20 Mr. Block, thank you for joining us today,
21 and we look forward to your testimony.

22 MR. BLOCK: Good afternoon. First of all,
23

1 let me apologize for being a few minutes late. I
2 guess there was some confusion with the time that I
3 was scheduled to speak. I'm very grateful for the
4 opportunity to be here and to address the issue of
5 children with disabilities in the juvenile justice
6 system. It's an issue that I've addressed or worked
7 with in one way or another for six of my eight years
8 as being a practicing attorney, whether it was as a
9 public defender representing children charged with
10 delinquency offenses, or as a legal aid lawyer for
11 the last several years, working with a variety of at-
12 risk young people many of whom had disabilities and
13 many of whom are involved in the court system. And
14 it's from that perspective that I offer my comments
15 today.

16 I think that it's very appropriate that
17 this topic be covered under the aegis of the
18 Transition Task Force because the relationship I
19 guess between children with disabilities in the court
20 system or the corrections system is one largely
21 marked by a failure to effectively transition on the
22 part of those children either into the community,
23

1 transition past high school into life on their own,
2 or transition to life in correctional facilities or
3 transition from those correctional facilities back to
4 their communities.

5 I understand that we want to be efficient
6 with time so what I'll do to start is just list my
7 general recommendations and then I'll give some
8 explanation for why I'm making those recommendations,
9 and I'm happy to entertain questions as they may
10 arise or at the conclusion of my remarks.

11 My first recommendation I guess is an easy
12 one and it comes from seeing the success of children
13 with disabilities when they receive the appropriate
14 services. And so my first recommendation would be
15 that we should fully fund, implement and enforce the
16 Individuals with Disabilities Education Act. It's a
17 framework for services that has so much potential and
18 the potential can be realized. I think that it would
19 be a shame to begin changing it before we actually
20 explore how fully it can work. It's my opinion,
21 based on the work that I've done, and the number of
22 young people that I represent, that the system

23

1 doesn't work as well as it should, and that the
2 promise of IDEA goes largely unfulfilled for a number
3 of children with disabilities and particularly those
4 children who come from poor, working poor families.

5 My second recommendation is that we should
6 treat the disproportionate confinement of children
7 with disabilities as an issue requiring the same
8 urgent attention, research and incentives for
9 reduction as the disproportionate confinement of
10 children of color in this country's youth, correction
11 and juvenile detention facilities. Statistically,
12 and accounts vary from state to state, but children
13 with disabilities who represent approximately 10 or
14 11 percent of children in the general population
15 represent as much as 40 or 50 or 60 percent of
16 incarcerated youth and it's a rate that's much higher
17 obviously than in the general population, and it's a
18 rate that tracks the disproportionate confinement of
19 minority children. And I think until we spend the
20 time and effort that's currently being spent to
21 reduce disproportionate minority confinement, this is
22 going to be a problem that will likely persist.

1 My third recommendation, and obviously
2 these are fairly general, is to keep as many children
3 with disabilities as possible out of the juvenile
4 justice system, and of those that enter, we should
5 make every effort possible to serve them in their
6 community rather than lock them up.

7 My fourth recommendation is that each
8 incarcerated student with a disability should receive
9 a free appropriate public education, and for a
10 variety of reasons which I will discuss, this is not
11 happening today.

12 And then finally for those kids who are
13 locked up and who are getting ready to transition
14 back into their communities, it is critical that that
15 transition be effectively implemented and that
16 children not be punished twice for being
17 incarcerated. What happens frequently is when they
18 come out of facilities, they're denied the
19 opportunity to attend the school they would have
20 otherwise been able to attend with the result that
21 their progress in development and transition is
22 further impeded.

23

1 So those are my five recommendations. And
2 my written comments contain more specific sort of
3 meat to put on those general bones.

4 I would like to spend a minute or two
5 talking about the severity of the problem. As I
6 said, studies show that anywhere between 40 and 60
7 percent of incarcerated juvenile offenders are
8 students with disabilities. So four or five times
9 their rate in the general population, they appear in
10 the incarcerated population.

11 A recent study, for example, of Virginia's
12 incarcerated children which tracked the demographics
13 of kids who had been in locked facilities between
14 1993 and 1998 shows that 40 percent of those young
15 people were students with disabilities. There've
16 been other studies from other states that show that
17 the rates can be as high as 60 percent.

18 I think those numbers are clearly a cause
19 for concern. In addition the National Longitudinal
20 Transition Study of Special Education Students shows
21 that a very high percentage again of children with
22 disabilities are committing offenses or at least

23

1 facing arrests, and failing to effectively transition
2 from life after high school. For example, 20 percent
3 of all students with disabilities within the first
4 three years of completion of school, whether it's
5 through graduation, whether it's through dropping
6 out, or the attainment of a GED will be arrested.

7 Of that group of students, students with
8 an emotional disturbance will be arrested at a rate
9 of 35 percent. Within five years of their completion
10 of high school, 58 percent of students who are
11 labeled as emotionally disturbed will be arrested.

12 There's an even more alarming statistic
13 which is that of those students with an emotional
14 disturbance who fail to graduate from high school or
15 who drop out, 73 percent will be arrested within the
16 first five years of their dropping out.

17 MR. HUNTT: Seventy-three percent of what
18 disability category?

19 MR. BLOCK: E.D., emotionally disturbed.

20 MR. HUNTT: Emotionally disturbed. Thank
21 you.

22 MR. BLOCK: So what these two groups of
23

1 statistics show us is that there is a huge over-
2 representation of kids in the general juvenile
3 offender population and that a huge percentage of
4 kids with disabilities are failing to effectively
5 transition from high school into life in the
6 community. There's a variety of other data,
7 particularly on kids with emotional disturbance which
8 is very troubling, and I would refer you to the
9 National Longitudinal Transition Study and studies
10 done by I believe it's Mary Wagner who is one of the
11 primary researchers of that, that focus on the data
12 regarding students with emotional disturbance. But
13 these are obviously very troubling numbers and I
14 think just by themselves should raise everyone's
15 eyebrow and say we need to look more deeply into this
16 problem.

17 So I guess one of the inevitable questions
18 is why is this? Why are there so many kids with
19 disabilities who are ending up in our court system.
20 Why are they failing to successfully transition.
21 There are a number of different hypotheses offered by
22 researchers and then I will spend some time talking
23

1 about what my own practice with these kids would also
2 suggest which goes beyond the theories espoused by
3 academics.

4 One of the first causes is that these
5 disabilities, or some of the disabilities that the
6 children experience create behavior that could be
7 regarded as delinquent, particularly this is true of
8 children with an emotional disturbance, children with
9 another health impairment that qualifies as attention
10 deficit disorder.

11 A second theory is that being a student
12 with a disability, you are more likely to experience
13 school failure. You are more likely to be truant.
14 You are more likely to drop out, you are more likely
15 to be segregated from the main community and feel
16 disconnected from school and school failure people
17 have determined is a great predictor of delinquency
18 in and of itself.

19 A third and fourth cause -- and these are
20 sort of related -- is that many professionals within
21 the juvenile system, whether it's judges or
22 prosecutors or police officers or probation officers or
23

1 defense attorneys lack an adequate understanding of
2 the relationship between disabilities and delinquent
3 behavior. Lack and understanding of the relationship
4 between disabilities and a child's ability to
5 function on probation or function in locked
6 facilities and as a result, children with
7 disabilities are treated differently or their
8 disability is not accounted for in the system and so
9 behavior which may be characteristic of a student
10 with attention deficit disorder is regarded as
11 disrespect or lack of compliance or failure to file
12 probation orders and what happens is that kids with
13 disabilities, once they get in the system, stay there
14 longer, get more deeply involved, and have a harder
15 time getting out than kids without disabilities
16 because of problems which are largely a manifestation
17 of their disability, but which are viewed as
18 compliance problems. They're in front of a judge
19 while the kid's on probation of when he's locked up.

20 MR. HUNTT: About two more minutes, Mr.
21 Block.

22 MR. BLOCK: My own experience suggests
23

1 that there are other causes that contribute this and
2 this is from the representation that I've done of a
3 number of kids. I think school failure has as much
4 to do with what's happening in the schools and their
5 failures as it does with the students. I think that,
6 and I've heard this from teachers, that school
7 personnel are discouraged from offering the fully
8 array of related and transition services that parents
9 who come in demanding things receive.

10 I think that kids, particularly students
11 with an emotional disturbance, are labeled and I've
12 heard this again from teachers and they're sort of
13 the victims of diminished expectations. I think also
14 that if one were to study this, that you would see
15 that over the last ten years probably and in response
16 to a lot of school shootings, which are obviously
17 tragic events, the number of delinquency offenses
18 which originate in schools has gone up considerably,
19 and a large percentage of these, my guess, area
20 committed by students with disabilities. So as a
21 result, more and more children with disabilities end
22 up in the system.

23

1 I know I don't have much time left. I
2 want to talk real briefly about one problem that I
3 think needs immediate attention and this is the kids
4 who are in the system. Many correctional facilities
5 are located miles from where parents live, and if one
6 of the foundations upon which IDEA is built is the
7 premise that parent involvement leads to improve
8 students' performance. There is a huge population of
9 students who do not have any parent involvement while
10 they are incarcerated because parents can't make the
11 meetings, they're not included by telephone, they're
12 not part of the decisionmaking process, and I think
13 that is a huge obstacle on top of all the others that
14 affects kids who are in the system and something that
15 needs to be addressed.

16 MR. HUNTT: Thank you.

17 MR. BLOCK: So I'm happy to entertain
18 questions.

19 MR. HUNTT: Okay. I would like to ask you
20 first of all, before kids drop out, kids with severe
21 behavioral disorders, can you tell me, I don't think
22 at any of the Committee hearings that I have been at

23

1 that the topic of discipline has come up and safety
2 issues. Can you touch on that from your perspective?

3 MR. BLOCK: Sure. It obviously is a very
4 loaded issue. And it has become increasingly loaded
5 as every principle and superintendent in the country
6 tries their hardest to make sure that their school
7 does not end up in the headlines of national papers
8 for some awful catastrophic act of violence.

9 MR. HUNTT: But certainly you'd agree
10 that, so I can interrupt your train of thought here,
11 certainly you'd agree that this was an issue even
12 prior to the more publicized shooting episodes?

13 MR. BLOCK: I think it was an issue but I
14 think the stakes have been raised and with the advent
15 of things like zero tolerance discipline policies
16 which are currently some might say fashionable, some
17 might say a necessity, I have my own views on that
18 but I don't know if they are germane. I think that
19 more and more kids are getting pushed out for fewer,
20 for less and less significant offenses. I
21 represented a number of children who have been
22 expelled for things like bringing a pick cap gun to

23

1 school, who've been expelled for things like bringing
2 tools to school that they were going to use to build
3 a fort with a student after school, for getting in
4 arguments, so I think there's this pressure to put
5 children out. One of the problems with discipline,
6 and I concede that there's certain kids who probably
7 aren't going to make it in the regular setting and
8 need different interventions, is that the schools by
9 and large are failing -- at least this is my
10 experience -- to craft alternative programs that
11 actually address the problems that gave rise to the
12 behavior. Often times school divisions will have a
13 set alternative, and you will come to the IAP
14 meeting after there's been a manifestation to
15 termination that a child's misconduct was not a
16 manifestation of his disability, and the school will
17 say, we're giving you ten hours of homebound
18 instruction. And you say, well can't we explore
19 something else, and they say well that's what we do
20 for children who get removed. Or they say, we're
21 going to send you to this alternative program which
22 in many cases turns out to be no more than a place
23

1 for kids to spend their day, and doesn't often have
2 certified special education teachers, doesn't have,
3 it maybe sticking the kid in front of a computer for
4 the rest of the day.

5 So one of the things that I would suggest,
6 and I've talked with people who know a lot more about
7 this than I do, is that attention be paid on the
8 effectiveness of alternative programs and whether
9 they are actually accomplishing what we want them to
10 which is to get the kids prepared to go back to into
11 school, and keep them safe and keep the kids around
12 them safe. I think something that's related to
13 discipline and court involvement is that many
14 children are going to court for conduct that has been
15 deemed a manifestation of their disability, so what
16 happens is they get in trouble. There's a
17 manifestation determination and the school folks say
18 this is a manifestation so you're going stay in
19 school but we're going to give you more supports and
20 services to make sure that this doesn't happen again,
21 but they file charges against the kid.

22 So the kid and the school have sort of
23

1 worked it out within the first ten days of removal
2 and then 30 days later or 45 days later, school
3 personnel are then testifying against the kid and the
4 relationship is recast as an adversarial one. And to
5 the student, and I've talked with a number of kids
6 who look at, I thought we figured this out. We
7 sorted this out. So I think there needs to be a
8 balance in there somewhere between what is effective
9 policy and in the policies that people take to keep
10 their schools.

11 MR. HUNTT: Let me ask you a yes or not.
12 Should zero tolerance policy be applied to kids with
13 disabilities in a special ed setting?

14 MR. BLOCK: No. No.

15 MR. HUNTT: And your recommendation would
16 be what, rather than applying a zero tolerance, what
17 would your recommendation be?

18 MR. BLOCK: My recommendation would be
19 that -- and this would be a recommendation that would
20 actually apply to all children, not just children
21 with disabilities but I think it's more pressing for
22 children with disabilities -- that there be no

23

1 prescribed punishment for certain behavior. That
2 every decision that's made by a superintendent or a
3 school board be an individualized one which takes
4 into account services that might address the problem
5 which takes into account the child's history, their
6 background, what's happened. Kids with disabilities,
7 because they have a manifestation determination have
8 somewhat more I guess individualized attention than
9 other children. So I think it's not as severe as it
10 is for kids without disabilities. But I think that,
11 and there's a lot of research that suggests this, but
12 I would say that this would be a great area of
13 research as we need to know more about what the
14 impact of zero tolerance is. What's happening to the
15 kids who are getting removed from school and my guess
16 is that a lot of them are this 40 percent or 50
17 percent or 60 percent who end up in the system, or
18 the 73 percent who drop out and get arrested after
19 they graduate.

20 MR. HUNTT: Very good. Thank you.

21 Ms. Takemoto?

22 MS. TAKEMOTO: Thank you very much for

23

1 coming, Andy, and your testimony is quite complete
2 about children that enter into the juvenile justice
3 system and what needs to happen once they've crossed
4 that line. I'm wondering if you could submit some
5 additional testimony for the record.

6 You verbally gave some information about
7 things that will keep children from crossing that
8 line of going into the juvenile justice system where
9 there are so many poor outcomes once they've crossed
10 that line.

11 We don't have time for that today. I
12 would also like to let me fellow Commissioners,
13 especially particularly Dr. Wright know about a guy
14 that you have written this on the American Bar
15 Association Web site related to the different
16 programs and services for all children; Medicaid,
17 SSI, different rights around that, as a wonderful
18 resource. And the one question that I would like you
19 attempt to answer, briefly though, follows up on
20 Commissioner Hunt. The manifestation determination
21 that all those processes that were added in IDEA '97,
22 we've heard from some folks don't touch that, and

23

1 we've heard from some administrators it's overly
2 cumbersome, there needs to be a better way of having
3 to go through this paperwork exercise.

4 Can you respond to those two thoughts?

5 MR. BLOCK: Sure. Did you want me to
6 respond to the prevention notion or was --

7 MS. TAKEMOTO: No, I would like that for
8 the record, please.

9 MR. BLOCK: Okay. I submitted some
10 written comments regarding the notion of prevention,
11 and just briefly I think an IEP, if it's fully
12 realized, if someone were to dream up what would be a
13 successful intervention strategy for children who are
14 likely to fail, it would be an individualized
15 educational program with effective related and
16 transition services that would teach kids to function
17 in school but also to navigate life in their
18 community. In terms of whether the manifestation
19 determination process is a good thing or a bad thing
20 or it needs to be changed, my opinion is that it is a
21 critical component of ensuring that children aren't
22 excluded from school for behavior that's related to

23

1 their disability. I think it's also forcing people
2 to come together which administrators may view as
3 cumbersome also necessitates, I think, hopefully
4 positive solutions to the problem that got the kid in
5 trouble in the first place. I mean through the
6 functional behavioral assessment and through the
7 behavior intervention plan, the schools have to do,
8 it makes them sit down and say, okay, what wasn't
9 working, and what do we need to do differently so we
10 can avoid this in the future. And I think all those
11 steps are critical and I would hate to see someone
12 who works with a lot of low income children and
13 families, I would hate to see any of that dismantled.

14 MS. TAKEMOTO: Yes, or no. Is that Part A
15 part of insuring civil rights protection for
16 students, yes or no?

17 MR. BLOCK: Yes.

18 MS. TAKEMOTO: Okay, thank you.

19 MR. HUNTT: Dr. Wright?

20 DR. WRIGHT: Thank you. Thank you so
21 much, Attorney Block, for your testimony here. I am
22 a member of the school board of the Illinois

23

1 Department of Corrections. Illinois is one of the
2 states, you know, Illinois, we're so above
3 everything. We don't put our inmates on the chain
4 gangs and stuff like that. We try to educate as many
5 as who can be educated. But I don't have a lot of
6 questions for you. I will be taking your testimony
7 back to school board meeting when we meet the end of
8 May, so much of what you and my fellow Commissioners
9 have said, all of which you've said is just so really
10 true, and what we have observed in Illinois is that -
11 - and I'm a public school person but I'm indicting us
12 -- if we in the public schools had done our jobs
13 really as we should with kids, so many of them would
14 not be incarcerated today. And indict the public
15 schools for that.

16 Also some of our kids are they're status
17 offenders, many of them have drug problems too. And
18 so that of course needs to be addressed. I wanted to
19 mention someone too, I think it was one of my
20 colleagues brought up about discipline, I think it
21 was the Chairperson, and you've mentioned it too I
22 think. A lot of the discipline problems are

1 diversity problems. You see kids are put in special
2 or put in jail or whatever because the teachers don't
3 understand some of their culture and that sort of
4 thing. But I appreciate your testimony and I will be
5 sharing it with my fellow school board members, and
6 our school board is Illinois Department of
7 Corrections School District Number 428 in the State
8 of Illinois, and I've been a member since 1993. We
9 are in essential compliance, but with the cutbacks
10 Governor Ryan, and all the governors I guess have had
11 to make cutbacks, so we don't have enough special ed
12 teachers, we don't have enough school psychologists
13 but we are in essential compliance I think. Thank
14 you.

15 MR. HUNTT: Thank you, Dr. Wright. Dr.
16 Berdine?

17 DR. BERDINE: Thank you, Mr. Chair. I
18 also want to commend you on your written testimony.
19 It's very well done, scholarly in fact. We
20 appreciate this kind of presentation.

21 MR. BLOCK: It required a couple of late
22 nights.

23

1 DR. BERDINE: Yeah, you've had some
2 assistance; don't we all. I've just, not really
3 questions. This is an area that I'm fairly sensitive
4 to. One of my faculty, Mike Nelson, does a lot of
5 work in this area and in the area of emotional
6 disturbance and juvenile justice system, and he's
7 always coming into my office and haranguing me about
8 the inequities.

9 On page four of your written testimony,
10 you make I think a fairly significant recommendation
11 to treat disproportionate confinement of children
12 with disabilities as an issue as is done with the
13 disproportionate confinement of children of color.

14 Now, it's my understanding and what I've
15 read that children who are juveniles who are
16 incarcerated tend to come from lower SES and/or
17 either an under represented minority group. So what
18 proportion would not fit that, what represents nice
19 white suburban kids?

20 MR. BLOCK: Well, I think one of the
21 things that my understanding has not been researched
22 a lot that I think should be explored further is the

23

1 sort of intersection of poverty with disability in
2 the juvenile just system, and I think people have
3 looked a lot at the incidence of kids with disability
4 who are incarcerated, but I think you're right, that
5 probably a lot of them are kids from low income
6 families, but I think it would be useful to further
7 narrow that down and look at all those variables
8 together. And I think, I mean, my guess is that
9 poverty and disability may be a greater predictor
10 than race and disability, but I haven't seen the data
11 to sort of winnow that out.

12 DR. BERDINE: Yes, I think you're right,
13 and coming from an area, I come from Kentucky where
14 we only have about a 7 point, not even quite seven
15 percent of the general population is African-
16 American. We have less than a percentage that is
17 Asian, yet we have full jails of young youthful
18 offenders. And they're mostly white and they are
19 mostly just poor.

20 And so I see it an almost unholy trinity
21 being created in the literature, disability, ethnic
22 minority and disability like there's a given. You

1 get those three and you got a bad scenario, and I
2 don't think it's supported with a lot of empirical
3 evidence. That's just my aside.

4 Another thing that caught my eye as I was
5 reading through this, on page 7, on number 4, each
6 incarcerated student with a disability should receive
7 a free appropriate public education. Does that also
8 include felons?

9 MR. BLOCK: Yes. I mean certainly under
10 current law, that is the requirement and in certain
11 ways I'm just repeating what the law says here, but
12 the specific problems I've illustrated I think are
13 problems that persist in spite of this mandate and
14 there's actually been a fair amount of research that
15 I mention in a footnote on this topic, that I would
16 refer you to but the problem of parents not being
17 able to participate. I mean it was startling to me,
18 and this is the most recent time that I've been to a
19 corrections facility. I went for an educational and
20 staffing planning meeting for a young man that I was
21 representing who'd been a special education student
22 for about ten years and I get to the meeting and he's
23

1 been incarcerated for 30 days and they had no school
2 records, and they're supposed to be making decisions
3 about him. And my guess is that that's not an
4 isolated incident, that that's fairly routine.

5 And so I think there needs to be specific
6 -- if we want those kids to do well and want them to
7 get appropriate services, we need to make sure that
8 the people know what they're talking about when
9 they're creating plans.

10 DR. BERDINE: Another words, if the
11 juvenile justice system would adhere to the current
12 IDEA provisions, there would not be that problem?

13 MR. BLOCK: At least in the transfer of
14 records although I don't know that there's enough
15 attention paid in the law and I can't sort of cite
16 you chapter and verse of the provisions in terms of
17 the transfer of information and including parents and
18 that sort of thing. And I think that may need to be
19 the subject of more attention than it's received.

20 DR. BERDINE: Yes. The difficulty for us
21 is if we were going to make a recommendation that
22 will go to the President that will have some

23

1 legislative language tied to it, we need to have some
2 specifics in terms of how you would change.

3 MR. BLOCK: Well, I think in terms of kids
4 who are incarcerated, I've proposed several things
5 which I don't think are currently covered under the
6 law, and one is that records should be transferred to
7 facilities within seven days; the second is that
8 parents should have more than just notice about an
9 IEP meeting that for kids who are incarcerated, they
10 need to participate, and whether it's through
11 teleconferencing or subsidized transportation -- a
12 lot of them are from poor families who live 100 or
13 200 miles facilities and --

14 DR. BERDINE: And with ESL needs.

15 MR. BLOCK: Yes, as well. So I think
16 that, and then the other thing in terms of the
17 discipline of students in correctional facilities and
18 isolation and lockdown and things like that, that
19 happens again at a rate higher for students with
20 disabilities than non-disabled students, and it's
21 treated, if that child were in his community and he
22 were disciplined, he could only miss ten days of
23

1 school without the provision of services. While he's
2 in a locked facility, they can do that for days at a
3 time and it's not treated the same as the student
4 who's on, as the kids say, on the outs. And so more
5 than ten days can pass without services being
6 provided and I think that's something that can be
7 clarified in the law or in the CFRs as well.

8 MR. HUNTT: Thank you. Mr. Jones?

9 MR. JONES: Well, I would differ a bit
10 about your interpretation of the ten-day rule as
11 compared to the 45-day rule for children who commit
12 more serious offenses at school. But actually I have
13 a series of questions.

14 Let me go first here to your first
15 recommendation. I actually say I'm thrown, given
16 what you do and your reaction to existing law. I can
17 recall after the signing of IDEA 97, I was approached
18 by an advocate for education of juvenile offenders
19 and those who were incarcerated as saying this is the
20 single worst piece of legislation that has passed for
21 children with these needs in recollection. And it
22 was in specific reference to the provisions that were

23

1 added to what I call the opt-out provisions that
2 effectively allow states to not serve children. And
3 while you can say arguably they must, that's true,
4 the penalty that would be enforced against them is so
5 disproportionately small that it in fact encourages
6 states not to serve children who are incarcerated.
7 Now I think that interpretation is correct. I think
8 arguably those children, by the conflicting policies
9 of this law, is a de facto encouragement to do that,
10 and yet your recommendation is to fully fund,
11 implement and enforce. And if you say implement and
12 enforce, the effect of doing so would be to more
13 robustly encourage states not to educate children
14 with disabilities who are incarcerated. So I'm kind
15 of throw by this disconnect. Could you comment on
16 that?

17 MR. BLOCK: Sure. And I think that's a
18 very good point, by the way. My understanding is
19 that I'm not aware of and maybe you're aware of
20 states that aren't educating children with
21 disabilities who are between 18 to 21 who are in
22 locked facilities. I think most states are opting to
23

1 educate them.

2 MR. JONES: California, the largest state,
3 opts to do that.

4 MR. BLOCK: Opts to?

5 MR. JONES: Not educate them, literally
6 hundreds of children. Let me put hundreds in maximum
7 security facilities, thousands in all facilities.

8 MR. BLOCK: In adult facilities?

9 MR. JONES: Yes.

10 MR. BLOCK: Well, I guess, I mean that's a
11 good point and I think that, I mean to the extent the
12 states are failing to do that, your suggestion that
13 that should be a mandate rather than an option is
14 probably a good one. I was looking at it more when I
15 made that comment from the perspective of services,
16 of trying to keep children out of the juvenile
17 justice system, and I think that the provisions in
18 regards to what ought to be included in IEP and what
19 ought to be included in behavioral intervention plans
20 and things like that, the fact that we have
21 manifestation determination reviews, I think all
22 those things, if they were used, if their potential

23

1 was maximized we would do a lot to keep a lot of kids
2 who are currently locked up out of the system. I
3 think there are things like the provision that you
4 brought up that probably are problematic, but I think
5 as a whole, the current system has the potential to
6 do a lot for a lot of the children that it currently
7 isn't serving very well.

8 MR. JONES: Well, let me do one
9 clarification, and then I'm going to ask you to
10 respond to some questions for the record because we
11 are out of time. Let me make clear, I don't take a
12 position on the propriety of those as Executive
13 Director and a member of the Administration, at this
14 point, it's not appropriate for me to take a position
15 either way. It's the President's option, and I
16 won't.

17 MR. HUNTT: Disclaimer is noted.

18 MR. JONES: Thank you. The other three,
19 I'd like you to respond to three issues for the
20 record, for the written record. One is on the parent
21 participation piece. I wonder if you could even give
22 us a ball park cost. You know, I think about the

23

1 prospects of shipping parents from Los Angeles to
2 Pelican Bay in California or across Texas or even
3 Montana, of moving parents to IEP meetings at
4 juvenile facilities and whether there may be a
5 conflict with penealogical security interests by
6 transferring them to other facilities.

7 Second, your recommendation on page 7, so
8 I'd like you to comment on maybe a broad estimate of
9 cost if you could.

10 MR. HUNTT: I would like to do this as an
11 open record if you could give him the questions, and
12 then, Mr. Block, if you will respond at a later date.

13 MR. JONES: Yes, that's exactly what I was
14 suggesting. The other on page 6, you have a
15 suggestion that transition services should be a
16 requirement for every child as young as 12 and
17 younger if they're involved in the juvenile just
18 system. I won't try and couch your reason for doing
19 so other than what you have here, but if you could
20 respond to the concern that may be raised by some
21 about the possibility of tracking occurring, that
22 would it or would it not raise the risk of lowering

23

1 expectations for some children in fact by suggesting
2 the look at employment at 12 or 10 that it might
3 possibly track some children who are historically put
4 into lower tracks to in fact have that done to them
5 by starting earlier.

6 And lastly I would like you response to
7 the issue of why you think it's necessary to provide
8 special ed services for children who are
9 incarcerated, and let's use a round number, who are
10 going to be incarcerated for more than 20 years or 30
11 years, and I'm not saying 30-year sentences, I'm
12 saying incarcerated for that length of time, for them
13 to be provided for special ed services for the 2, 3,
14 4, or 5 years that they may be behind bars under age
15 21 in 21-year-old states.

16 If you could respond to those for the
17 record, I would greatly appreciate it.

18 MR. HUNTT: In addition to that, I'd like
19 to ask for your recommendations on keeping kids in
20 the school in the first place. Alternative ways of
21 educating based on the zero tolerance issue, Mr.
22 Block. I would like specific recommendations on how
23

1 to prevent kids from dropping out and going into
2 incarceration here.

3 MR. BLOCK: When is the record closed in
4 terms of how long do I have to provide these written
5 responses to you?

6 MR. HUNTT: I would say within a week.

7 MR. BLOCK: A week.

8 MR. HUNTT: Yes.

9 MR. BLOCK: My wife is not going to be
10 happy out this.

11 MR. HUNTT: Thank you for your time, I
12 appreciate it, and I appreciate your commitment to
13 kids with disabilities.

14 MR. BLOCK: Thank you all very much and I
15 appreciate all of your commitment as well.

16 MR. HUNTT: Thank you. At this point,
17 we're going to start our public testimony. I
18 appreciate you all sticking around and waiting for
19 this time period. We did have a microphone which has
20 subsequently been removed. Do we have it? Okay, we
21 do have it. We are asking that people limit their
22 comments to three minutes. And we're also asking

23

1 that you limit your discussion to transition issues.

2 At this point in time, I'd like to ask
3 Donna Martinez. Tracy is our timekeeper today and
4 Tracy will be giving up time cards. We ask that you
5 respect others that are after you and stick to the
6 time limit. Tracy do you have a bell today? Okay.

7 MS. MARTINEZ: Thank you, Commissioners
8 and good afternoon. Thank you for allowing me to
9 speak to you today. I am Donna Martinez, a parent of
10 a young man with Downs syndrome whose age is 16. He
11 has been included in his home school his entire
12 educational career. I hold a Master's in Special
13 Education and have been a teacher in two states for
14 students with severe, moderate and mild disabilities
15 for the past 13 years.

16 I might also add that I'm one of the
17 squeaky wheels of those parents. I'm active on a
18 variety of other boards that address the needs of
19 people with disabilities as well. I speak to you
20 today of my concerns about the transition process my
21 son and other young adults face under IDEA. I
22 approach you today with the full and complete
23

1 expectation that your Commission will ensure
2 transition services for our children to remain
3 multifaceted and outcomes oriented with services that
4 will proceed through coordinated process leading to a
5 post-secondary school and work opportunities.

6 Ideally transition is the provision of
7 uninterrupted services that flow across the stages of
8 the student's educational career. It is a continuing
9 process, not a single event. It's goal is to prepare
10 the student for continuing educational challenges and
11 ultimately employment. In so doing, it must continue
12 to follow the precepts and mandates of least
13 restrictive environment, and free appropriate public
14 education. No longer can these mandates be allowed
15 with wither away, forgotten and ignored, once the
16 student enters high school and post-secondary level.

17 No longer can we expect to have young
18 adults, as my son, leave behind his inclusive
19 neighborhood environment for sheltered workshop
20 programs whose only outcome is warehousing of the
21 disabled, sometimes know cynically as day wasting
22 programs.

1 IDEA must continue to ensure that the main
2 player in this orchestration or better said perhaps
3 the conductor be the student himself. The outcomes
4 must be based upon the needs of this young adult,
5 taking into account his preferences and interests.
6 He must have the skills to advocate for his rights.
7 He must be taught the skills that will allow for
8 self-determination and informed consent. He must be
9 provided the opportunity for supported employment,
10 training and continued academic learning on the
11 college campus alongside his neighbors and non-
12 disabled peers.

13 And while it is my son who holds lead
14 chair at the meetings, it is equally important that
15 we as his parents continue to have a meaningful part
16 within the development of his later IEPs and
17 individual transition plans. This is necessary to
18 ensure informed consent as provided and to assist the
19 coordination of the other agencies who will now be
20 brought in as he gets ready to leave the school
21 services.

22 I would also like to offer information on
23

1 the community imperative based on the discussion
2 today, talking about what self-determination is. I
3 am a member of the National Coalition on Self-
4 Determination and I believe this needs to be
5 addressed within your discussion so that you know
6 what we're aiming for; community living.

7 MR. HUNTT: Thank you. Troy right here on
8 the end? Thank you for your testimony.

9 Adrienne Raynor. After Adrienne, we have
10 Michele Ward.

11 MS. RAYNOR: I have a short testimony of
12 mine and then I have one my son wrote. My husband
13 was bringing him but I think they've been delayed, so
14 I'll start with mine. In a perfect world, my son,
15 Justin, an 18-year-old high school senior, would have
16 unlimited options just like his peers when he
17 graduates from high school. Justin suffers the
18 presence of neurofibromatosis, a genetic illness
19 which has caused significant learning disabilities.
20 He has received special education services since he
21 was two years old. Since 7th grade, his education
22 has offered little challenge and no expectations.

1 Consequently they may not have fully prepared Justin
2 for what's next.

3 From my perception, my son is being left
4 behind and I'm afraid for his future. My husband and
5 I wish our son could follow his desires and attend
6 the university and graduate. We wish he could go off
7 and learn, grow, and explore a new world of
8 opportunities. We wish he could live a life equal to
9 his peers. He never has but that doesn't mean he
10 never will.

11 Justin will be graduating. We haven't a
12 clue what is next for him. He wants to go to a four-
13 year university but cannot due to his disabilities.
14 At this time, he does not have the ability to succeed
15 in a typical college classroom on his own. He can
16 try a community college although this is not what he
17 wants, and if he does not pass the placement exams,
18 that will not even be an option.

19 We are aware of programs of the Department
20 of Rehab Services but at this time we do not believe
21 this is the best place or option for Justin. We
22 believe he has more potential, yet we feel he doesn't

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1 have any changes to meet his potential. At a minimum
2 I would like schools to be required to coordinate a
3 focus group to meet at the beginning of the senior
4 year for all special ed students. Specialists and
5 individuals that know the student well would attend
6 to discuss the options the student should consider
7 and explore.

8 If Justin had received this type of
9 direction, perhaps we would not be facing uncertainty
10 for his future. I believe that it is time our
11 community created an environment where all people
12 matter.

13 And I'll read Justin's testimony now. I
14 have experienced many disappointments as a learning
15 disabled student. One disappointment was not having
16 any friends since 6th grade. Throughout high school
17 I have not been invited to a party or to a movie or
18 to hang out with my peers. They all talk to me in
19 school and they are nice to me.

20 Other disappointments I face is when my
21 teachers have told me I don't have the ability and
22 when I ask for my accommodations, they get mad. I am
23

1 graduating in June. I am excited but I'm also facing
2 another discouragement because I can't go to college
3 because I have significant learning disabilities. It
4 frustrates me when I hear other seniors talking about
5 where they are going to college. I want to go to
6 college too. I want to go away to a university and
7 study sports management. I want to be a team manager
8 because I love sports.

9 I think I am being discriminated against
10 because I am not being provided an equal opportunity
11 to higher education. It is not my fault that I can't
12 get into a school. I think all public universities
13 that receive state funds should be required to create
14 special programs for students with significant
15 learning disabilities. The Americans With
16 Disabilities Act findings and purpose state
17 historically society has tended to isolate and
18 segregate individuals with disabilities and despite
19 some improvements such forms of discrimination
20 against individuals with disabilities continue to be
21 a serious and pervasive social problem. I agree with
22 this because I think I am being isolated because I

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1 can't attend a university.

2 Some of the laws for individuals with a
3 disability say that all people with a disability
4 should have equal access to education. I do not
5 believe I am being granted equal access. If I was in
6 a wheelchair, a university would have to provide a
7 way for me to get to a classroom. But since I have
8 lots of learning problems, they don't have to do much
9 to help me. I just want an equal opportunity to go
10 to college and learn and graduate. I want to be
11 involved in my school and join organizations and
12 maybe a fraternity. I do not want to go to a
13 rehabilitation center program. I hope you can do
14 something to help me and all the others like me.

15 And I've added this quote: We should not
16 forget what Thomas Jefferson said. To unequal
17 privileges among members of the same society, the
18 spirit of our nation is with one accord adverse.

19 And some of the pieces in here were from a
20 bill that Justin put together for a government class
21 that we've given to one Senator on Capitol Hill and
22 we plan to try and give it to some others, and I have

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1 copies of that if anyone's interested.

2 MR. HUNTT: Thank you, thank you for your
3 testimony. Michele Ward?

4 MS. WARD: Good afternoon. I appreciate
5 this opportunity to say a few things. I'll preface m
6 comments with I did pull down a couple of speeches
7 for members of the Commission from previous meetings
8 and I noted that a couple of them had a caveat on the
9 top saying "speaker frequently deviates from prepared
10 text" which is the main reason that I don't have
11 anything written for you because I never adhere to a
12 prepared text anyway, to it really is a moot point.

13 Ms. Martinez did make a comment that I
14 found very, very compelling. She mentioned that
15 transition is not an event, but it's a process, and I
16 guess the focus basically of this particular task
17 force has been on the transition for children with
18 special needs from secondary education and beyond.

19 I'm the mother of a child who is five
20 years old. She was hospitalized for the first three
21 years of her life. We have been through many
22 transitions with her. The first transition in our

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1 case was bringing her home very, very medically
2 fragile child. At the age of three, she could not
3 sit up on her own, she could not crawl. We were told
4 that she was neurologically devastated and basically
5 from the get go we'd be best served by giving her a
6 do not resuscitate order. We chose not to do that.
7 She came home to a houseful of six, quote unquote,
8 typical -- whatever that means -- siblings and the
9 past two years and six months that we've actually had
10 her home with us she is now walking, she's talking,
11 she transitioned from homebound services when we
12 initially brought her home, and that was quite a
13 transition, and because she's medically fragile,
14 adjustment process for those therapists that were
15 working with her, then finally in October, we felt
16 she was ready for a school-bound program so she is in
17 a pre-kindergarten program and after some degree of
18 fighting with the school system to give her the least
19 restrictive environment, she will be attending
20 kindergarten along with her twin sister, separate
21 classrooms, next fall.

22 Transition is a process and I think that

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1 some of the difficulties that the parents have
2 related dealing with their children who are now 16 or
3 18 at the other end of the spectrum, perhaps if
4 people had been dealing with transitions right the
5 way along, it wouldn't be that big a leap. So I
6 bring to you myself, representative of my daughter,
7 with a whole new spectrum of child medically fragile
8 hitting the school system, teachers resistant to
9 having a medically fragile child in their classroom
10 and transitioning the school to sort of adapt to us,
11 and I am also, as one of the parents mentioned, one
12 of those squeaky wheels and that is one of the
13 precise reasons that she will be in regular
14 kindergarten. She may not be successful the first go
15 around but her development has been phenomenal
16 because she has been thrown in with six typically
17 developing peers. I hear the beep. If anyone has
18 any questions, as I said I don't offer anything to
19 you in writing at this juncture, but we're on the
20 other end of the spectrum, the beginning, and we'd
21 like to work toward a nice transition later on.
22 Thank you.

1 MR. HUNTT: Thank you, Michele. And I'm
2 sure none of the members of this task force ever
3 deviated from the topic. Thank you. Ellen
4 Rickerson?

5 MS. RICKERSON: (Remarks unintelligible.)

6 MS. RICKERSON: Good afternoon. My name
7 is Marge Rickerson. I'm Ellen Rickerson's mom.
8 Ellen ended up saying that she went to a group home
9 on Sunday where all of the residents, even of the,
10 all except one, stay home all day and do nothing.
11 That better not be me.

12 Ellen is 22 years old. She has gone
13 through school and is ready to leave in June. There
14 are a group of young people like this who have
15 nothing out there for them. Ellen explained four
16 types of transition that she went through in public
17 school, all of which she claims were a big waste of
18 time. She was asked to go to a nursing home and
19 deliver water with an aid to what end? She was asked
20 to go to OTP and she spent, that's office training
21 procedures, and she spent a whole year typing labels
22 and she said I can't do this by myself, my hands

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1 don't work. Why do they have me doing this.

2 We tried in the middle of the year to get
3 her out of it and the answer was then go to due
4 process. January to June, what is that going to do
5 for Ellen. The next time she was asked to go to a
6 hospital to deliver magazines. Before she did that,
7 she said to me, mom, is this stupid. I said why?
8 She said because of my hands. She was given a
9 courier job to do in the high school which is
10 something she can do, but there's a blank wall.
11 Where is she going to do a courier's service? No
12 attempt was made to see if there were any
13 organizations that could use a courier.

14 What I'm trying to say is transition
15 doesn't work for some students. We're not the only
16 ones. Six of the seven people in the group home are
17 similar to Ellen, sitting home all day. There are
18 some people who don't fit into the process. We are
19 trying to get a day program started, a group of
20 parents. We need help. These young people need
21 help. They don't fit into the plans that the school
22 systems and the transition are offering. Please help

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1 these people who say please don't let that be me.

2 MR. HUNTT: Thank you, Ms. Rickerson.

3 I want to thank all of you for your public
4 comment. This ends the list of folks that we had
5 signed up. I also want to say for the record I
6 appreciate my fellow Commissioners for going up and
7 above the call of duty to be part of the task force.
8 Very fortunate to have all of you and your insights
9 and your expertise.

10 I also want to thank the Staff for their
11 excellent accommodations, for doing all the extra
12 work they had to do to accommodate this task force.
13 Thank you, all of you. At this time, we are
14 officially adjourned.

15 (Whereupon, at 4:15 p.m., the task force
16 was officially adjourned.)