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

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FOURTH MEETING

Capital Hilton  
1001 Sixteenth Street, N.W.  
Washington, D.C.

Friday, May 31, 2002  
\*\*\* a.m.

The meeting was held pursuant to notice, on  
Thursday, May 30, 2002, at \*\*\*a.m., Terry Branstad,  
presiding.

## 1           ATTENDEES:

2           TERRY BRANSTAD, Chairman

3           PAULA BUTTERFIELD

4           DAVID GORDON

5           C. TODD JONES

6           JAY CHAMBERS

7           C. REID LYON

8           DOUGLAS GILL

9           WADE HORN

10          DOUGLAS HUNTT

11          THOMAS FLEMING

12          BETH ANN BRYAN

13          FLOYD FLAKE

14          ED SONTAG

15          ADELA ACOSTA

16          STEVE BARTLETT

17          BOB PASTERNAK

18          CHERIE TAKEMOTO

19          WILLIAM BERDINE

20          ALAN COULTER

21          KATIE WRIGHT

22

-- continued --

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1           ATTENDEES (CONTINUED):

2           JACK FLETCHER

3           BRYAN HASSEL

4           MICHAEL RIVAS

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## 1 P R O C E E D I N G S

2 (9:05 a.m.)

3 CHAIRMAN BRANSTAD: (Presiding) Take your  
4 seats, please. We're going to begin today's meeting.  
5 May I have your attention please? Good morning and  
6 welcome to this second day of this two-day meeting of  
7 the Presidential Commission on Excellence in Special  
8 Education. I'm Terry Branstad. I'm really pleased  
9 to welcome you, either welcome you if this is the  
10 first day you're here, or welcome you back if you  
11 were here yesterday.

12 We're going to continue to hear from the  
13 task forces that have been meeting, and our first  
14 task force that's going to make a presentation today  
15 is on assessment and identification. The Chairman of  
16 that task force is Jack Fletcher. I'm pleased to  
17 recognize Jack Fletcher.

18 DR. FLETCHER: Thank you, Chairman  
19 Branstad. The Assessment and Identification Task  
20 Force held a number of meetings. We heard testimony  
21 in New York City. I'm forgetting that because it was  
22 so hot that day for those of you who were with us.

1           We also had testimony about assessment and  
2           identification issues in virtually every hearing that  
3           was held, because it's an issue that pervades all  
4           aspects of IDEA. The task force also met on several  
5           occasions, including a meeting in New York as well as  
6           several conference calls to work on drafts of our  
7           report.

8           We have essentially four recommendations  
9           for the Commission. The first, which will come as no  
10          surprise to anyone, is a need to emphasize early  
11          identification and intervention methods. Our task  
12          force recommends that research-based early  
13          identification and intervention programs be  
14          introduced to better serve children with learning and  
15          behavioral difficulties at an early age. Consistent  
16          with several consensus reports released over the past  
17          year, we believe that we have the technology for  
18          early screening of all children, that these types of  
19          methods need to be introduced, and they need to be  
20          introduced as part of a comprehensive system that's  
21          designed to present disabilities as opposed to  
22          waiting to provide services when children actually

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1 fail.

2           The task force mantra was actually  
3 introduced by Commissioner Bartlett, which was  
4 Services First, Assessment Later. And the overall  
5 goal of all of our recommendations is to introduce  
6 services to children at the earliest possible time  
7 and to make any sort of assessment and identification  
8 method oriented towards the provision of services as  
9 opposed to assessment for assessment's sake.

10           In line with that, our second  
11 recommendation was to simplify wherever possible the  
12 identification process, particularly for what we call  
13 high incidence disabilities. High incidence  
14 disabilities are those that are usually identified on  
15 the basis of psychometric assessments or clinical  
16 judgments where there are not, in contrast to the low  
17 incidence disabilities, physical or health  
18 characteristics that can be identified by a physician  
19 and would result in identification.

20           We note that 90 percent of all kids served  
21 through IDEA are served through the high incidence  
22 category, such as learning disabilities, speech and  
23

1 language impairment, mild mental retardation,  
2 emotional and behavioral disturbance and  
3 developmental delay. But the Commission was very  
4 concerned, our task force is very concerned about the  
5 emphasis on decontextualized assessments for these  
6 children. We found in general that much of the  
7 assessment that was done was not related to  
8 intervention, was consistent with a wait-to-fail  
9 model, resulted in delays in getting services to  
10 children, and in many instances were not lined up  
11 with what we know with research.

12           The task force is particularly concerned  
13 about the continuation of the IQ Discrepancy Model  
14 for children with learning disabilities where we had  
15 no experts who testified according to the validity of  
16 that particular model, and we also noted three recent  
17 consensus reports, including the NRC report on  
18 minority representation and the LD Sonic consensus  
19 report, all of which recommend abandonment of the IQ  
20 Discrepancy Model and recommended in general that the  
21 use of IQ tests for identification purposes be  
22 minimized to those where the use of this type of  
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1 measure is essential.

2 We noted that the identification process  
3 often seemed like an arbitrary search to place  
4 children in arbitrary categories where IDEA  
5 appropriately indicates that the category may not be  
6 related to intervention because the purpose of an  
7 individual educational plan is to provide for  
8 children according to need, which transcends across  
9 categories.

10 A lot of the difficulties that people have  
11 with high incidence disabilities is that they are  
12 fundamental dimensional. It is not true in the task  
13 force, and I think it's fair to say the Commission  
14 did not hear testimony indicating that these  
15 disorders were not real, that they did not exist,  
16 that they were not disabling in the context of  
17 school; that children with high incidence  
18 disabilities did not require special education  
19 services. The problem is that they are in a  
20 dimension and the model is more like obesity or  
21 hypertension than measles or mumps. But we generally  
22 recommended a much simpler approach to

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1 identification, a focus on what children need as  
2 opposed to what category they belong to.

3 Associated with this particular  
4 recommendation, and you can see that our first three  
5 recommendations go hand-in-hand - they're not  
6 interchangeable -- is the need to incorporate  
7 response to intervention into the identification  
8 process. The task force was very interested in what  
9 were described as three-tier models for intervention  
10 where we recognize primary or classroom-level  
11 interventions, secondary pull-out interventions that  
12 might represent, for example, supplemental small  
13 group instruction, and then tertiary levels of  
14 intervention.

15 Our task force feels that special  
16 education should be thought of largely as a tertiary-  
17 level intervention with the exception of service that  
18 could be supported by special education that would  
19 prevent disabilities and that would be consistent  
20 with our interest in shifting special education more  
21 towards a prevention as opposed to a failure model.

22 We heard testimony indicating that models,  
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1 that different models for operationalizing response  
2 to intervention are widely implemented in both the  
3 learning and the behavioral area; that when they're  
4 implemented, they do not result in children losing  
5 eligibility. We're not interested in decertify  
6 eligibility for children, but we are very interested  
7 in trying to introduce methods that would prevent  
8 disability and also reserve special education  
9 services for those who do not respond to good,  
10 scientifically based, evidence based interventions.

11           So we're talking about a model for  
12 identification that focuses on attractability. The  
13 child does not make adequate progress to function in  
14 a regular classroom, and that documentation is  
15 something that the child carries with them, that all  
16 children carry with them as part of the  
17 identification process.

18           The final recommendation was to invoke the  
19 principle of universal design. Our task force is  
20 very concerned that children with disabilities are  
21 still commonly excluded from accountability  
22 assessments. One reason they're often excluded is

1 because the tests that measures themselves had not  
2 been designed in a way that make meaningful  
3 accommodations for children, and we recommended that  
4 as part of No Child Left Behind that any measure used  
5 for accountability, including state-level tests, the  
6 National Assessment of Educational Progress, be  
7 designed according to the principle of universal  
8 design so that the accommodations and modifications  
9 that are needed are incorporated into the validation  
10 of the test.

11 Mr. Chair, we had other recommendations in  
12 our report, and we also talked extensively about  
13 certain issues such as the issue of minority  
14 disrepresentation, which we feel that these  
15 recommendations will address pretty substantially,  
16 particularly by reducing the reliance on teacher  
17 referral for identification purposes and in line with  
18 the recent NRC report. But this is the substance of  
19 our recommendations, and our task force would be glad  
20 to take questions.

21 CHAIRMAN BRANSTAD: Thank you very much.  
22 Our first question is from Reid Lyon.

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1 DR. LYON: Thank you very much,  
2 Commissioner Fletcher, for the outstanding work, the  
3 outstanding report. The recommendations that you're  
4 making in terms of early identification and  
5 prevention make a great deal of sense. In a way, is  
6 that related to the fact that we see the major influx  
7 of kids identified as LD in the 11 to 17 age range?  
8 And how can what you're proposing make sure that  
9 those youngsters are not only seen earlier but  
10 hopefully tell us which kids we need to focus on with  
11 intensity who have intractable difficulties?

12 DR. FLETCHER: Well, as you know, the  
13 largest increase in the learning disability category  
14 is in children in the 12 to 17 year age range over  
15 the past year, and we feel like this is a consequence  
16 of identification and assessment procedures that  
17 force identification to later ages.

18 We also know that remedial approaches in  
19 which intervention is provided after the child has  
20 failed are demonstrably ineffective and typically  
21 don't achieve gains that are pervasive across, for  
22 example, different academic or behavioral domains.

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1           We contrast that with the results of  
2 prevention models where the number of children who do  
3 not improve significantly and pervasively in academic  
4 and behavioral outcomes is reduced significantly, in  
5 some studies from 20 percent of the school age  
6 population to a figure that's below 2 percent.

7           We believe that with the introduction of  
8 prevention models that we will be able to reduce the  
9 number of children who have what we might describe as  
10 intractable disabilities and simultaneously -- and  
11 this is very important -- provide more intensive  
12 tertiary level interventions that special education  
13 is not presently able to provide to these children.

14           So it's a two part goal, both to ensure  
15 that children who go into special education are not  
16 instructional casualties, which we think that many  
17 are, but also to allow us to provide more intense  
18 services to those who do need special education  
19 services so that it meets its goal, which is more  
20 intensity, a relentless approach to intervention and  
21 long-term support of the child who needs the  
22 protection of special education.

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1 DR. LYON: I think the overwhelming  
2 testimony we heard on the validity of the use of  
3 discrepancy models is pretty compelling. At the same  
4 time, I think it falls into one of those categories  
5 of a process that's been in use that many people are  
6 familiar with and can do very well, despite the fact  
7 that it does not good or even possibly harms  
8 children.

9 I think one of the things -- well,  
10 clearly, I think the community has been hearing that  
11 if we replace a discrepancy model with what the task  
12 force is proposing, then in fact we are attempting to  
13 move children out of special ed or minimize the  
14 availability of special education for youngsters with  
15 learning disabilities. I don't know if you've  
16 confronted that, but clearly, I have. I don't see in  
17 any way that's the case. I'd just like your thinking  
18 on it.

19 DR. FLETCHER: We have whole states like  
20 Iowa that have implemented this type of model. And  
21 if you look at the new report and you estimate the  
22 prevalence of number of children identified in the  
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1 learning disability category in Iowa, there's  
2 actually been no change. What has changed is the  
3 type of child who's been served, but there's been no  
4 reduction in the number of children who were  
5 identified.

6 Now I believe that there could be a  
7 reduction if we really had universal early  
8 intervention models such as those that are outlined  
9 in No Child Left Behind. But certainly this type of  
10 model has not resulted in a reduction of the number  
11 of kids that are identified in this category in Iowa.

12 DR. LYON: And as we get ready for  
13 testimony next week and we're reviewing the data on  
14 the effectiveness of special education for children  
15 with learning disabilities, and in particular reading  
16 disabilities, is it your thinking that the assessment  
17 and identification model will actually -- obviously  
18 you're saying that -- but the data are telling us  
19 that we're seeing less than a third of a standard  
20 deviation improvement in reading and also in  
21 mathematics as a function of special education  
22 placement under the present process.

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1           DR. FLETCHER:  It's actually worse than  
2   that.  It's a negligible sort of effect in most of  
3   the studies that evaluate children as they are served  
4   in schools.  And those of us who have actually done  
5   studies where we try and model school-based service  
6   delivery programs have obtained fairly dismal  
7   results, even with the use of extensive professional  
8   development.  A lot of that, we feel, is a failure of  
9   the service model itself.  You cannot provide  
10  effective interventions to children with learning  
11  disabilities when the class sizes range from 8 to 12.  
12  You need instructional groups on the order of 3 to 5.  
13  And as long as we provide services in large groups  
14  where children often read less when they're pulled  
15  into their instructional program, and where special  
16  education teachers are frequently filling out forms  
17  for IEP instead of providing direct service, we're  
18  going to have these types of problems.

19           We think that the whole process should be  
20  simplified.

21           DR. LYON:  So one last question.  With the  
22  overwhelming evidence, scientific convergence of

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1 evidence on the invalidity of discrepancy and on the  
2 harm that later identification places on children and  
3 on the system, why would anybody want to maintain an  
4 IQ achievement discrepancy wait-to-fail model when in  
5 fact there's prima facie evidence that that harms  
6 children in the long run? What in the world are  
7 people thinking when they want to maintain that  
8 particular model.

9 DR. FLETCHER: I don't actually know.

10 (Laughter.)

11 DR. FLETCHER: But I certainly appreciate  
12 your testimony.

13 CHAIRMAN BRANSTAD: Thomas Fleming.

14 DR. FLEMING: I didn't have a question.

15 CHAIRMAN BRANSTAD: You didn't have a  
16 question? Okay. Wade Horn has a request here.

17 DR. HORN: I want to commend you and your  
18 task force for your work in this area. Twenty-five  
19 years ago, I did my dissertation on this very topic  
20 of the use of discrepancy model. Had a wonderfully  
21 sexy title of "The Early Identification of Learning  
22 Disabilities Using Multiple Progression Analysis and

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1 the Discrepancy Model". And basically the conclusion  
2 25 years ago that I drew from that work is that that  
3 model just doesn't make a whole lot of sense.

4 I would like just to add my encouragement  
5 to this Commission to use this as an opportunity to  
6 drive a stake through the heart of this overreliance  
7 on the discrepancy model for determining the kinds of  
8 children that need services. It doesn't make any  
9 sense to me. I've wondered for 25 years why it is  
10 that we continue to use it and over-rely on it as a  
11 way of determining what children are eligible for  
12 services in special education.

13 So I just wanted to add the comment and my  
14 full support to the work and the recommendations as  
15 I've heard them today from your task force, and I  
16 think you for your work.

17 DR. FLETCHER: Thank you.

18 CHAIRMAN BRANSTAD: Bob Pasternack.

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

20 It's been a privilege to serve on this Commission and  
21 no more so than with Dr. Fletcher on his task force.  
22 But one of the things that I continue to hear from  
23

1 parents is that they believe that IQ testing helps  
2 them prove that their kids are smart.

3           And I'm curious, since clearly, the  
4 scientific data that we reviewed and the testimony in  
5 its entirety -- I believe that we did not have one  
6 person who testified in front of this Commission, nor  
7 have we looked at any study, any data that supports  
8 the continued use of IQ testing in the identification  
9 of students with learning disabilities nor students  
10 with speech and language impairments and perhaps  
11 other categories as well. But I'm curious about how  
12 you can help me and those of us on the Commission  
13 respond to that notion or that feeling that parents  
14 have that IQ tests help them, particular parents of  
15 kids with learning disabilities who know that their  
16 kids are smart but yet fail to learn how to read or  
17 fail to learn how to write or fail to learn how to do  
18 math, those kinds of issues that you are so familiar  
19 with. I wonder if you could just speak to that for  
20 just a second.

21           DR. FLETCHER: When I work with parents, I  
22 explain to them that the only reason I give IQ tests

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1 to begin with -- and I am an assessment professional  
2 -- is to try and facilitate the provision of services  
3 because of obsolete special education referrals.

4 I also explain to them that IQ tests do  
5 not measure aptitude for learning, but are really  
6 measures of past accomplishments, and that all  
7 children are smart, and that all children can learn,  
8 and that in essence I think we've been brainwashed in  
9 our society to look at IQ tests as some sort of magic  
10 number that indicate aptitude for learning, which  
11 they are not. And you can look very clearly at  
12 people who develop IQ tests who also complain about  
13 this orientation towards the use of IQ tests in our  
14 society.

15 I think personally, IQ tests are fine for  
16 what they do as measures of past accomplishment. But  
17 in the learning disability area, if you want to  
18 measure past accomplishment, what you should do is  
19 measure it directly and give achievement tests, for  
20 example, and children benefit far more from a broad-  
21 based assessment of achievement, to make sure that we  
22 measure all these different domains, than they do

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1 from provision of a truly arbitrary number like that  
2 from an IQ test.

3 But the bottom line is that all children  
4 can learn, and our goal is to maximize learning  
5 potential, and IQ tests do not help us do that.

6 DR. PASTERNAK: Thank you. Just a couple  
7 of quick questions, because this is, as the  
8 Commission well knows, half of the kids in special  
9 education are in this one category, so this  
10 particular category is one that deserves the kind of  
11 attention that we've paid to it.

12 Because there is so much concern and fear  
13 out there in the community of particularly parents of  
14 kids with learning disabilities, I want to just run  
15 through a couple of quick things, Dr. Fletcher. One  
16 is, we do recognize that learning disabilities are  
17 real. That's correct. We have narrow imaging data,  
18 genetic data, et cetera, that document the existence  
19 of learning disabilities.

20 DR. FLETCHER: Yes. There's absolutely no  
21 dispute about that whatsoever. Dr. Lyon's branch has  
22 supported a great deal of that research.

23

1           I think what's important to understand is  
2   that any disability that a person has reflects both  
3   social and biological realities. And the way we're  
4   beginning to understand disabilities in general,  
5   particularly learning disabilities, is that they are  
6   an interplay of biological and environmental  
7   variables, and that some are preventable if we  
8   maximize the environmental side.

9           DR. PASTERNAK: One of the most  
10   compelling pieces of testimony that we reviewed was  
11   the incredible heterogeneity in the population of  
12   kids that are currently identified as learning  
13   disabled, including some kids who really are mentally  
14   retarded but who are misidentified as kids with  
15   learning disabilities.

16           As we move ahead and try to implement the  
17   fine recommendations that your task force has  
18   developed, would we hold harmless those students who  
19   are currently identified as learning disabled so that  
20   we would deal with this erroneous perception that  
21   what the Commission is about is really trying to kick  
22   kids out of special education?

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1 DR. FLETCHER: Absolutely.

2 DR. PASTERNAK: Thank you.

3 DR. FLETCHER: There's no need to punish  
4 the child for a system that's at fault.

5 DR. PASTERNAK: Thank you, Mr. Chairman,  
6 Dr. Fletcher.

7 CHAIRMAN BRANSTAD: Dr. Fletcher, you  
8 mentioned that the state of Iowa has basically  
9 abandoned these IQ tests and this discrepancy model.  
10 And I guess I just wanted to comment that I've had  
11 the opportunity to speak to a lot of parents of  
12 special education children and people that are  
13 involved in teaching in the special education field,  
14 and I've shared with them that there is some fear out  
15 there in other parts of the country about that the  
16 Commission was at least looking at making this kind  
17 of a significant change, and they indicated to me  
18 that the experience they've had has been very  
19 positive, that resources that used to be wasted on  
20 this testing are now being used to actually help  
21 children, and indicated their willingness to share  
22 this example or the experience that they've had over

23

1 the last five years in the state of Iowa.

2 So I wanted to share that information with  
3 you, and I wanted to commend the task force for your  
4 work in this area.

5 DR. FLETCHER: Thank you, Mr. Chair. As  
6 I've said repeatedly, I'm a neuropsychologist who's  
7 an assessment professional. I give tests for a  
8 living. I am willing to be put out of business  
9 happily.

10 CHAIRMAN BRANSTAD: Well, that's unusual,  
11 but we appreciate it.

12 (Laughter.)

13 CHAIRMAN BRANSTAD: Cherie Takemoto, and  
14 then Katie. Cherie?

15 MS. TAKEMOTO: I am very pleased with the  
16 work of your task force and we've paid a lot of  
17 attention to reading here.

18 We also heard a lot of testimony about  
19 behavior, behavioral issues, and all the other stuff.  
20 In many case it's occurred to me that an antecedent  
21 to behavior issues is often inability to read,  
22 correct?

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1 DR. FLETCHER: Yes.

2 MS. TAKEMOTO: And I just want to  
3 highlight that I think it's also important that your  
4 task force is looking not only at early intervention  
5 for reading but also early intervention for behavior.  
6 And you spoke a little bit about school models that  
7 we found evidence about. Can you tell us more about  
8 that?

9 DR. FLETCHER: This is research that was  
10 funded largely by the Office of Special Education  
11 Programs and is a very successful program. These  
12 are, for example, positive discipline programs that  
13 are classroom-level interventions and I believe are  
14 in thousands of schools at this point across our  
15 country. And the results of these interventions are  
16 extremely positive.

17 There is other research that I find  
18 particularly compelling. These are actually large  
19 scale, randomized trials funded I believe by NIMH.  
20 And these are compelling, because even though the  
21 people doing them are oriented towards the prevention  
22 of behavior difficulties in children, what they found

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1 was that first grade programs that enhanced reading  
2 instruction were also associated with long-range  
3 reductions in both internalizing and externalizing  
4 disorders in children that persisted into middle  
5 childhood, so that children who enhanced their  
6 reading instruction in the first grade also showed  
7 lower rates of behavioral difficulties in populations  
8 that were at risk for behavior difficulties to begin  
9 with.

10 CHAIRMAN BRANSTAD: Katie Wright.

11 DR. WRIGHT: Good morning. Dr. Fletcher's  
12 work certainly needs no validation, but I just want  
13 to say it's been a joy to work with Dr. Fletcher on  
14 this task force.

15 I asked specifically to work on this  
16 particular task force because of the  
17 overrepresentation of minorities, but I'm going to  
18 say particularly of black kids, of African American  
19 kids in special education. We know that some African  
20 American kids are what we call the sixth hour  
21 mentally retarded in school retarded, out in their  
22 culture, out in their communities, not.

1           The IQ tests have been basically unfair  
2           and culturally biased in terms in working with  
3           African American students and working with black  
4           students taking this. And I argued back in forth in  
5           our task force about the IQ tests, and I trained on  
6           the discrepancy model. That's what I trained on.  
7           And many of us, as I look around this room, I can  
8           tell by our age, you know, that this is what we  
9           trained on.

10                   (Laughter.)

11           DR. WRIGHT: But I am just so pleased with  
12           the work of this task force that I'm pleased to have  
13           been a member of this task force, and I wanted to say  
14           that.

15           CHAIRMAN BRANSTAD: Thank you very much.  
16           Steve Bartlett.

17           DR. BARTLETT: Thank you, Mr. Chairman.  
18           I'm sitting here remembering all the times that  
19           Chairman Fletcher has been introduced as the  
20           brilliant Jack Fletcher, so that can be your new  
21           first name.

22           DR. FLETCHER: I don't deserve that

23

1 commendation. I just read good.

2 (Laughter.)

3 DR. BARTLETT: I have two questions. One  
4 is, in your opinion, if the Congress and the  
5 Department and the overall community, special  
6 education community, accepts our recommendations as  
7 you outlined on new assessment models, will that  
8 reduce the incidence of overrepresentation of  
9 minority students?

10 DR. FLETCHER: Yes. I think it's very  
11 clear that a big factor in minority  
12 overrepresentation is teacher referral. Teachers,  
13 you know, for high incidence disabilities in  
14 particular, refer about 80 percent of kids who are  
15 referred are eventually identified. We know that  
16 there are certain characteristics of children that  
17 lead to teacher referral, and by introducing  
18 universal screening of all children, we potentially  
19 reduce the reliance on teacher referral and should  
20 have some impact on minority overrepresentation for  
21 that factor alone.

22 DR. BARTLETT: Thank you. Second question

23

1 is, as Secretary Pasternack has said, roughly half of  
2 the special ed students are in the LD category, and  
3 that's mostly what you're referring to with the  
4 services first, assessment later. How will your  
5 report deal with the other half? That is, those  
6 students that clearly have a disability and are ready  
7 to be assessed the first day of school? How will the  
8 report deal with that distinction?

9 DR. FLETCHER: Well, if we have universal  
10 screening methods -- I mean, first of all, the low  
11 incidence disabilities are usually known by the time  
12 of school entry because of parent referral, parent  
13 identification and physician diagnosis are usually  
14 the basis for the identification of children that  
15 have acuity problems or who have physical or  
16 neurological disorders. And those kids should  
17 actually be identified through Part C at a fairly  
18 early age. Other children with relatively severe  
19 language problems, for example, are often picked up  
20 through Child Find and served in early childhood  
21 programs in the public schools.

22 The principles that we're talking about,

23

1 even though we continue to single out learning  
2 disabilities because they are so common and  
3 potentially disabling, apply to high incidence  
4 disability, including in particular behavioral  
5 difficulties that children display. And they are  
6 principles that the whole idea of prevention, of  
7 getting services in early apply to all high incidence  
8 disorders, even children who get identified with  
9 speech and language difficulties.

10 DR. BARTLETT: So your report will be  
11 crystal clear that there's no barrier to assessments?

12 DR. FLETCHER: That's correct.

13 DR. BARTLETT: Thanks.

14 DR. FLETCHER: And in fact, if Secretary  
15 Pasternack asked me what I would recommend, I would  
16 tell him that regulations should always indicate that  
17 the parent has the right to request an assessment at  
18 any point in the child's development. That practice  
19 should continue.

20 DR. BARTLETT: Perhaps it would be useful  
21 to actually put those words into the Commission's  
22 report as our recommendation that will eventually get  
23

1 to Secretary Pasternack.

2 CHAIRMAN BRANSTAD: Ed Sontag?

3 DR. SONTAG: A follow-up question, Jack.

4 I'm a little nervous about how we would implement the  
5 hold harmless procedure and at the same time not be  
6 perceived as holding back new research information,  
7 best practice, from a population that's already in  
8 special education.

9 And I think I'd ask that we take a look at  
10 the reevaluation aspect of IDEA so that while in  
11 principle I think we all support hold harmless, that  
12 at the same time that parents and school officials  
13 would have the ability to use new procedures in the  
14 reevaluation process.

15 DR. FLETCHER: We actually address that in  
16 the report. We specifically recommend that  
17 requirements for the traditional evaluation every  
18 three years be abandoned in favor of continuous  
19 monitoring of progress in special education so that  
20 eligibility is established frequently based on  
21 progress in special education. That way children who  
22 are making good progress are identified as early as

23

1 possible in support of the least restricted  
2 environment idea.

3 CHAIRMAN BRANSTAD: Reid Lyon.

4 DR. LYON: Just one other question,  
5 Commissioner Fletcher. In the assessment process,  
6 have you found that there is room for information  
7 beyond test scores and how that information can be  
8 integrated into the decisionmaking process, the  
9 eligibility process?

10 DR. FLETCHER: Well, IDEA now indicates  
11 very clearly that test scores should not be the sole  
12 determinant. And we know, for example, that many  
13 schools are actually fairly loose in following state  
14 recommended regulations for identification.

15 But the information that's needed beyond  
16 is essentially information that would facilitate the  
17 making of a clinical judgment. For any high  
18 incidence disability, identification is always  
19 ultimately a matter of clinical judgment because they  
20 should never be based solely on test scores. A  
21 single assessment, for example, you know, oriented  
22 around a cut point, is never reliable. It takes

23



1 multiple assessments to reliably indicate that a  
2 child performs below a particular point on a  
3 dimension.

4 And so determination that a child has a  
5 high incidence disability like a learning disability  
6 or attention deficit disorder or something like that  
7 always requires clinical judgment and the  
8 consideration of other factors like history,  
9 behavioral observations and things of that sort.

10 DR. WRIGHT: And adaptive behavior is  
11 certainly --

12 DR. FLETCHER: Adaptive behavior for  
13 mentally deficient children.

14 DR. LYON: Right. The issue of replacing  
15 the three-year reevaluation by continuous progress  
16 monitoring in my mind is a good one. I have been  
17 told that it in fact might remove accountability from  
18 schools. I don't believe that's true. In fact, I  
19 think the three-year evaluation can typically be  
20 manipulated in a number of ways, and also the three-  
21 year reevaluation is not showing a great deal of  
22 improvement in academic or behavioral capabilities.

23

1           Could you just stress what you see is the  
2 strengths of continuous progress monitoring on both  
3 accountability and student improvement?

4           DR. FLETCHER: Well, it actually  
5 introduces accountability to the special education  
6 process. Parents need to know objectively how well  
7 the child is performing, and these models are simple  
8 to implement. Children go into special education on  
9 the basis of norm referenced achievement tests. They  
10 should be repeated yearly. That's the simplest way  
11 to introduce progress monitoring. There are better  
12 ways to do it, but it will probably take some scaling  
13 to get that really introduced.

14           But simply repeating norm reference  
15 achievement tests yearly for a child with a learning  
16 disabilities or repeating behavior ratings for a  
17 child with a behavior disorder will tell parents what  
18 they need to know, which is how much progress the  
19 child has made, and that holds schools accountable  
20 for progress. Three-year evaluations are not used to  
21 interpret progress. They're used to establish  
22 eligibility, and they are a complete waste of time.

23

1           DR. LYON: Just one last. Aren't there  
2 other processes, procedures that can be put in place  
3 between the year, even on a daily or weekly basis,  
4 CBM procedures, for example?

5           DR. FLETCHER: Yes. And we recommend that  
6 continuous monitoring of progress on a frequent basis  
7 be in place for every child served in special  
8 education, because that is assessment that is  
9 oriented to instruction. It allows teachers to  
10 monitor the child's progress, adjust progress. And  
11 we know from research that continuous monitoring of  
12 progress in itself has an effect size of about a  
13 third to a half of a standard deviation.

14          DR. LYON: And that's more than the  
15 intervention itself.

16          DR. FLETCHER: Often, unfortunately.

17          CHAIRMAN BRANSTAD: Floyd Flake.

18          DR. FLAKE: Thank you very much. My first  
19 question is, does your wife know that you don't mind  
20 being put out of the testing business?

21                 (Laughter.)

22          DR. FLETCHER: She just wants to make sure  
23

1 that I continue to write grants. That's the  
2 alternative.

3 (Laughter.)

4 DR. FLAKE: The thing that came out in one  
5 of the hearings had to do not just with the racial  
6 discrepancy but also an economic discrepancy in terms  
7 of the two-world perception of the rich, middle  
8 class, upper middle class rich, and the poor. In the  
9 process of moving away from the current assessment  
10 model, do you expect from what I would think the  
11 richer model, where you have access to legal support  
12 system that has emerged in this industry, that that  
13 industry will be equally as satisfied with the  
14 elimination of the current assessment model?

15 DR. FLETCHER: I would hope that by  
16 simplifying the eligibility process that there would  
17 be less use of the due process around issues of  
18 eligibility. I actually think that the focus of the  
19 due process should be around results as opposed to  
20 eligibility. So our report essentially recommends  
21 procedures that would shift that focus towards  
22 results. And what parents should be complaining  
23

1 about is not who is eligible, but how well is my  
2 child doing before and after they are placed in  
3 special education. That should be something that is  
4 interpretable for any parent and should promote  
5 greater access to the due process system, the  
6 procedural safeguards.

7 DR. FLAKE: But just as you expect a  
8 downsizing in terms of the testing side, there would  
9 also be a downsizing in terms of the litigation side.  
10 And would that industry then try to take one grouping  
11 within the categories and try and use them as a means  
12 of trying to maintain what has effectively become a  
13 very prosperous business for them?

14 DR. FLETCHER: Well, I don't think they're  
15 as willing as I am to give up my occupation.

16 (Laughter.)

17 DR. FLAKE: Right.

18 DR. FLETCHER: So I suspect you're  
19 correct.

20 DR. FLAKE: Thank you, sir.

21 CHAIRMAN BRANSTAD: I want to thank Dr.  
22 Fletcher and his task force for their outstanding  
23

1 work. I think these are going to be some of the more  
2 substantive and significant recommendations.

3 We're next going to go to Nancy Grasmick  
4 who has just returned from Ireland, and her task  
5 force on the research agenda. I would point out that  
6 our Secretary of Education, Rod Paige, is I think set  
7 to join us about ten, so we'll probably interrupt  
8 this presentation when the Secretary arrives to  
9 accommodate his schedule and then go back to it. So  
10 I just want to warn everybody that's probably what  
11 we're going to do. But I'm very pleased and honored  
12 to welcome back Nancy Grasmick from Ireland.

13 DR. GRASMICK: Thank you. It's a pleasure  
14 to be back. I'd like to make two prefacing comments  
15 to this task force report. One, that I believe we  
16 heard from some of the leading special education  
17 researchers at our meeting at Vanderbilt University  
18 in Nashville. And this notebook contains all of the  
19 testimony which was I think very robust in terms of  
20 this topic.

21 The second comment I'd like to make is my  
22 indebtedness to members of the task force who brought  
23

1 to this discussion of research a rich background in  
2 research and were able to contribute so much to the  
3 recommendations that were promulgated.

4           There are four major recommendations  
5 related to research. The first one has to do with  
6 changing the current grant review process and  
7 promoting scientific rigor in that process to improve  
8 the Office of Special Education Programs, to make  
9 participation in any review activities an honor and  
10 an obligation and a sign of accomplishment among  
11 researchers, to really elevate that whole process.  
12 And a sign of this kind of elevation not only for  
13 researchers but also for practitioners to create a  
14 culture of scientific rigor emphasizing the high  
15 quality of special education research activities.

16           Having said that, there are actually  
17 several additional recommendations that fall under  
18 that. That OSEP develop a peer review system with a  
19 two-tiered level of review, the first being for  
20 technical quality, significance and innovation, and  
21 completed by members of the research community.

22           And the second level should address  
23

1 relevance to the OSEP priorities but should occur at  
2 the level of the Assistant Secretary for OSERS to  
3 ensure that the Part D program is coordinated with  
4 Part B, and that kind of coordination needs to be  
5 ongoing.

6           That there be a national advisory  
7 committee that is analogous to the National Research  
8 Priorities Board at OERI, and the National Science  
9 Board at NSF, or the National Advisory Councils at  
10 different NIH institutes should be formed. And it  
11 would include practitioners, researchers, parents,  
12 people with disabilities. And it would be used to  
13 establish priorities and agendas and to review  
14 research recommended for funding, to ensure that that  
15 research is really relevant to people with  
16 disabilities.

17           Another major component under this  
18 reorganization is to facilitate the first level of  
19 review. Standing panels that have a fixed term for  
20 each of the OSEP Part D programs should be  
21 established. These committees need to operate  
22 independently of the OSEP program through kind of an  
23



1 institute for review that is completely separate and  
2 established with new funding, not shifts in the  
3 current funding or staff.

4 Another sub-recommendation of this is that  
5 each panel should be chaired by a senior researcher  
6 and administered by an administrator with a  
7 background in research who is part of the Research  
8 Review Institute.

9 And there's a lot to be said about that  
10 one. But the goal would be to establish this notion  
11 that this is an honor and an obligation and a sign of  
12 accomplishment as a part of a development of a  
13 culture of science around Part D programs, which  
14 currently that attitude does not exist.

15 So that's recommendation number one. And  
16 also the peer review process needs to be changed in  
17 its organization. It has to provide professional,  
18 accurate, timely feedback to applicants. And the  
19 feedback should be substantive. There needs to be  
20 the development of a system of grant reviewing that  
21 allows for systemic revision and resubmission of  
22 proposals.

23

1           There needs to be developed standing dates  
2     for annual competitions and predictable submission  
3     deadlines. And there needs to be time for review and  
4     notification of applicants about review outcomes to  
5     coincide with really functional start dates for the  
6     research and training activities.

7           The second major recommendation is one of  
8     coordination and collaboration. There needs to be an  
9     integrated and improved coordination of all research  
10    activities within the Office of Special Education and  
11    Rehabilitative Services. There are three agencies:  
12    The Rehabilitation Service Administration, the  
13    National Institute on Disability Rehabilitation and  
14    Research, and OSEP. And that coordination is not  
15    always evident or robust in terms of it occurring.  
16    And when that does not occur, it is significant. It  
17    isolates the research work from other colleagues, and  
18    we can't capitalize or create this critical mass to  
19    get good research done.

20           I think OSEP should systematically seek  
21    relationships and opportunities for interactions with  
22    and joint funding of its priorities with other  
23

1 research agencies.

2           People with disabilities should be  
3 included in all federal research programs whenever  
4 feasible, and OSEP should continue to work toward  
5 that goal.

6           The third major recommendation is to  
7 support long-term research priorities. We need to  
8 target research and development priorities to areas  
9 of highest need and identified priority. Concentrate  
10 the investments on a more narrow range of priorities  
11 to promote the development of more powerful and  
12 reliable discoveries with increased probability of  
13 improving outcomes for people with disabilities.

14           I think for all of us who were at  
15 Vanderbilt University, we heard stated that we have a  
16 thousand flowers growing, but often there is not the  
17 more significant focus that needs to occur to guide  
18 the research.

19           We need to create a community of scholars  
20 within OSEP which is also part of this. The number  
21 of research scholars within its organization, so  
22 there's a culture of scientific rigor that can be

23

1 supported and sustained.

2           There needs to be a growth in the research  
3 skill and competence at OSEP. I think the  
4 intellectual capital of the agency is a cornerstone  
5 of any future success.

6           The fourth recommendation has to do with  
7 improving the impact of research findings, both from  
8 a demonstration and a dissemination perspective, that  
9 focuses on the adoption of scientifically based  
10 practices in the preparation and continuing education  
11 for teachers, including powerful incentives from  
12 changing from less to more effective practices, and  
13 the study of scalability and sustainability of the  
14 implementation of effective practices. Research  
15 needs to be linked to outcomes in the field.

16           Congress and the Department of Education  
17 should reform the federal government's primary means  
18 of the development of research and technical  
19 assistance, needs to look at the regional education  
20 labs funded under the U.S. Department of Education's  
21 Office of Educational Research Initiatives and its  
22 Special Education Regional Research Centers. These

23

1 institutions should be obligated to improve their  
2 responsiveness to state-identified needs, and we  
3 heard that repeatedly.

4 They need to include special education  
5 practices within the scope of their work. So that is  
6 a significant recommendation related to that.

7 Also as a part of that we need to look at  
8 the importance of institutions of higher education in  
9 the research process. They are truly partners in the  
10 production of research and instruments of effective  
11 information dissemination, not only in the  
12 preparation of future educators, researchers and  
13 related service professionals, but also to state and  
14 local educational agencies. And there are really  
15 three major points I'd like to make about higher  
16 education in this process:

17 Ensure the production of more doctorates  
18 in special education;

19 Providing incentives to doctorates,  
20 possibly including post-doctoral fellowship to do  
21 research in higher education; and

22 Developing more research institutes that  
23

1 address core questions at greater depth over a longer  
2 period of time. So, for example, the relationship  
3 between teacher quality and student achievement.

4 These are the four recommendations of the  
5 Research Task Group.

6 DR. WRIGHT: Mr. Chairman?

7 CHAIRMAN BRANSTAD: Yes, Katie, you have  
8 the first question?

9 DR. WRIGHT: There's just one thing that I  
10 wanted to add, where it says create committees, I  
11 think this total report from the Commission, there  
12 should be an overarching of cultural diversity. And  
13 I wanted to say here, create a community of  
14 culturally diverse scholars within OSEP. A community  
15 of culturally diverse scholars from many cultures. I  
16 wanted to add that.

17 DR. GRASMICK: Yes.

18 CHAIRMAN BRANSTAD: The Secretary is here  
19 and he's ready. I think if it's okay, then, we're  
20 going to take a break from this task force report and  
21 recommendation. We'll go right into the Secretary's  
22 presentation. And I just wanted to let you know that

23

1 we'll go back to the people I think Doug and Reid  
2 both are requesting to ask questions.

3           At this time it is a privilege to me to  
4 again introduce the Secretary of Education. Rod  
5 Paige has given very freely of his time and talent to  
6 help this Presidential Commission on Excellence in  
7 Special Education. He attended our first meeting.  
8 He also addressed us at that time and again in  
9 Houston, and he's here today. He's not only given a  
10 lot of his personal time and attention to this very  
11 important task, but he's also given us tremendous  
12 support from his staff and the resources of the  
13 Department of Education. So I am again very honored  
14 and pleased to introduce the Secretary of Education,  
15 Rod Paige.

16           (Applause.)

17           SECRETARY PAIGE: Thank you, Mr. Chairman,  
18 members of the Commission, ladies and gentlemen.  
19 Each time I come before you I'm reminded once again  
20 how important your mission is, and I thank you for  
21 your service to this Commission. And I'm going to  
22 say I thank you again today, because there isn't

23

1     enough gratitude in the world for what you're doing  
2     for so many children and also for our country.

3             I know this hasn't been easy. But I hope  
4     you take some measure of pride in knowing that it's a  
5     cause worthy of your time and of your careful  
6     attention. You spent a lot of hours of work and  
7     consideration on these issues in the last few months.

8             When President Bush says he wants no child  
9     left behind in our nation's schools, he means every  
10    single child, and most especially the 6.5 million  
11    enrolled in our special ed programs. The President  
12    and I believe that every child, every single child,  
13    can learn and benefit. And it is our responsibility  
14    to see that they are taught by highly qualified,  
15    caring teachers who used research-based instructions  
16    that work.

17            I'm proud to work for a President who  
18    believes that there are no limits to what can be  
19    achieved when Americans such as yourselves selfishly  
20    give your best effort -- unselfishly give your best  
21    effort.

22            (Laughter.)

23



1                   SECRETARY PAIGE:   And this is why the  
2   President launched his New Freedom Initiative.  He  
3   did that just days after the beginning of his tenure.  
4   And the idea is to find and remove barriers that  
5   prevent children and adults from achieving their  
6   potential due to disabilities.  And that's why he  
7   made sure the Department of Education is at the table  
8   when the new Presidential Commission on Mental Health  
9   was announced last week.

10                   That's also why he's so passionate about  
11   improving our public school system, to make sure that  
12   not even the most difficult child is not left behind.  
13   That's why he saw to it that IDEA got the largest  
14   funding increase ever requested by a President of the  
15   United States:  \$1 billion increase.

16                   That's also why he created this Commission  
17   and identified thoughtful and caring people to give  
18   your best thought to this idea, to help us with this  
19   challenge.  President Bush is committed to fixing a  
20   system that has failed too many children for too  
21   long.

22                   Now you've listened to the experts, you've  
23

1 examined the research, you heard from the moms and  
2 dads and children all across the country. Now the  
3 challenge is to tell us, what have you learned? What  
4 should we do? What steps should we take now? How do  
5 we improve our special ed system to ensure that  
6 schools are teaching and that children are learning?  
7 How do we hold schools accountable?

8 I look forward to your thoughts and your  
9 recommendations as we begin the process of  
10 reauthorizing this important law.

11 Today in American more students with  
12 disabilities than ever are attending their  
13 neighborhood schools along with their brothers and  
14 sisters. More are graduating from high school. More  
15 are gaining independence and finding meaningful work,  
16 including at the Department of Education, but too  
17 many are not. And it is our responsibility to help.  
18 There's much more to do, and I'm so grateful that  
19 each of you have decided to contribute. And thank  
20 you for that once again.

21 God bless you, and God bless America.

22 (Applause.)

23

1                   CHAIRMAN BRANSTAD: Mr. Secretary, thank  
2 you very much. I think that was a great compliment  
3 when you called us thoughtful and caring people. And  
4 I think it's our responsibility to live up to that  
5 very high praise. Thank you.

6                   Bob Pasternack I think has a video  
7 presentation. We've talked about medically fragile  
8 children that are part of our special education  
9 system and this I think will help us get a better  
10 understanding of serving the needs of these medically  
11 fragile children in special education.

12                   I think those of us that are the back side  
13 here may want to move around so we can watch the  
14 presentation.

15                   (Pause.)

16                   DR. PASTERNAK: All right. Through the  
17 wizardry of modern technology, which you can tell I  
18 know nothing about, we're going to try to -- there  
19 was some discussion yesterday about medically fragile  
20 kids by members of the Commission and who these kids  
21 are. And there's an organization called Family  
22 Voices. I know many of the people in the audience

23

1 are familiar with that organization, a national  
2 organization of parents and kids who are medically  
3 fragile. They put together this PowerPoint which is  
4 very short, very compelling, and I think in five  
5 minutes all of you who have never seen these kinds of  
6 kids or had some question about who these kids are  
7 will know a lot more than you do at this very moment.

8 8

9 So hopefully with Dr. Coulter's incredibly  
10 good help, we can figure out how to make the image  
11 work.

12 (Pause.)

13 (Video shown.)

14 (Applause.)

15 CHAIRMAN BRANSTAD: Bob Pasternack, thank  
16 you for making that presentation available to us. I  
17 think we will now go back into the task force  
18 questions of the Research Agenda Task Force. And I  
19 think Reid Lyon was first and Doug I think is next.

20 DR. LYON: Thank you for an excellent  
21 report, Commissioner Grasmick, and thank you to the  
22 subcommittee that put so much time into this.

23

1           I don't think there's any way that we'll  
2    ever realize the dream of IDEA or the work that the  
3    disability community and this Commission has asked us  
4    to consider without strengthening our research  
5    capacity.  If we're going to talk about evidenced-  
6    based practices, then we've got to start to put the  
7    talent and the skill and the money where we need it.

8           One of the things that we heard when we  
9    were at Vanderbilt from some of the leading scholars  
10   that are funded by OSEP was that they are doing very,  
11   very good work, compelling work.  At the same time,  
12   Commissioner Grasmick, that work was frequently  
13   fragmented and not bearing on a central focus or on a  
14   series of focuses.

15           Secretary Pasternack asked the collection  
16   of scholars who testified in front of us, what do you  
17   consider the major impact or achievement or  
18   contribution to our ability to carry out IDEA?  What  
19   have we learned from the research that makes our  
20   ability to do better by children in IDEA more  
21   available?  And the answer was no answer.

22           We have spent enormous amounts of money in  
23

1 very strong intellectual pursuits. That is, we have  
2 funded people who have wonderful ideas and compelling  
3 problems in their minds to solve, but somehow that  
4 information is not being collated, is not being  
5 organized and is not bearing directly on the problems  
6 that address us every day and address the kids every  
7 day.

8           So my question is, within the research  
9 structure within special education, is there going to  
10 be a process where a problem orientation to research  
11 becomes more evident? That is, will there be a  
12 process where the Department or the Office can get a  
13 very firm handle on what is known about the areas of  
14 research that they want to support, what is not  
15 known, identify the gaps that exist where we have to  
16 begin to aggressively attack the problem? Determine  
17 whether or not those gaps are already being addressed  
18 by other research programs to avoid duplication? And  
19 most importantly, to identify those problems that in  
20 a sense revolve around our inability or our lack of  
21 knowledge in taking what it is we do know and placing  
22 that, translating what we do know into practice in  
23

1 real classrooms and real schools?

2 One of the things that I think we learned  
3 as we listened to the testimony is that work is being  
4 done for good intellectual purposes but not so much  
5 for good problem solving purposes. And I wonder how  
6 you can stress the fact that OSEP funds outstanding  
7 research, its contribution would be so much greater  
8 if it wasn't duplicative in a sense, and what was  
9 novel and critical was integrated in a way that it  
10 could actually begin to solve tangible problems. And  
11 one of those problems that I think OSEP could carve  
12 out in the special ed arena is how best do we take  
13 what we know, translate it into practice and  
14 determine the conditions under which how research  
15 helps kids and helps programs and how we sustain that  
16 help and those programmatic improvements.

17 DR. GRASMICK: Thank you, Dr. Lyon, for  
18 the excellent summary. I believe this is a high  
19 priority of this report, and I think it speaks to the  
20 fact that many of the people who testified were quite  
21 clear. We do not know all of the research that is  
22 being done, and we have no idea of the best methods

23

1 of research dissemination. And we don't have any  
2 idea of the methods that are proving to be most  
3 effective in reaching our consumers, our children who  
4 have disabilities.

5 So the whole issue of dissemination and  
6 scalability and priority. Those are the issues. And  
7 when I articulated this fourth recommendation about  
8 Congress and the Department of Education taking  
9 immediate action on this problem of scalability  
10 dissemination and identification of effective  
11 practices, that has to be an issue of high urgency.  
12 Otherwise, what we have is what was stated. These  
13 thousand flowers, the analogy we've come to accept on  
14 this, and it never impacts what's happening to real  
15 children in real classrooms.

16 And so we have to reform the method of  
17 development of research and technical assistance, but  
18 we also have to create a mechanism for  
19 identification, for dissemination and for  
20 scalability. And I would invite other members of  
21 this task force to comment on that issue also

22 DR. FLETCHER: Just very quickly, we  
23



1 specifically recommended -- I'm sorry. My apologies.

2 CHAIRMAN BRANSTAD: No, you're a member of  
3 the task force and she invited that, so I was just  
4 going to go the next question. But you go ahead.

5 DR. FLETCHER: Just quickly, the report  
6 specifically recommends investment in synthesis  
7 functions and in scalability centers, with the idea  
8 of promoting large-scale dissemination of research  
9 findings.

10 CHAIRMAN BRANSTAD: Dr. Berdine.

11 DR. BERDINE: Thank you, Terry. In  
12 partial response to Dr. Lyon's remarks, the report  
13 addresses I think everything you brought up. So I'm  
14 taking your statements as a summary. Am I correct in  
15 that?

16 DR. GRASMICK: Yes.

17 DR. BERDINE: I believe that in response  
18 to Secretary Pasternack's question in Nashville,  
19 there was not a silence. There was considerable  
20 discussion. I think the record will bear that out.  
21 What we were told there is that we, the researchers  
22 in high education, are not the funders, are not the

23

1 source of the income to provide that research, and  
2 that we welcome these suggestions. And in fact, I  
3 think you'll find that the community of researchers  
4 in special ed will embrace almost all of what has  
5 been said in this report without any hesitation.

6 So I think you have to go back to the  
7 source, Reid, to find the root of your problem that  
8 you're addressing. Not that it's all federal in its  
9 origin, but it certainly has been maintained and  
10 sustained over the years through the funding  
11 resources. And I think what we're promoting in this  
12 set of recommendations is a very doable remedy to the  
13 problem.

14 CHAIRMAN BRANSTAD: Thank you. Doug Gill.

15 DR. GILL: Thank you, Mr. Chair. Since  
16 all the task force members sort of are responding to  
17 this, I guess I'm going to pose my question to all of  
18 the task force members too. I know you've been  
19 through a lot of deliberations about this topic and  
20 other topics that are serious to us and I think the  
21 whole field of special education.

22 My question is what safeguards has the  
23

1 task force considered to ensure that a culture of  
2 scientific rigor does not create a culture of  
3 scientific elitism?

4 MR. FLETCHER: Well, as an elitist, I'd be  
5 glad to respond to that.

6 (Laughter.)

7 DR. GILL: I would appreciate an elitist's  
8 point of view here, because I think one of the things  
9 that's at issue is there's an awful lot of applied  
10 research, and I don't want to create through any of  
11 our recommendations any kind of closed market in  
12 special education. I think we need to open our doors  
13 to people who have good ideas about research against  
14 certainly some standards of scientific rigor, but not  
15 create a closed market.

16 MR. FLETCHER: We think that part of the  
17 problem that results in closing the scientific market  
18 is that there's not enough investment in the field  
19 initiated mechanism, which is the best way of  
20 fertilizing new ideas in research. And we  
21 recommended that the funding of the field initiated  
22 mechanism be increased significantly, not only in  
23

1 terms of the number of awards that were made, but  
2 also in terms of the size of the awards so that  
3 people with new ideas would have the resources that  
4 the need to do it.

5           And then personally I would like to say  
6 that the most humbling experience that I've had is  
7 working for many years in statewide dissemination  
8 issues around reading, and you learn very quickly  
9 that elitism doesn't work, that what you have to do  
10 is modify what you've learned from research so that  
11 it can be translated and disseminated. And that's a  
12 big reason why this report focuses on synthesis and  
13 dissemination mechanisms that are really quite  
14 different from those that presently exist anywhere in  
15 the federal government.

16           DR. GRASMICK: I would also like to  
17 contribute a comment to this. I think in the  
18 subsection on higher ed particularly, and the  
19 relationship that many states are establishing in  
20 terms of a pre-K to 16 relationship that the needs of  
21 pre-K to 12 need to be articulated with higher  
22 education and that it has to be an identified need

23

1 within the field, and that does not mean we don't  
2 look at innovation. But to have this system that is  
3 responsive to the real needs of children in that pre-  
4 K to 12 system.

5 So I think there are some guarantees there  
6 that that's the kind of research we'd be looking for  
7 that is going to impact the field.

8 CHAIRMAN BRANSTAD: Bill Berdine?

9 DR. BERDINE: In addition to what Jack has  
10 aid and Nancy has said, I think we heard a very good  
11 example of the problem in terms of research  
12 dissemination earlier today when Dr. Horn indicated  
13 that 25 years ago he wrote a dissertation piece which  
14 today we more or less validated and ratified. And  
15 that's the issue.

16 I think this subcommittee or task force  
17 really tried to address that. There's some very good  
18 research both at the bench level as well as the  
19 applied level that people don't know anything about.  
20 And that's a major critical need. We need to get  
21 this research off the campuses, out of the schools of  
22 education and out into the communities. And I think

23

1 that's one of the areas where we'll get those  
2 safeguards, Doug, is if we get this information out  
3 in something other than professional journals.

4 DR. GILL: I appreciate that. Thanks for  
5 your comments.

6 CHAIRMAN BRANSTAD: Bryan Hassel.

7 DR. HASSEL: This problem of scalability  
8 and dissemination, it seems like part of the answer  
9 are these sort of push ideas, these ideas about  
10 getting the information out of the journals, getting  
11 it into forums that people can understand, putting  
12 together centers and so on that get the information  
13 in the hands of the people who can really use it.

14 But I think it's equally important to  
15 think about the pull side. What's the demand for  
16 research findings on the part of the people who are  
17 the buyers of it, the consumers of it? And I think  
18 in this arena there are different categories of  
19 consumers. There's educators that are actually using  
20 the information to design their instructional  
21 approaches. There's parents who are in the position  
22 in special education to be involved in crafting their

23

1 children's education, and there's also the higher  
2 level policymakers all the way up the chain who make  
3 decisions that affect whether or not these research-  
4 based practices get used or not.

5           And I think part of creating the demand is  
6 the accountability systems that we're talking about.  
7 If everyone in the system is held accountable for  
8 results, that creates demand for research-based  
9 findings. But there's also capacity issue on the  
10 part of these consumers. Are parents, are teachers,  
11 are policymakers in a position to be good consumers  
12 of research and make decisions based on what they  
13 see? And I think that was addressed somewhat by the  
14 Professional Development Task Force in terms of  
15 changing teacher preparation. But parents are also  
16 important. How can we help parents understand  
17 research so that they, when they're in IEP meetings  
18 are making demand for research-based practices rather  
19 than other practices? How can we educate  
20 policymakers? I don't have an answer, but I think  
21 those are important questions.

22           DR. GRASMICK: It is an important

23

1 question, and I'd just like to say in terms of our  
2 report, I'd like to share this statement. Setting  
3 priorities for research and determining the questions  
4 to be addressed in special education in the  
5 competition has to be conducted in collaboration with  
6 the consumers, and that means families, individuals  
7 with disabilities, service providers, research and  
8 policymakers. But I think your question goes a step  
9 further.

10           And I think that one of the inhibitors,  
11 frankly, even at the teaching level, is that the  
12 research is not translated into understandable  
13 language for those who are responsible for  
14 understanding and implementing. And I think that as  
15 the research is pursued, there has to be a constant  
16 sensitivity to the consumers. What will be  
17 understandable for parents may be different from  
18 teachers, may be different from those with  
19 disabilities and policymakers.

20           So the sense of translation of research is  
21 a very critical issue.

22           CHAIRMAN BRANSTAD: Thomas Fleming.

23



1                   DR. FLEMING: In fact, I would follow on  
2 with what Bryan was saying, because my concern is  
3 with the parents. So many parents that actually have  
4 kids with disabilities have to go through a number of  
5 different kinds of just guess almost what works and  
6 what doesn't work. And so the research certainly  
7 attests to the educational kinds of improvements that  
8 we can do. But is there anything in the data that  
9 says what parents have discovered what works and what  
10 doesn't work?

11                   And even thought that would be probably  
12 too far out to really put it into some kind of  
13 schedule, what I'm saying is that parents that live  
14 with this day by day in each of these conditions have  
15 some very valuable survival kind of information of  
16 what works to keep the family together. Is there  
17 anything in the research that says they have been  
18 listening to parents?

19                   DR. GRASMICK: I think that's, from my  
20 perspective, and I'll ask others to comment, but from  
21 my perspective, that was not prominent in what we  
22 heard, that parents had a critical role. I think in  
23

1 our recommendations we feel it's very important that  
2 parents be included as part of the priority setting,  
3 as part of the collaboration that has to occur. Not  
4 parents doing research per se, but certainly  
5 contributing as part of the collaboration. That  
6 needs to be identified.

7 CHAIRMAN BRANSTAD: Ed Sontag?

8 DR. SONTAG: To add to the coordination  
9 agenda, Nancy, our agency, like all agencies, are  
10 getting ready for the 2004 budget submission. And  
11 one of the most difficult tasks that our agency is  
12 taking on is coordinating research within the  
13 Department of Health and Human Services. We're the  
14 largest research funding agency in the world. Have  
15 you given any thought to both intra and interagency  
16 coordination of research agendas?

17 Given that I think special education,  
18 hopefully through many of the recommendations  
19 presented here, is going to move to a preventative  
20 model. And the need for coordination with HHS and  
21 other federal agencies is going to be critical. The  
22 Center for Disease Control is launching a major new

23

1 institute, NIH research is well known. SAMSA, URSA,  
2 many of our agencies have a fairly significant  
3 research agenda that focuses on the needs of  
4 individuals and children with disabilities. So I'm  
5 wondering if have or could have a recommendation to  
6 formalize some kind of interagency research council.

7 DR. GRASMICK: I think it's referred to in  
8 our report. I don't think it's overt. And I think  
9 we could make it more overt. It certainly comes  
10 under this heading of collaboration and coordination,  
11 and we could certainly make it more overt in terms of  
12 that needing to be done.

13 DR. SONTAG: Thank you.

14 CHAIRMAN BRANSTAD: Cherie Takemoto.

15 MS. TAKEMOTO: I wanted to follow up on  
16 what Dr. Fleming and Dr. Hassel spoke about that is  
17 sort of this little nagging idea in the back of my  
18 head. I think that you've done an incredible job on  
19 this report. And as we've talked about narrowing our  
20 focus in research and increasing the scientific  
21 rigor, as a director of a parent training information  
22 center, I would be remiss if I didn't also

23

1 acknowledge that families on a daily basis are  
2 observers of their children, what works, what doesn't  
3 work, for their sample of one. And that just because  
4 research doesn't support that observation for their  
5 individual child doesn't mean that parents are crazy  
6 or are seeing something that isn't there.

7           When we think about Copernicus and Galileo  
8 and what heretics they were, when we think about what  
9 research told us about mental retardation or Downs  
10 Syndrome and what these kids couldn't do, it limited  
11 our discoveries and innovation that have made a huge  
12 and tremendous difference in the lives of people with  
13 disabilities. So I would encourage you to have some  
14 discussion about the observations' validity, the need  
15 for discovery and innovation and not just sitting on  
16 refining established practices but pushing the  
17 envelope the way that the disability field has  
18 continued to push the envelope and the way that  
19 parents have continued to push that vision into a  
20 reality of what's possible for people with  
21 disabilities.

22           Thank you.

23

1                   CHAIRMAN BRANSTAD: Reid Lyon.

2                   DR. LYON: I just wanted to reinforce, if  
3 I could, for the subcommittee what Dr. Sontag  
4 mentioned. As we are going through a lot of the  
5 planning within HHS, part of the task is massive  
6 reviews of literature and where that's funded and  
7 where the findings are relevant to each type of  
8 disability. And there is no doubt that there is  
9 enormous duplication of effort in some areas.

10                   It's going to be tough to get research  
11 dollars increased dramatically, at least at HHS we're  
12 coming up to our doubling end, that is, our budget  
13 has been doubled over the last five years, and we're  
14 going to see a stability in funding. I think while  
15 education may see an increase in funding, it's not  
16 going to be as substantial as one would want.

17                   What I'm asking the Commission is if we  
18 cannot make more explicit the need for a trans agency  
19 coordinating group that looks at the targets that are  
20 being studied, what is known and not known, where  
21 those specific gaps lie, which agencies are more  
22 suited or placed to do certain kinds of research

23

1 within their capacity, and free up money for some of  
2 these new innovative actions that we have to take.

3           Some of the duplication is sad. Some of  
4 the work that's been done with tremendous converging  
5 evidence is being studied and restudied. And again,  
6 it goes back to serving the research constituency  
7 rather than the population that we wish to serve.  
8 And we've got to move away from that.

9           CHAIRMAN BRANSTAD: Dr. Berdine.

10           DR. BERDINE: I believe that the task  
11 force would probably support that, Reid. I think if  
12 we could get into a conference call, we could  
13 probably write a little stronger language. Because  
14 that was an active part of our discussion both in  
15 Nashville and other conversations. So I think we  
16 could find a way to support that.

17           CHAIRMAN BRANSTAD: Dr. Fletcher.

18           DR. FLETCHER: Reid, I certainly hope that  
19 you're inviting OSEP to your planning process. It's  
20 a two-way street.

21           DR. LYON: We have tried to do that  
22 actually. We have tried to do that.

23

1 DR. FLETCHER: Oh I see.

2 CHAIRMAN BRANSTAD: If there are no more  
3 comments, we're going to take -- we're a little late  
4 in taking our break. According to my watch, it's  
5 10:35. We'll reconvene at 10:45 in ten minutes. So  
6 we'll be recessed for ten minutes.

7 (Recess.)

8 CHAIRMAN BRANSTAD: I'd ask the  
9 Commissioners to take their seats. We'll reconvene.  
10 The next presentation is the Ad Hoc Task Force on  
11 Transition. And Doug Hunt was not able to be here,  
12 but he has asked Dr. Bill Berdine to make the  
13 presentation on behalf of the task force. So I would  
14 introduce Dr. Berdine.

15 DR. BERDINE: Thank you, Mr. Chairman. I  
16 only, as all of us, just recently learned about Doug  
17 not being able to be here. So Doug has a prepared  
18 statement, and I think in the spirit of that, I'm  
19 going to read his statement and I'll save any  
20 comments of my own for the Q&A so that we'll at least  
21 have our task force chair's opinions on the record.  
22 So if you'll bear with me.

23

1           Thank you. And I want to make sure I  
2 identify the task force members. They were, in  
3 addition to myself, Cherie Takemoto, Alan Coulter,  
4 Katie Wright and Bob Pasternack.

5           The Transition Task Force held its public  
6 meeting on April 30th here in Washington, D.C. at the  
7 Washington Hilton. We heard from ten experts with  
8 specialized research findings and direct practice  
9 experience in issues important to improving the  
10 current delivery of educational community and social  
11 service systems to more effectively provide  
12 transition services to students with disabilities.

13           These experts provided testimony about the  
14 current status of transition services and how to  
15 improve federal policies to better serve students  
16 with disabilities. We also heard from members of the  
17 general public, who included parents and students  
18 with disabilities themselves telling us what works  
19 and what doesn't in transition services.

20           We heard about barriers for students,  
21 students from their early high school years who were  
22 leaving high school and trying to find jobs or go to  
23



1 college. What is important is that the researchers,  
2 counselors, parents and students told that strong  
3 improvements had been made over the years, but much  
4 more needs to be done. And they provided us with  
5 valuable data about what we as a Commission can  
6 recommend.

7           We've held, since the task force meeting,  
8 we've held two telephone conference calls. We talked  
9 about the data provided to us, the public comments  
10 and testimony provided. We especially considered the  
11 testimony presented at the Research Task Force by  
12 Doctors Susan Brody Hazazzi (phonetic) and Paul  
13 Weyman. These two researchers have dedicated much of  
14 their work focusing on transition issues and are  
15 generally recognized as national scholars in this  
16 area. In fact, we invited each of these individuals  
17 to again speak to the Transition Task Force based on  
18 some of their conversations during the Research Task  
19 Force meeting in Nashville.

20           Based on the testimony and the evidence  
21 provided, these are what we found. These are our  
22 findings.

23

1                   Many other federal policies impact  
2           successful transition of young people with  
3           disabilities as they transition to adult life,  
4           community life living, employment and higher  
5           education options. Focused, deliberate transition  
6           planning while in school is essential and absolutely  
7           critical. It involves the student, their parents,  
8           their teachers, the whole school community and  
9           outside social service programs.

10                   Transition considerations must be early,  
11           by at least age 14 to be most effective. Students  
12           with disabilities are dramatically unemployed and  
13           underemployed when they leave school compared to  
14           their nondisabled peers. As much as 50 percent  
15           unemployment rates are found among people with  
16           disabilities.

17                   Students with disabilities attend college  
18           or other post-secondary programs at rates lower than  
19           their nondisabled peers. All students with  
20           disabilities need transition planning options, both  
21           those served under IDEA and students with  
22           disabilities that do not need special education.

23

1           Federal programs and funding for those  
2 programs must be better coordinated, in particular  
3 the IDEA and the Rehabilitation Act must be linked  
4 together to better serve students with disabilities.  
5 Already existing federal program policy can be  
6 improved to improve transition outcomes.

7           The Social Security Ticket to Work Gear Up  
8 Trio and the Workforce Investment Act can improve  
9 transition results if those federal agencies that  
10 provide those work together to improve implementation  
11 barriers that we detail in other sections of our  
12 report.

13           The IDEA regulations are too complex and  
14 do not provide clear steps for integrating school and  
15 non-school transition services and must more closely  
16 link IET goals and transition services.

17           We need to train higher education faculty  
18 and administrators. We feel it is important to  
19 recommend amending the Higher Education Act to focus  
20 on supporting and implementation of evidence-based  
21 programs in colleges and universities to educate all  
22 faculty, administrators, and other campus service  
23

1 providers about modifications and accommodations for  
2 students with disabilities.

3 We need to increase attention and  
4 accountability for children with poorest outcomes,  
5 including children in foster care, juvenile justice  
6 facilities, and with emotional disabilities in order  
7 to accomplish more successful results.

8 We are proposing fundamental changes in  
9 special education programs and rehabilitation  
10 services, administering practices and the need for  
11 more research to inform how to best provide  
12 transition services at schools.

13 That's Commissioner Huntt's written  
14 report. I'd like to throw out to the rest of the  
15 Commission, the task force members if they would like  
16 to add comments to this. And then we can take Q&A on  
17 this I believe.

18 CHAIRMAN BRANSTAD: Okay. Other members  
19 of the task force that wish to comment? Katie  
20 Wright.

21 DR. WRIGHT: Here again, and it's in our  
22 report, but I'm concerned that we also provide  
23

1 transition services within the context of each  
2 student's culture. It is important for us to  
3 recognize the values those students and those parents  
4 that we serve, especially when we collaborate in  
5 providing transition services. Commission Katie H.  
6 Wright, EDD.

7 CHAIRMAN BRANSTAD: Nancy Grasmick.

8 DR. GRASMICK: This is beyond this report,  
9 but this has come up several times and I think  
10 appropriately so. Is it possible to make an  
11 overarching statement in this report that would be  
12 pervasive to all of the task force reports about the  
13 importance of cultural sensitivity?

14 CHAIRMAN BRANSTAD: Yes. I think that can  
15 be worked into the overall report. I don't know  
16 whether it's in the introduction. Todd, maybe you  
17 can comment on that. But I would think that would be  
18 appropriate, certainly because it is, as has been  
19 pointed out, it's overarching. It really includes  
20 really more than just the different task force  
21 recommendations.

22 DR. BERDINE: Mr. Chair, as Katie  
23

1 indicated, in our actual report in the writing we've  
2 done to date, that is mentioned specifically. But I  
3 would support Commissioner Grasmick's suggestion. I  
4 think it's something we could very easily build into  
5 the entire report.

6 DR. JONES: I can say as someone who has  
7 seen all of the pieces of the report and heard all  
8 the conversations that have gone on around  
9 development of sections that that's been a theme  
10 throughout.

11 DR. WRIGHT: And if I might say, in all of  
12 the task forces on which I've served, that has been  
13 really the other Commissioners, the Commissioners on  
14 the task force have really agreed with this and have  
15 been very supportive of this concept. But as  
16 Commissioner Grasmick has said, we need to make it  
17 overarching for this total report that we're going to  
18 send in.

19 CHAIRMAN BRANSTAD: And it actually might  
20 be helpful if it's done in some kind of an  
21 overarching way rather than having it repeated again  
22 in every section.

23

1 DR. WRIGHT: Right.

2 CHAIRMAN BRANSTAD: Actually I think that  
3 would be a better way. It would save us words and  
4 maybe it would have more impact by having it in an  
5 introduction or some kind of a summary of the  
6 recommendations.

7 DR. WRIGHT: I just want to make sure that  
8 it's in this report. I have to make sure.

9 CHAIRMAN BRANSTAD: Your point is well  
10 taken. Other comments, other members of the task  
11 force that choose to comment, or we'll open for it  
12 questions? Bob Pasternack.

13 DR. PASTERNAK: Thanks, Mr. Chair. I  
14 just want to say that in this particular area, and I  
15 guess I'm addressing this to Commissioner  
16 Butterfield, that we really heard that the knowledge  
17 of other kinds of programs that are out there like  
18 Ticket to Work, like SSI, SSDI, other kinds of  
19 opportunities for people with disabilities, programs  
20 that are available for them to facilitate their  
21 transition from school to post-school opportunities,  
22 particularly employment and meaningful work, are

23

1 things that require training on the part of special  
2 education personnel.

3           We really heard that part of the reason  
4 why transitioning is not happening as successfully as  
5 we would like to see it happen is because the  
6 responsibility lies on special education to develop  
7 the transition plans, but a lot of teachers in  
8 special ed and administrators in special ed and  
9 families don't have knowledge of some of these other  
10 services that are available out there at the federal  
11 level and at the state level and at the local level.

12           So I think somehow when we talk about the  
13 need to improve personnel preparation and  
14 professional development opportunities for the  
15 members of the learning community, including folks  
16 with related services providers, to make sure that we  
17 somehow address that.

18           Another thing that we heard that I think  
19 is also very troubling is the fact that this is  
20 clearly an area where the young people themselves  
21 need information. And so if transition is to work,  
22 then self-determination and self-advocacy are clearly

23



1 important components of transition planning and  
2 transition implementation. And so I think -- we  
3 heard a discussion earlier about research and the  
4 critical importance of putting research into  
5 practice, and this is an area where some of us are  
6 not even sure if we really have produced the  
7 knowledge that we need to have the promising  
8 practices in self-determination and self-advocacy for  
9 people with disabilities, particularly young people  
10 with significant disabilities and cognitive  
11 disabilities.

12 So I just would appreciate your task force  
13 on the work that it's doing kind of being aware of  
14 some of those issues that came up when we heard  
15 testimony in the area of transition.

16 CHAIRMAN BRANSTAD: Paula Butterfield.

17 DR. BUTTERFIELD: Thank you. We haven't  
18 addressed it in great depth, primarily because I was  
19 under the understanding that perhaps Commissioner  
20 Huntt's work was going to be addressing that.  
21 However, if that's not the case, then we will make  
22 sure it's in here. We'll verify that and we'll make

23

1 sure it's a part of our piece.

2 DR. BERDINE: It was. That's just an  
3 omission. When Doug wrote this, I think it's more or  
4 less just a quick synopsis. We had talked about it.  
5 Cherie and I just conferred and we agree that it was  
6 intended to be in there. We'll build something in  
7 there.

8 DR. BUTTERFIELD: May I just get a  
9 clarification? Are you saying that it will be in  
10 yours and we don't need to include it in here?

11 DR. BERDINE: You could reference it. It  
12 would not hurt, Paula.

13 DR. BUTTERFIELD: Okay. We'll reference  
14 it then, but we won't go into any more depth since  
15 it will be in your section.

16 DR. PASTERNAK: And I think this is one  
17 of the areas, apropos of the question that  
18 Commissioner Fleming asked earlier, where we hear  
19 from families that they have great difficulty  
20 navigating the difference between the world of  
21 entitlement to the world of eligibility. Because as  
22 I know the Commission is aware, IDEA is an

23

1 entitlement. But then when students exit special  
2 education, there's a different world of eligibility  
3 out there.

4 And so it's incumbent on us at the Office  
5 of Special Ed and Rehabilitative Services to make it  
6 easier for families to navigate those worlds. And  
7 Commissioner Sontag and I and some folks at Social  
8 Security and the Department of Labor are trying to  
9 work at the federal level collaboratively to make it  
10 easier to families to hopefully navigate the  
11 difference in those two worlds.

12 And while I have the microphone, just very  
13 quickly, in response to Commissioner Fleming's  
14 earlier comments, when Reid and I met with the  
15 President earlier this year, he was very clear to us  
16 that parents are critically important in making  
17 educational reform happen. And that if we don't give  
18 information to parents that they're never going to be  
19 able to make the kinds of choices that he really  
20 wants them to make.

21 So I just want the Commission to be aware  
22 that the last three people that we've hired at OSEP,

23

1 including our current director of the Office of  
2 Special Education Programs and our reading  
3 specialists, which I think is critically important,  
4 are parents of students with disabilities. And this  
5 is in direct recognition of the fact that parents are  
6 the true experts on their kids and they know more  
7 about their kids than anybody else, and we in special  
8 ed have to understand that and support that. So I  
9 just didn't want to go without making that point.  
10 Thank you.

11 CHAIRMAN BRANSTAD: Other questions on  
12 this task force? Steve Bartlett.

13 MR. BARTLETT: In shorthand version, Bill,  
14 in listening to the report, it seemed to sort of take  
15 the form of findings. I wonder if you could give us  
16 a sense, either from you or from the staff, as to  
17 what the specific recommendations for changes in IDEA  
18 or changes in IDEA or its implementation would be?  
19 What would the major ones be, do you think? And have  
20 they been drafted? As a recommendation.

21 DR. BERDINE: Yes. Steve, I can address  
22 that. As you know, this task force started late and  
23

1 we have not finished I believe our deliberations, and  
2 with Commissioner Huntt being ill, I don't want to  
3 speak too far in front of the task force, but I can  
4 probably outline one or two very specific  
5 recommendations that we'll probably make.

6 MR. BARTLETT: Okay.

7 DR. BERDINE: But again, I'm speaking a  
8 little bit in front of the task force.

9 MR. BARTLETT: So the answer to my second  
10 question is, no, they haven't been drafted?

11 DR. BERDINE: We've have drafts. That's  
12 exactly what they are are drafts.

13 MR. BARTLETT: What would a couple of the  
14 major ones be as recommendations?

15 DR. BERDINE: One of the recommendations  
16 would be to mandate federal interagency coordination  
17 of resources. Multiple federal policies and programs  
18 must be required to mandate and fund transition  
19 services to improve competitive employment and access  
20 to higher education options for students with  
21 disabilities.

22 An executive order mandating existing

23

1 agency coordination and pooling of existing funds  
2 will improve transition services.

3 MR. BARTLETT: That means VR agencies --  
4 is that what you mean?

5 DR. BERDINE: Yes.

6 MR. BARTLETT: VR and Social Security and  
7 regular ed?

8 DR. BERDINE: Right. Another one that we  
9 have had considerable discussion on is federal  
10 transition rules. Simplify IDEA's transition-related  
11 provisions. These provisions are too complex and do  
12 not provide clear steps for integrating school and  
13 non-school transition services and must more clearly  
14 link IEP goals and transition services.

15 Further, a direct bridge between special  
16 education policy and regular education policy must be  
17 strengthened.

18 DR. BARTLETT: It sounds like perhaps the  
19 accountability systems recommendation could then  
20 incorporate transition of school-to-work as an  
21 outcome measurement.

22 DR. BERDINE: I believe so. I think  
23

1     you're right.

2                   DR. BARTLETT:  It sounds like that would  
3     be one of your conclusions.  And what we ought to do  
4     is not make it an outcome measurement where we only  
5     measure it after the student leaves school, but  
6     measure beginning at age 14, has the student been  
7     equipped for a transition.

8                   DR. BERDINE:  Right.  Well, it's not --  
9     age 14 was not specifically stated in that very  
10    recommendation.  It is in the body of the piece and  
11    we can bring that out more in a prominent fashion if  
12    you think it would help.

13                   DR. BARTLETT:  I heard you say age 14  
14    earlier.  Well, Todd, can we get that into either our  
15    recommendation or theirs, so it's in the  
16    recommendations of the report?

17                   DR. JONES:  Well, you're the chairman.  
18    Yes we can.

19                   DR. BARTLETT:  But I don't have the key to  
20    the pass code.

21                   DR. JONES:  No, absolutely.

22                   MR. BARTLETT:  Okay.

23

1 DR. BERDINE: It's not a problem putting  
2 into this either. I think it fits in either/or.

3 DR. WRIGHT: He needs to write it down.

4 CHAIRMAN BRANSTAD: Bob Pasternack?

5 DR. PASTERNAK: I'll yield to  
6 Commissioner Grasmick for a moment.

7 DR. GRASMICK: Thank you. I'd like to  
8 know if the report will be addressing specific  
9 measures of success.

10 DR. BERDINE: Yes.

11 DR. GRASMICK: What represents success.

12 DR. BERDINE: Yes. We had considerable  
13 discussion regarding the competitive employment,  
14 indices such as placement in competitive employment,  
15 placement or acceptance into post-secondary  
16 education, virtual elimination of the funding for  
17 sheltered workshop kinds of -- using that as an index  
18 of success.

19 DR. GRASMICK: And might I also add that I  
20 think the intervals of time related to those  
21 indicators of success will be important. Because if  
22 you're only measuring it for 90 days, I personally do

23



1 not feel that represents success. It has to be  
2 sustained. So I hope those intervals will be looked  
3 at as part of the report.

4 DR. BERDINE: I believe it is. It was a  
5 part of our discussion. Again, I just don't want to  
6 talk too far in front of Doug on this.

7 DR. PASTERNAK: A couple of other  
8 recommendations in response to Commissioner  
9 Bartlett's question. One was for the Secretary to  
10 create a Commission to advise him on the  
11 reauthorization of the Rehabilitation Act, which will  
12 be coming up next year.

13 Another recommendation is that, as the  
14 Commission knows, is right now current language says  
15 students will be invited to their IEP, where  
16 appropriate. The recommendation is to take out those  
17 two words "where appropriate" and send the message to  
18 the field that it's always appropriate for every  
19 students to be at every IEP meeting. That was some  
20 of the thinking that went into this particular task  
21 force's examining some of the failings of the current  
22 transition provisions which I think was the substance

23

1 of Commissioner Bartlett's question.

2 I think the consensus was from the  
3 testimony that we heard that clearly, if you look at  
4 New Freedom Initiative, 70 percent of adults with  
5 disabilities in this country being unemployed at a  
6 time of unprecedented economic prosperity, more needs  
7 to be done to give students with disabilities the  
8 skills that they need to be able to access employment  
9 and post-secondary opportunities.

10 CHAIRMAN BRANSTAD: Doug Gill.

11 DR. GILL: Thank you, Mr. Chair. I guess  
12 there may be a question in here somewhere. There may  
13 be more of a statement than a question. But I think  
14 I want to applaud the Commission first of all for  
15 taking transition on as a separate task force kind of  
16 an issue, because I think post-school success is  
17 probably the ultimate measure of educational reform.

18 I guess one of the things that I want us  
19 to be concerned about, and it's more of a question of  
20 balance than anything else, is that in our quest to  
21 improve academic achievement, that does not come at  
22 the expense of post-school success, and I think some

23

1 of the preliminary data I've seen is that while we  
2 had some success previously in terms of some of our  
3 post-school outcomes as we have emphasized in the  
4 curriculum increased academic achievement. I'm  
5 disturbed by some of the findings that I've seen that  
6 show a corresponding decrease in our post-school  
7 outcomes.

8           So I want us to make sure that we  
9 recommend and understand that academic achievement  
10 and post-school success is not an either/or question.  
11 It's a question of both. We want to achieve both of  
12 those things as real products of a reformed  
13 performance-based system, because I think that's the  
14 ultimate measure of performance.

15           DR. BERDINE: I think that can be built  
16 into the body of the report. In addition, Secretary  
17 Pasternack mentioned the apparent lack of familiarity  
18 among school personnel on issues and resources. And  
19 built into our recommendation on train higher  
20 education faculty and administrators, built into that  
21 recommendation is very specifically addressing the  
22 fact that we are not training our service providers  
23

1 in the schools to make the best recommendations about  
2 what is available, and that needs to be remedied I  
3 think. I think that's a very specific recommendation  
4 that's in the body of the report trying to address  
5 that.

6 It's been brought to our attention that in  
7 many places, if not most places, there is not a paid  
8 transition vocational coordinator, that it's a  
9 nonpaid position or a volunteer position or part of  
10 somebody's job. If we're really serious about  
11 transition services and outcomes, then we need to  
12 have somebody specifically identified within the  
13 schools who will take that responsibility and fill  
14 that gap.

15 I think within either the recommendations  
16 or the narrative, Doug, that that is addressed.

17 DR. GILL: Okay. I think that is  
18 critically important, because some of the secondary  
19 special ed teachers that I talked to, I have simply  
20 asked them that question: Why do you think it is  
21 that we're seeing reduced post-school outcomes now  
22 for some of the kids that we were seeing gains for

23

1 three or four years ago when transition was clearly a  
2 higher area of emphasis?

3 And the response that I get back from them  
4 is it's one of curricular influence. They tell me  
5 that our curriculum is more driven now by academic  
6 measures and standards of educational reform and  
7 state standards and things like that, so there simply  
8 is not enough time in the day, nor is there enough  
9 emphasis in the curriculum on post-school success.  
10 And I appreciate the fact that this is a significant  
11 enough issue that it is one of the task force reports  
12 that will be made to the President. So I appreciate  
13 your efforts.

14 DR. BERDINE: When we came back out of  
15 D.C. from our meeting here, I was very concerned  
16 about what appeared to be a vacuum in higher  
17 education within the teacher training area. And just  
18 to use my own department as a guinea pig, I looked at  
19 our curriculum, and I'm embarrassed to say that while  
20 there is some mention of transition services, it is  
21 far, far inadequate. And I would suspect that we're  
22 not the only institution of higher education that has  
23

1       that situation.

2                   So if we're not training professionals to  
3 deal with transition and the need for outcome  
4 evaluation, it's not going to occur.

5                   DR. GILL: That's correct. So perhaps a  
6 parallel recommendation in professional development  
7 and transition is appropriate.

8                   DR. PASTERNAK: One of the things that we  
9 found that I just want to quickly point out to the  
10 Commission in response to your question, Commissioner  
11 Gill, is we did a study at the Rehabilitation  
12 Services Administration of 8,000 clients receiving VR  
13 services, and what was the skill most predictive of  
14 their being successful when they got out of VR to  
15 find work. And what we found is the most important  
16 skill is the ability to read.

17                   And I think that what points out is that  
18 the critical importance to us of identifying better  
19 adolescent models or better models for teaching  
20 adolescents to read, and particular better models for  
21 teaching adults to read, which has been described --  
22 adult literacy has been described as an empirical

23

1 wasteland.

2           So I think that in terms of finding  
3 models, you know, we've learned from the incredibly  
4 powerful research Dr. Lyon and Dr. Fletcher and their  
5 colleagues the importance of parents reading to their  
6 kids, lap time. And so if we have adults who can't  
7 read, there are just so many benefits to focusing on  
8 their acquiring literacy even later on in life since  
9 we fail so many of these kids by not teaching them to  
10 read when they're in school.

11           So I think that while you're right, there  
12 are other things we need to focus on, it again  
13 dramatizes the importance of teaching these kids to  
14 read.

15           Another thing that we heard which was very  
16 disturbing is really the only time that the  
17 Commission has heard testimony about other systems is  
18 the alarming numbers of kids with disabilities in the  
19 juvenile justice system, in the mental health system,  
20 and in the foster care system. And I know as state  
21 director, Doug, these are things that you're aware  
22 of.

23

1           But, you know, we've got three times the  
2 prevalence rates of disability identified in the most  
3 recent study in the juvenile justice system and  
4 estimates by the Casey (phonetic) Foundation actually  
5 looking at kids in your state, in the state of  
6 Washington, found that 40 percent of the kids in the  
7 foster care system were kids with disabilities.

8           So these are systems where we've got to  
9 have better interagency collaboration. We've got to  
10 build their capacity to meet the needs of kids with  
11 disabilities that are in those systems in alarming  
12 numbers.

13           DR. GILL: I would agree, and I think that  
14 the capacity -- just if I may go on for a second -- I  
15 think that interagency capacity is critically  
16 important here, because I think a lot of times the K-  
17 12 systems and the common school systems feel as if  
18 they are the sole provider and that does have a  
19 curricular influence here, so I think the notion of  
20 interagency -- more than collaboration, even co-  
21 funding or co-supports to some extent -- is  
22 critically important, and I'm glad that the research

23



1 certainly verifies that.

2 CHAIRMAN BRANSTAD: Steve Bartlett.

3 MR. BARTLETT: Only being mildly  
4 facetious, if we recommend, which I think we should,  
5 a recommendation next year, the Commission next year  
6 on rehabilitation reauthorization, on voc rehab  
7 reauthorization, only mildly facetious, perhaps we  
8 should recommend that Doug Huntt be made chairman of  
9 it, or absent that, that we recommend that a full  
10 measure of inclusion of secondary education be a part  
11 of the rehab reauthorization commission as a way of  
12 sort of forcing the thinking process of collaboration  
13 up front.

14 CHAIRMAN BRANSTAD: Katie Wright.

15 DR. WRIGHT: Yes. I served on that task  
16 force, and I'm glad that I did. I was invited to  
17 serve. I want to piggyback on what the Secretary  
18 said and on what Bill Berdine said. I think that  
19 maybe we could incorporate our recommendation for the  
20 training of higher education faculty, that could go  
21 into Dr. Butterfield's report also. Because that's  
22 staff development, right?

23

1           I'm a teacher trainer, and I can tell you  
2   that in training teachers at Harriet Stowe State  
3   College, and pardon me for the personal reference,  
4   but I have to tell you this, that I did address  
5   transition. The Turnbulls -- and many of you know  
6   that name -- have an excellent, excellent chapters in  
7   their textbooks that college professors use on  
8   transition. And some of you maybe have used that.

9           And so some of us are using that material.  
10   Some of us at the college level, teacher trainers,  
11   are training for transition, but not all of us are  
12   doing it. Some in my very department at Harriet  
13   Stowe were not doing it. But I think that this could  
14   very well be addressed also under staff development.

15           I want to say that I'm sorry that  
16   Commissioner Huntt, Dr. Huntt is not here. He did a  
17   fantastic job. We all had input and we all worked  
18   very hard on this, and I'm sorry that he's not here  
19   to take some accolades, because he really worked on  
20   this. And that's my comment for right now.

21           CHAIRMAN BRANSTAD: Thank you. Jack  
22   Fletcher.

23

1                   DR. FLETCHER: I apologize to Commissioner  
2     Huntt for jumping on the academic bandwagon, but I  
3     want to make sure that he knows that in individuals  
4     with spina bifida, which is a very severely  
5     disabling, lifelong disability, the best single  
6     predictor of adult adaptation is not the level of  
7     orthopedic handicap or their level of literacy  
8     development, it's functional math ability. Because  
9     that determines whether the person can balance  
10    checkbooks, follow bus schedules, things of that  
11    sort.

12                   CHAIRMAN BRANSTAD: Nancy Grasmick.

13                   DR. GRASMICK: I think semantics are very  
14    powerful. And this is just a question. But with all  
15    of our nondisabled students, we never use the term  
16    "vocational rehabilitation". We have completely  
17    changed to update a vision for those students and  
18    call it career technology. And I wonder if we're not  
19    dealing in obsolescence with those with disabilities.

20                   (Applause.)

21                   CHAIRMAN BRANSTAD: Commissioner Grasmick,  
22    that's I think just an excellent observation. And

23

1 based on your experience, I'm sure it's well founded.  
2 And I think that it's something that would bear  
3 considerable thought. I would support that in  
4 whatever way we can do that within the task force.

5 DR. PASTERNAK: I would also comment that  
6 Commission Grasmick, as usual, has made an excellent  
7 observation. Because rehabilitation implies that  
8 somebody had the skills, lost the skills, and we're  
9 retraining that individual, where so many of these  
10 people never had the skills to begin with. So it's  
11 really about habilitation, not rehabilitation.  
12 However, I don't know. We'll certainly talk about  
13 that. It will be interesting to see if the task  
14 force would propose changing the Rehabilitation  
15 Services Administration and perhaps even renaming the  
16 Office of Special Education and Rehabilitative  
17 Services. We'll await the final report to see where  
18 we go with that, Mr. Chair.

19 CHAIRMAN BRANSTAD: Thomas Fleming.

20 DR. FLEMING: I would just add to that,  
21 Dr. Pasternack, because when you brought up the  
22 reality of that other group that I've spent so much

23

1 of my life with, Youth in Trouble, I hope that  
2 somewhere along the way it can be articulated that  
3 once they are actually in that place, there are so  
4 many other dangers that disappear. They have the  
5 food, they have the rest as well as the educational  
6 programs.

7 And so when you remove so many of other  
8 threatening things that happen to them out there in  
9 the real world, you really have their attention and  
10 you can then deal with much more of the educational  
11 kinds of needs.

12 DR. PASTERNAK: Absolutely. And truancy  
13 is no longer a problem when they're incarcerated.

14 (Laughter.)

15 DR. PASTERNAK: So I think that we're  
16 able to really help them in significant ways. I  
17 couldn't agree with you more, sir.

18 DR. FLEMING: Well, it disappears, the  
19 threat. What I'm trying to say is there's so much  
20 danger out there in the real world when they're  
21 trying to survive on their own basic low level of  
22 skills so that here you have now an opportunity to

23

1 catch the attention and help them so much better  
2 during that time.

3 DR. PASTERNAK: Well, Mr. Chair, just  
4 very quickly, there's so many kids of color in that  
5 system that it's really very troubling, and it also  
6 is indicative of the fact that many of these kids  
7 have comorbid substance abuse problems. And when  
8 they're in those facilities, for many of these young  
9 people, it's the first time in many years that  
10 they've been clean and sober.

11 And so when you combine the fact that  
12 they're in a safe environment, that they're clean and  
13 sober, and that they're going to school on a daily  
14 basis, it's an incredibly powerful opportunity to  
15 change their life trajectory from risk to resiliency.  
16 And so it is about how do we work more  
17 collaboratively with those systems.

18 Because we have a critical shortage of  
19 personnel in the public schools, and those facilities  
20 have a great deal of difficulty recruiting highly  
21 qualified, well trained people to work in an  
22 environment where they work longer days, a longer  
23

1 school year. It's clearly, there are systems which  
2 don't get the amount of attention that they deserve,  
3 and I'm proud that this Commission spent a little bit  
4 of time and energy focusing on some of the kids that  
5 have clearly been left out and left behind and will  
6 help us get to the President's mission of leaving no  
7 child behind.

8 CHAIRMAN BRANSTAD: Paula Butterfield.

9 DR. BUTTERFIELD: I need to weigh in on  
10 this issue as well and thank Commissioner Grasmick  
11 for bringing that up. Where I'm currently gainfully  
12 employed, we're also changing to the career  
13 development model. And I think it's really  
14 important, because we've talked a great deal about  
15 special ed and general ed and working together, and  
16 in general ed, we don't use those kinds of terms.  
17 They're developing, our children are developing.  
18 We're moving forward. We're preparing them for  
19 careers. These are our general ed children who also  
20 are special education children.

21 And so I think we really need to make that  
22 kind of a statement, and I appreciate you bringing  
23

1 that to the table.

2 CHAIRMAN BRANSTAD: Ed Sontag.

3 DR. SONTAG: I think we've spent a great  
4 deal of time talking about the needs of children who  
5 have the ability to read and to use that skill.  
6 There's a group of children that I think we need to  
7 make sure are still in the front part of our agenda,  
8 and that's children with severe disabilities.

9 Many of these children, if we were to  
10 provide them good transition service, given state of  
11 practice there today, we should probably give them a  
12 lifetime subscription to TV Guide. There are no  
13 options for many of these kids. There's no adult  
14 service system that picks up on the vast majority of  
15 these kids. They go home.

16 And dealing with this transition topic  
17 without a clear link to adult services is a little  
18 bit like trying to make a cake only with flour and no  
19 sugar. So as the Department looks down the road at  
20 reauthorization of rehab, I think there needs to be a  
21 separate and very special focus on the needs of  
22 children with severe disabilities.

23



1                   CHAIRMAN BRANSTAD:   Floyd Flake.

2                   DR. FLAKE:   Thank you, Mr. Chairman.   This  
3   is not necessarily a question, it's more pastoral and  
4   I guess dealing with one of the larger churches in an  
5   urban community and seeing side effects of the lack  
6   of what happens when special education doesn't work.  
7   Too many kids have literally been tracked into  
8   incarceration track in large measure because they did  
9   not get the essentials for being able to survive and  
10  to sustain themselves.

11                  So I'm just saying to the committee that  
12  there are so much broader ramifications that we have  
13  to deal with on what happens when special education  
14  does not work well, especially when we have tracked  
15  into special education a number of young people whose  
16  only real problem is behavior as opposed to serious  
17  disabilities.

18                  And I think maybe this transitional  
19  discussion is one where we ought to make it very  
20  clear that to the degree that we can, we solve the  
21  problem before the kid gets a felony as opposed to  
22  after the fact.   In both ways we're using a lot of

23

1 government dollars, and I think we ought to put the  
2 resources on the front end and make sure that special  
3 education works well and the assessment process is  
4 done well, because otherwise we pay for it when we  
5 have to build beds for these kids. And that's just a  
6 comment, Bob.

7 DR. PASTERNAK: I say amen to that.

8 DR. FLAKE: Thank you, sir.

9 (Laughter.)

10 DR. FLAKE: I hear you're going around  
11 preaching on weekends.

12 (Laughter.)

13 DR. PASTERNAK: I would never try to  
14 compete with you, sir.

15 (Laughter.)

16 CHAIRMAN BRANSTAD: Okay. If there are no  
17 other questions. Cherie Takemoto.

18 MS. TAKEMOTO: Just to also follow up on  
19 what Doug Gill talked about, outcomes. One of the  
20 outcomes in juvenile justice and foster care that we  
21 did hear about is supported by the research is the  
22 importance of community involvement and connections

23

1 that are important particularly for that group. But  
2 when you add in people with severe disabilities and  
3 others, Brian I know you've been working on some of  
4 the outcomes that we're looking at. If we can add  
5 the community involvement and connections to that, I  
6 think that there would be good support for that.

7 CHAIRMAN BRANSTAD: Okay. Thank you all  
8 very much. We will now go to the report of the Task  
9 Force on System Administration. Adela Acosta, for  
10 health reasons, is not able to be here. Cherie  
11 Takemoto is going to report on behalf of this System  
12 Administration Task Force.

13 MS. TAKEMOTO: Thank you. We met in San  
14 Diego to hear testimony, but also we've been hearing  
15 testimony along the way about the importance of the  
16 systems administration aspect of things. In fact,  
17 systems administration is sort of the catchall for  
18 what didn't fit in other places as we developed our  
19 own agenda.

20 The members of this committee or task  
21 force are Adela Acosta is the chair, Doug Huntt,  
22 Michael Rivas, Jay Chambers, Doug Gill, Alan Coulter

23

1 and myself.

2 Much of our recommendations have been  
3 incorporated and discussed in also the OSEP report  
4 from yesterday and the accountability report from  
5 yesterday. So what I'm going to try to do is cover  
6 what was not covered in those.

7 The first one is that we strengthened the  
8 least restrictive environment provision, and we treat  
9 least restrictive environment issues as central to  
10 special education by talking about them in terms of  
11 services rather than placement or a procedural  
12 safeguard, which is sort of where it's come in.

13 We heard a lot about how the current  
14 regulations requirements are very complicated, and it  
15 serves as a disincentive for many parents to pursue  
16 obtaining an appropriate education for their  
17 children. For other families, the current law  
18 presents a circumstance where their only way to get  
19 their needs met are through the legal process. While  
20 there are a number of due process cases, that number  
21 is very minuscule in relationship to the number of  
22 students being served.

23

1           So we would promote more alternatives to  
2   dispute resolution. Right now mediation only becomes  
3   available when a parent files due process. So we're  
4   saying we want to encourage mediation not just when  
5   there is a due process but when it is requested.

6           We also wanted to have OSEP or others  
7   encourage states, perhaps through financial  
8   incentive, to develop early processes that promote  
9   agreement reaching at the local level. So before  
10  we've gotten to a disagreement, fold resources into  
11  promoting ways to work together, and when there is  
12  agreement, to resolve them more easily and  
13  successfully in the least obnoxious environment  
14  maybe.

15                   (Laughter.)

16           MS. TAKEMOTO: And we have discussed  
17  binding arbitration as another dispute resolution  
18  opportunity.

19           Another that we have discussed is creating  
20  a seamless IDEA system for infants, toddlers,  
21  children and youth with disabilities from birth  
22  through 21. We heard testimony that spoke to

23

1 positive research-based efficacy and cost benefit of  
2 early intervention services. We found that there  
3 were inconsistencies in the definitions for  
4 eligibility, despite evidence that this early  
5 intervention works and also evidence that early  
6 intervention for certain at-risk populations works.  
7 That most states are not serving the number of  
8 infants and toddlers at the prevalence that would be  
9 expected.

10           And Part C of the Early Intervention  
11 Program has not been permanently authorized, and  
12 funding has not increased in early intervention or in  
13 619 in proportion to what is happening out there.

14           Under this recommendation of permanently  
15 authorizing what is currently Part C, we would  
16 clarify that states could still choose who they  
17 wanted as a lead agency for their service system but  
18 that Department of Education would monitor services  
19 to infants and toddlers and preschoolers as part of  
20 the overall monitoring for IDEA, with specific state  
21 Department of Education accountability for results.

22           We would also promote the use of IDEA

23

1 funds in ways that encourage flexible use of those  
2 funds to support infants, toddlers and preschoolers  
3 and really look at how those funds interact with  
4 other programs and funding sources such as Medicaid,  
5 Early Heat Start, HUD programs, Early Reading  
6 initiatives and other programs.

7           The other area that we looked at, we heard  
8 from a number of witnesses that conflicting  
9 priorities requirements attention and focus at the  
10 federal level really confound attempts at the local  
11 level to better provide services and programs that  
12 will lead to better results for children with  
13 disabilities and resolve conflicts.

14           The New Freedom Initiative that the  
15 President has initiated is a focus on priority to  
16 make government work better in ways that lead to  
17 better results for all children.

18           The Department of Education, we found lots  
19 of different folks have a piece of this pie. The  
20 Department of Education has jurisdiction over a  
21 number of important programs that serve children with  
22 disabilities, including the Elementary Secondary  
23

1 Education Act in Title I, Head Start, Office of Civil  
2 Rights, Rehab Services Administration, Office of  
3 OERI. Educational Research and Innovation? And  
4 Improvement. Sorry.

5 Also, Health and Human Services programs  
6 include programs such as the Administration for  
7 Developmental Disabilities, Administration for  
8 Children, Youth and Families, National Institute for  
9 Health, National Institute for Mental Retardation,  
10 Health Research Services Administration. I don't  
11 know all these -- I know the acronyms. I'm not sure  
12 what the title is. HRSA. Maternal Child Health  
13 Bureau, President's Commission on Mental Retardation.

14 Other departments in the government and  
15 agencies that are important to improving results for  
16 children with disabilities include Social Security,  
17 SSI, Labor, Justice, Department of Defense, Bureau of  
18 Indian Affairs, National Council on Disability.

19 There were so many different agencies and  
20 organizations and subdepartments that it's difficult  
21 to account for all of them here, but it's vast and  
22 it's powerful, if we learn how to harness that power

23



1 and resource in smart ways that lead to improved  
2 results for students with disabilities.

3 Some examples of that focus and leadership  
4 and interagency collaboration at the federal level  
5 that could improve outcomes include:

6 Better coordination between federal  
7 agencies with direct and related responsibilities for  
8 just plain educating kids, like the Department of  
9 Defense Education Agency, Bureau of Indian Affairs.

10 Determining what the funding  
11 interrelationships for students who are in special  
12 education are with sources such as Medicaid, Title IV  
13 E, foster care, Title I, Social Security, SSI, RSA  
14 and Trio program, et cetera.

15 Ways that we could coordinate conflict  
16 resolution and enforcement between the Office of  
17 Special Education Programs and Office of Civil Rights  
18 to allow for speedier and clear resolution of special  
19 education-related disputes.

20 Better coordination and leverage of  
21 federal funding to programs such as the Parent  
22 Training Information Centers, Family Resource

23

1 Centers, Developmental Disabilities Councils,  
2 Independent Living Centers, and protection and  
3 advocacy agencies.

4 And collaborative funding and leveraging  
5 of funding between different entities with the  
6 Department of Education, NIH, Health and Human  
7 Services, NSA, HRSA and others related to research-  
8 based discoveries about what works and doesn't work  
9 for children with disabilities.

10 I guess that -- what I'd like to say about  
11 our particular task force is that some of the things  
12 that I'm throwing out here have only been discussed  
13 in internal, not formal task force discussions. I  
14 just want to make that clear here. But I am  
15 presenting the information for the purpose of  
16 allowing the public to understand possible  
17 recommendations that may be coming out of this task  
18 force and Commission and respond, particularly to  
19 what is arguably a controversial recommendation about  
20 birth to 21 seamless services.

21 Thank you.

22 CHAIRMAN BRANSTAD: Thank you very much,  
23

1 Cherie. The first question is from David Gordon.

2 DR. GORDON: Not a question, more a  
3 comment. When you talk about dispute resolution,  
4 these task forces are merging in my head, and I gave  
5 Commissioner Bartlett some language to this effect.

6 Before you get to the mediation or the due  
7 process hearing, the first encounter a parent has  
8 with the system is the IEP meeting. And if we could  
9 achieve better facilitation of the IEP meetings, I  
10 think we could forestall a lot of the legalistic  
11 disputes. In my school district, we spent a lot of  
12 time on training our teachers and administrators in  
13 facilitation, and we have not had a due process  
14 hearing in 11 years in a district of 50,000 children.

15 So I think it really pays off. And it's  
16 something that I think if the federal government  
17 could invest in it, it could make a huge difference.  
18 Thank you.

19 CHAIRMAN BRANSTAD: Other questions? Dr.  
20 Fletcher.

21 DR. FLETCHER: I also have something  
22 that's really more of a comment and an opportunity to  
23

1 correct the record. Earlier when I was asked about  
2 dispute resolution in relationship to identification  
3 models, I said something that was essentially  
4 disparaging to lawyers, and I would like to indicate  
5 that many lawyers have been very supportive of  
6 changes in identification practices, most notably my  
7 colleague, Emerson Dickman, with the International  
8 Dyslexia Association. I apologize for that.

9 I'd also like to ask -- I looked at some  
10 of the materials that your task force used, and it  
11 was my observation that many of those involved in  
12 dispute resolution were very supportive of methods  
13 such as mediation and other things that would reduce  
14 the number of due process hearings. Isn't that  
15 correct?

16 MS. TAKEMOTO: Absolutely. And that was  
17 across the board with school attorneys,  
18 superintendents, parent advocates, and people who  
19 testified all have just said that it's just too nasty  
20 out there, and we're getting away from who we're  
21 talking about, which are the children and the  
22 results. And we do have good models that work, as

23

1 Dr. Gordon included, that can prevent that kind of  
2 negative relationship from occurring.

3 We also heard from parents, attorneys and  
4 school systems about the importance of the  
5 individual, the ability to dispute or litigate on the  
6 individual level. So we were asked not to restrict  
7 use of those methods. But I think our intent here is  
8 to prevent folks from getting to a point that they  
9 have to pursue the legal process, which is paperwork  
10 producing.

11 When you look at what's happened to IEPs,  
12 for instance, and paperwork. A lot of what's in IEPs  
13 is not what the feds are requiring specifically in  
14 the regulations. It is state and school system  
15 response to protecting themselves in those very small  
16 minority of cases where there is a dispute.

17 CHAIRMAN BRANSTAD: Michael Rivas.

18 MR. RIVAS: I'd take Commissioner Gordon's  
19 comments to heart through personal experiences, and I  
20 can assure that that is something that we are looking  
21 into and we have discussed, trying to avoid any of  
22 these conflicts. And I think it starts, I mean, it

23

1 can be a shock to a parent initially to find out, you  
2 know, in an IEP when you're sitting across the room  
3 with five, six professionals by yourself or with your  
4 wife or whatever, and to find out that through their  
5 assessment that you have a child that has some  
6 learning disabilities or some severe disabilities.  
7 And I have discussed with some of the other  
8 Commissioners about that, and I think that's what  
9 we're going to really work towards.

10 CHAIRMAN BRANSTAD: Are there other  
11 questions or comments? Doug Gill.

12 DR. GILL: Yes. One of the comments that  
13 I wanted to make is what I thought we heard in San  
14 Diego from one of the probably well respected parent  
15 advocacy attorneys, a man named Bill Dusseau  
16 (phonetic) from Seattle, Washington of all places,  
17 who I happen to have a whole lot of respect for.

18 I think one of the things that Bill said  
19 in terms of his analysis of litigation issues in  
20 special education is he sort of challenged the  
21 Commission to turn disputes over procedures into  
22 disputes over progress, and I think that's one of the

23

1 things that I think is real compelling for me as a  
2 state director of special education, instead of  
3 having disputes over procedural issues, which have  
4 become in fact in many ways surrogates for  
5 accountability, that our disputes should be over  
6 progress and how kids actually achieve and the  
7 results.

8           That he felt like those were far more  
9 healthy disputes than disputes over whether it was 36  
10 days or 35 days or 61 days versus 60 or those kinds  
11 of issues, and that he felt like a lot of the parents  
12 that he dealt with, and I happen to agree with him,  
13 have sort of fallen back on the procedural  
14 protections under IDEA as a surrogate for real  
15 accountability issues in special education.

16           And I think that was echoed by many of the  
17 parents who also testified in San Diego as well. So  
18 I think dispute resolution needs to change the  
19 paradigm and the focus as well and perhaps some of  
20 the animosity associated with it will be subsequently  
21 reduced.

22           MS. TAKEMOTO: Commissioner Levy from New  
23

1 York City challenged us very strongly on the amount  
2 of paperwork that we're requiring of him and how the  
3 process -- it's been all about the process. And when  
4 I asked him, are you willing to trade the comfort of  
5 something you know, how to protect yourself against  
6 litigation in terms of process, into accountability  
7 for results, he really said bring it on. Absolutely.  
8 Give me an opportunity to be accountable for  
9 progress, for results.

10 So I think it's not just limited to  
11 parents. It also involves folks who are  
12 administrators like you as well as administrators who  
13 feel like the special education system has been a  
14 weight around their neck.

15 CHAIRMAN BRANSTAD: Any additional  
16 comments or questions from Commissioners?

17 (No response.)

18 CHAIRMAN BRANSTAD: Again, Cherie, I thank  
19 you for doing a great job of pinch hitting for Adela  
20 Acosta, and I thank all of you for your attention and  
21 participation during these two days.

22 We're going to adjourn the meeting here

23



1     shortly, but we still have a couple of task forces  
2     that will meet immediately upon adjournment of the  
3     Commission. The Research Task Force will meet in the  
4     Congressional Room. After that, the joint meeting of  
5     the Accountability Systems, Systems Administration  
6     and OSEP Task Forces will be I think over lunch. Is  
7     that right? Over and after lunch. During and after  
8     lunch. And that will be in the New York Room.

9             And then I would also announce that the  
10    final meeting of the President's Commission on  
11    Excellence in Special Education will be held here  
12    again in Washington, D.C. This time it's going to be  
13    at the Washington Hilton. That's 1919 Connecticut  
14    Avenue. It's going to be on the 13th and 14th of  
15    June. It is our intention to complete our work at  
16    that time and to be able to -- that would be the last  
17    two-day meeting of the Commission. And we would  
18    intent to convene at nine o'clock in the morning on  
19    the 13th.

20             Todd, are there additional announcements?

21             (No response.)

22             CHAIRMAN BRANSTAD: Yes, Cherie, you had a  
23

1 question?

2 MS. TAKEMOTO: Yes. Chairman, I know that  
3 you brought this up yesterday, but in case members of  
4 the audience were not here yesterday when you brought  
5 it up, can you -- we have changed how we're going to  
6 be making information available, and also we do not  
7 have public comment but we are encouraging  
8 correspondence. Can you speak to that again please?

9 CHAIRMAN BRANSTAD: Yes. From the  
10 discussions of the last two days, I think you have  
11 seen that the task force work is not yet completed.  
12 The task force members are continuing to meet, and  
13 there will be additional discussions, and we're  
14 getting into the drafting I guess stage now. That  
15 information will be sent out to the members of the  
16 Commission on Monday. But since the task forces do  
17 not represent a majority of the Commission, it will  
18 not be made public until we've actually had a chance  
19 to come back here on the 13th and 14th and have the  
20 whole Commission review and discuss and hopefully  
21 approve the recommendations that come from the task  
22 forces.

23

1                   But there will continue to be an  
2                   opportunity for input as we go forward, as well as  
3                   once we have completed our work and made the  
4                   recommendations, that information will be published.  
5                   Bob Pasternack has indicated that will be published  
6                   in the Federal Register and there will be the normal  
7                   comment period that people have on the  
8                   recommendations that come from this Commission.

9                   Are there any other questions? Yes, Wade?

10                  DR. HORN: Will there be a draft report  
11                  circulated to Commission members before the 13th?

12                  CHAIRMAN BRANSTAD: Yes. The draft report  
13                  will be circulated to Commissioners. I think Todd  
14                  has indicated it's the goal to have that ready by  
15                  Wednesday of this coming week to the Commissioners.

16                  DR. JONES: Actually to put it also with  
17                  you all, it's up to you. If the drafts are ready on  
18                  Wednesday, then it goes out Wednesday. If there are  
19                  task forces who have not completed their work, it  
20                  won't go out Wednesday.

21                  CHAIRMAN BRANSTAD: But that's what the  
22                  goal is at this point. And there is a lot of work,

23

1 and I know that there is some concern about the need  
2 to boil down some of the information so that we can  
3 meet with -- we're trying to make sure that this  
4 report is not only significant and meaningful but  
5 succinct enough that it will -- and readable. So  
6 that's the real challenge that we're all working on,  
7 and I do appreciate everyone's understanding and  
8 cooperation as we're getting into the home stretch  
9 here.

10 Are there any other questions?

11 (No response.)

12 CHAIRMAN BRANSTAD: If not, I'll declare  
13 this meeting adjourned.

14 (Whereupon, at 11:53 a.m. on Friday, May  
15 31, 2002, the Fourth Meeting of the President's  
16 Commission on Excellence in Special Education was  
17 adjourned.)

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