



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

JULY 20, 2001

Honorable Cecil Picard
Superintendent
Louisiana Department of Education
Baton Rouge, Louisiana 70804

Dear Superintendent Picard:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Louisiana during the weeks of November 1, 1999 and February 14, 2000 for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act (IDEA) and assisting your State in developing strategies to improve results for children with disabilities. The IDEA Amendments of 1997 focus on "access to services" as well as "improving results" for infants, toddlers, children and youth with disabilities. In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, the Louisiana Department of Education (LDE) and parents and advocates in Louisiana.

A critical aspect of the Continuous Improvement Monitoring Process is the work of Louisiana's Steering Committee of broad-based constituencies, including representatives from LDE and OSEP. The Steering Committee assessed the effectiveness of State systems in ensuring improved results for children with disabilities and protection of individual rights. In addition, the Steering Committee will be designing and coordinating implementation of concrete steps for improvement. Please see the Introduction to the report for a more detailed description of this process in your State, including representation on the Steering Committee.

OSEP's review placed a strong emphasis on those areas that are most closely associated with positive results for children with disabilities. In this review, OSEP clustered the Part B (services for children aged 3 through 21) requirements into four major areas: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary Transition and General Supervision. Part C (services for children aged birth through 2) requirements were clustered into five major areas: Child Find and Public Awareness, Family-Centered Systems of Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. Components were identified by OSEP for each major area as a basis to review the State's performance through examination of State and local indicators.

The enclosed Report addresses significant areas of noncompliance with the requirements of both Part C and Part B of the IDEA. OSEP believes that this noncompliance is of a serious and systemic nature and will require from LDE long-term sustained efforts in order to bring about necessary correction of all deficiencies. These deficiencies must be corrected in order for Louisiana to maintain its continued eligibility for program funds. Because of the extensive and

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serious nature of the findings of noncompliance addressed in this report, LDE may want to consider requesting that the Secretary enter into a compliance agreement with the State. The purpose of such an agreement would be to bring the State into full compliance with the applicable requirements of law as soon as feasible and in no case longer than three years from the date of the agreement (U.S.C. 1234f).

In addition to a discussion of the areas of noncompliance, the Report also addresses areas of suggested improvement and technical assistance on improvement for best practice. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

In order to complete our monitoring of LDE, OSEP sent a letter dated October 19, 2000 to you requesting additional financial information related to the provision of early intervention services. This letter requests that LDE provide OSEP with information on the amount of State and local funding expended by agencies other than LDE to provide early intervention services. The results of this specific monitoring activity will be addressed at a later time and will not affect the results of any findings contained in this current report. We have not yet received a response addressing these issues.

LDE has indicated that this Report will be shared with members of the Steering Committee, the State Interagency Coordinating Council and the State Advisory Panel. OSEP will work with your Steering Committee to develop corrective actions and improvement strategies to ensure improved results for children with disabilities.

Thank you for the assistance and cooperation provided by your staff during our review. Throughout the course of the review, Ms. Virginia Beridon was responsive to OSEP's requests for information, and provided access to necessary documentation that enabled OSEP staff to work in partnership with the Steering Committee to better understand the State's systems for implementing the IDEA. We appreciate the effort made by State staff to arrange the public input process during the Validation Planning week and, as a result of their efforts, OSEP obtained information from a large number of parents (including members of underrepresented groups), advocates, service providers, school and agency personnel, school and agency administrators, and special education unit administrators.

Thank you for your continued efforts toward the goal of achieving better results for infants, toddlers, children and youth with disabilities in Louisiana. Since the enactment of the IDEA and its predecessor, the Education of All Handicapped Children Act, one of the basic goals of the law, ensuring that children with disabilities are not excluded from school, has largely been achieved. Today, families can have a positive vision for their child's future.

While schools and agencies have made great progress, significant challenges remain. Now that children with disabilities are receiving services, the critical issue is to place greater emphasis on attaining better results. To that end, we look forward to working with you in partnership to continue to improve the lives of individuals with disabilities.

Sincerely,

Patricia J. Guard
Acting Director
Office of Special Education Programs

Enclosures

cc: Ms. Virginia Beridon

EXECUTIVE SUMMARY

LOUISIANA MONITORING 2000

The attached Report contains the results of the first two steps (Validation Planning and Validation Data Collection) in the Office of Special Education Program's (OSEP) Continuous Improvement Monitoring of the Individuals with Disabilities Education Act (IDEA), Parts B and C, in the State of Louisiana during the weeks of November 1, 1999 and February 14, 2000. The process is designed to focus resources on improving results for infants, toddlers, children and youth with disabilities and their families through enhanced partnerships between the State agencies, OSEP, parents and advocates. The Validation Planning phase of the monitoring process included the completion of a Self-Assessment by Part B and Part C, an analysis of that Self-Assessment by the Steering Committee, a series of public input meetings with guided discussions around core areas of IDEA, and the organization of a Steering Committees that provided further comments on the status of implementation of IDEA. As part of the public input process, OSEP and the State made particular efforts to include a wide geographical area that included both multi-cultural and underrepresented populations. The Validation Data Collection phase included interviews with parents, students, agency administrators, local program and school administrators, service providers, teachers and service coordinators and reviews of children's records. Information obtained from these data sources was shared in a meeting with the Louisiana Department of Education.

The report contains a detailed description of the process utilized to collect data, and to determine strengths, areas of noncompliance with IDEA, and suggestions for improvement in each of the core IDEA areas.

Early Intervention Service for Infants and Toddlers With Disabilities: **Part C of IDEA**

Strengths

OSEP observed the following strengths:

- One local parish implemented an interagency child find system that joins 17 public/private provider agencies in order to provide a coordinated, comprehensive child find system. After referral to the local ChildNet system, each referring agency receives a follow-up summary that reports the eligibility determination and recommendations for referred children. Physicians in this community have found this process to be particularly helpful.
- Another parish has designed a media campaign that includes public service announcements on the local radio and cable stations. Parents reported this introduction to the early intervention system made them more confident about asking questions and requesting services for their child and family.
- A new strategy to promote physician awareness and referrals is now being piloted throughout the State. The pilot will emphasize the importance of timely referral for both medical and developmental concerns and increase physician knowledge of the range of services, as well as the benefits, that can be provided through early intervention.

- To facilitate coordination of early intervention services, the agencies in one local region have entered into a local interagency agreement to facilitate the provision of services to meet the needs of eligible children and to identify other services needed by families but not required by Part C.
- One local early intervention program has set up extensive procedures for completing the transition process that engages families, service coordinators, providers and classroom teachers. In an awareness seminar, parents and service coordinators learn about the transition process from other parents and providers. Representatives from early childhood programs and the school system are invited to share information about their programs.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- LDE has not ensured compliance with the requirements of Part C through adequate monitoring activities and procedures. Some programs that provide Part C services are not monitored for compliance with Part C by the lead agency.
- The Interagency Coordinating Council is not composed of the requisite percentage of parents of children with disabilities whose children are under the age of 12, and at least one parent of a child with a disability under the age of six.
- LDE has not ensured that all children who may be eligible for early intervention services are identified, located and evaluated and receive needed services in accordance with Part C. Also, procedures are not in place to determine the extent to which primary referral sources disseminate information to parents.
- LDE has not implemented an effective public awareness program, that would include: providing a variety of culturally-appropriate materials to adequately inform the general public, including parents, about the provision of early intervention services; and disseminating culturally-appropriate materials broadly enough to reach the general public.
- The Individualized Family Service Plan (IFSP) is not completed within the 45 day time limit with all required components included.
- Services are added to the IFSP or eliminated or reduced without an IFSP meeting or parent consent prior to the provision of services described in the revised plan.
- Not all the early intervention services or other services needed to meet the unique needs of the child and family are included on the IFSP.
- LDE has not ensured that all services on the IFSP are provided.
- LDE has not ensured that the IFSP team uses proper procedures to determine the natural environment for the provision of services to infants, toddlers and their families, and therefore, children and families do not receive services in the natural environment in many instances.
- A service coordinator is not assigned to a child and family until after the evaluations and assessments have been completed to determine a child eligible.
- Parents' rights were not provided to parents of children suspected of delay until after the child was determined eligible for early intervention services.
- Service coordinators do not coordinate all services needed by families, especially medical and other non-required services.

- Families do not receive transportation needed to enable them to participate in early intervention services.
- Supports and services necessary to enhance the family's capacity to meet the developmental needs of their child are not always identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP.

Education of Children and Youth with Disabilities

Part B of IDEA

Strengths

OSEP observed the following strengths:

- Parent training opportunities are offered by the parishes as well as by individual schools. Two of five parishes visited by OSEP reported significant levels of parent participation in training opportunities, one averaging approximately 50 parents per session and the other averaging 100 parents per session. One school visited houses a parent training center that lends informational materials to parents.
- Three of five parishes visited by OSEP report the use of standards and benchmarks developed by the State for general education in special education settings to ensure access to the general curriculum for children with disabilities who are not appropriately placed in the general education classroom.
- Many special education students attend vocational schools with special education support. In one parish, credits toward graduation are received for vocational-technical attendance. This involvement often encourages students who are unlikely to graduate with a diploma to remain in school to acquire job skills.
- In developing and implementing its accountability system, LDE works closely with other State agencies, including the Division of Student Standards and Assessment and the Division of Standards, Assessment and Certification.
- LDE has published requests for proposals from local education agencies to address three performance goals: (1) increasing the graduation rate by 100 percent in five years; (2) increasing participation in regular education by 20 percent each year for the next three years; and (3) increasing participation in State-wide assessments to 85 percent for students with disabilities.
- LDE has invested \$76,000,000 over the last three years in State funds to support the increased use of technology for all students across the State. As a result, the ratio of students to computers went from 88:1 to 10.5:1. Students with disabilities are provided increased access to computers as a result of this investment.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- Louisiana has an inadequate supply of qualified special education and related services personnel resulting in children with disabilities not receiving services specified by their individualized education programs (IEPs).
- Not all children with disabilities who require extended school year as part of a free appropriate public education are provided extended school year services, in accordance with an appropriate IEP.
- Students with disabilities who participate in general education classrooms did not receive necessary program modifications and accommodations.
- Placements for children with disabilities were not always made in the least restrictive environment.
- Some alternative schools do not provide all of the services in students' IEPs. Also students placed in alternative schools are not able to be involved and progress in the general curriculum because their special education teachers have not been trained in the general curriculum. These students did not have a full range of curricular offerings and, because teachers providing special education services are usually not certified in core curricular areas, students placed in these schools are unable either to participate in the State-wide assessment programs which are required for graduation or to earn the Carnegie units necessary for graduation.
- None of the five parishes visited by OSEP are addressing transition as a coordinated set of activities under a goal-oriented approach for students 16 and older. In addition, courses and activities were not related to an overall goal for students beginning at age 14.
- In many cases, public agencies did not invite to students' IEP meetings representatives of any other agency that is likely to be responsible for providing or paying for transition services.
- LDE's monitoring system did not ensure that identified deficiencies were corrected.
- LDE closes out some complaints without a written decision that contains findings of fact and conclusions along with the reasons for the final decision. In addition, LDE did not always make an independent determination nor issue the written findings and conclusions or reasons. In some cases, where a district assures it will correct a problem, LDE closes the complaint without a written determination.
- In Orleans Parish, assistive technology devices and services are not made available to children with disabilities, where such devices and services are required as part of their special education, related services or supplementary aids and services.
- In Orleans Parish, all required participants did not attend IEP meetings.

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INTRODUCTION¹

The Mississippi River traverses Louisiana bordering Mississippi and flowing through the capital of Baton Rouge, emptying into the Gulf of Mexico. Prior to the mid-1980s oil price crisis, Louisiana's economy was dependent on the petrochemical industries. This crisis precipitated diversification in the State's economy. The bayous, waterways and wooded habitats in Louisiana provide much of the impetus for tourism in Louisiana, a major industry along with forestry and agriculture. Northern and southern Louisiana are often considered distinct regions of the State, distinguished by cultural differences from Anglo, Spanish, French, Native American and African influences.

Louisiana has 66 public school districts (parishes), two special School Districts, and three special schools administered by the Louisiana Board of Elementary and Secondary Education.² In the 1997-98 school year, 756,618 students were enrolled in public school programs, pre-kindergarten through grade 12. A large number of children in Louisiana live in poverty, presenting a challenge for schools to better work with and involve families in the education of their children. Statewide, 59.2% of children enrolled in public school programs participated in the Free or Reduced Lunch Program in 1997-98. In 52 out of the 66 school districts, half of all students participated in this program. Among the fifty States, Louisiana has the highest incidence of low-birth-weight infants, with almost 20 percent of infants born to women under the age of 20. The infant mortality rate in Louisiana is the fourth highest in the nation.

Data for 1997-98 indicate that the State's dropout rate was 10.2 percent for all students in grades 9 through 12. In 1998-99, 29.67 percent of students with disabilities dropped out of school and students with disabilities had a higher number of suspensions and expulsions than regular education students. Louisiana's educational system consistently has been reported near the bottom in many national surveys in areas such as graduation rates and teacher pay.

Under the leadership of Governor Murphy J. Foster, collaboration among the Louisiana Legislature, Board of Elementary and Secondary Education and the Louisiana Department of Education (LDE) has created a new accountability system for all public schools that was implemented in 1998-99. Content standards were developed for school systems. The school systems are developing curricula to address the standards. Criterion referenced testing at fourth and eighth grades is being implemented in the 1999-2000 school year. A norm-referenced test, the Iowa Test of Basic Skills, is given to students in the third, fifth, sixth, seventh, and ninth grades. During the 1999-2000 school year, the accountability system for secondary schools was in the final stages of design. During the 1998-99 school year, 81.39 percent of students with disabilities participated in the regular Statewide assessment program. Alternate assessment for those students who are eligible was piloted during the 1999-2000 school year and is being implemented in the 2000-01 school year. The accountability system provides profiles and performance scores for each school.

¹The information in this section was provided by LDE.

² Special School District 1 serves students with severe disabilities, while Special School District 2 serves students incarcerated in Juvenile Correctional Facilities.

Administrative Structures and Children Served

The LDE was appointed in 1986 by former Governor Edwin Edwards as the Lead Agency for the early intervention program under Part C of IDEA, known as "ChildNet" in Louisiana. The LDE administers the program through its Division of Special Populations. Regional or local providers are responsible for implementing the various components of Part C, including public awareness/child find activities and service coordination activities. The Local Educational Agencies serve as the single point of contact for ChildNet, ensure the provision of a multidisciplinary evaluation, and arrange for service coordination by the regional or local providers. Early intervention services are provided by private and public agencies for eligible infants and toddlers and their families.

The LDE has three full-time equivalent program staff to assist in the implementation of ChildNet. For administrative purposes, the State is divided into eight regions. Seven of the regions have a half-time coordinator who assists with the implementation of ChildNet. The eighth region has a full-time coordinator. On December 1, 1999, there were 1,965 infants and toddlers receiving early intervention services. This represents .89 percent of the birth to three population.

By State statute, the 66 local school districts, the two special school districts and the three special schools administered by the Board of Elementary and Secondary Education are responsible for providing special education and related services to children and youth with disabilities, ages three through 21. The two special school districts serve the educational needs of children and youth who reside in State-operated facilities, including those in correctional facilities. Louisiana's total December 1, 1999 child count of children with disabilities was 96,632, ages three through 21. The LDE employs a director of special education and 29 full-time equivalent professional staff in the Division of Special Populations for the purpose of Part B administration. Additional staff in other divisions of the Department participate in support and technical assistance activities under Sections 611 and 619 of Part B of IDEA.

Statewide Assessment Program: Louisiana is transforming public education with the Reaching for Results reform initiative. Reaching for Results includes higher standards for what students should know and be able to do, school and district accountability, increased resources for schools and students, and a new testing program: LEAP 21. From March 13-17, 2000, 4th and 8th grade public school students will take the LEAP 21 tests. The test is divided into four parts: English, Math, Science and Social Studies. Students will receive scores of one of five achievement levels: Unsatisfactory, Approaching Basic, Basic, Proficient and Advanced.

Part of Louisiana's reform program is the elimination of "social promotion," the practice of passing students to the next grade even if they do not have the skills needed to succeed. Reaching for Results ensures that students have some understanding of 4th-grade material before moving to the 5th grade and some understanding of 8th-grade material before moving to the 9th grade. Students must "pass" the LEAP 21 tests by scoring at the Approaching Basic level or higher in English and Math to move to the next grade.

Louisiana permits a number of accommodations including: tests read aloud (except reading comprehension); answers recorded; transferred answers; large print and Braille; extended time and adjusted time; communication assistance; individual or small group; repeated directions; and others as justified by the IEP team.

Louisiana permits out-of-level testing, but stipulates that it should not exceed a total of 4.0% of students at any grade level preschool district. This 4.0% includes those students participating in the Alternate Assessment.

Students who cannot participate in the LEAP 21 tests, even with accommodations, may take the LEAP Alternate Assessment. LDE limits the percentage of students participating in alternate assessment to 1.5% of the total number of students tested.

Validation Planning

LDE formed Louisiana's steering committee prior to OSEP's Validation planning visit to determine the state of early intervention and special education in their State. The Self Assessment was completed by the State and the Steering Committee and sent to OSEP prior to the visit. The Self Assessment followed the cluster areas identified by OSEP in the Continuous Monitoring process and allowed Louisiana and OSEP to identify areas of strengths and concerns in each of the nine cluster areas.

During the week of November 1, 1999, OSEP staff, steering committee representatives, and State administrators conducted approximately 13 public input meetings for Parts B and C throughout the State to obtain information about implementation of IDEA in the State of Louisiana. Meetings consisted of 20 to 150 participants in the following locations: Alexandria, Baton Rouge, Tallulah, Monroe, Lafayette, Lake Charles, Thibodaux, and New Orleans. The Part C public sessions focused on child find and public awareness, family-centered services, early intervention services in natural environments, transition from Part C to other appropriate service, and general supervision of Part C. Part B public input focused on a free appropriate public education to children with disabilities from ages 3 through 21 in the least restrictive environment, parent involvement in special education decision-making, secondary transition from school to post-school activities for youth with disabilities, and general supervision of special education. At the end of the week, information from the public focus groups, along with information from the self-assessments, was discussed with the steering committee to identify specific issues that could be investigated by OSEP. Recommendations for site selection criteria, strategies, and locations for the Validation Data Collection visit were discussed.

Validation Data Collection

OSEP conducted its second visit to the State during the week of February 14, 2000, for the purpose of collecting data to validate the areas identified through the planning process, and on implementation of new requirements under IDEA Amendments of 1997. OSEP visited the following parishes for Part B: New Orleans, Baton Rouge, East Carroll, Jefferson, and Rapides Parishes. Part C sites included: New Orleans, Baton Rouge, West Carroll, Ouachita and Rapides parishes. Interviews were conducted with parents, service coordinators, service providers, and

program administrators. In Baton Rouge, OSEP interviewed State staff, administrators, State Interagency Coordinating Council members, and service providers and administrators of private and State programs impacting services for children and families from birth through adulthood, and their families. At the end of the week, preliminary results were presented to State representatives and Steering Committee members during a meeting in Baton Rouge.

I. PART C: GENERAL SUPERVISION AND ADMINISTRATION

The State lead agency is responsible for developing and maintaining a Statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the State ensures that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervisory and administrative responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

Validation Planning and Data Collection

The State's self-assessment document included areas the State identified as "exemplary," "acceptable process," or "a priority for improvement." Although OSEP found noncompliance in the General Supervision Cluster area, the State identified several areas of general supervision as exemplary in its self-assessment document. Those areas included supervision and monitoring activities to ensure compliance in early intervention services, child and parents rights, timely implementation of complaints, mediation and due process procedures, and ensuring service continuation during resolution of interagency disputes. Areas of acceptable progress in the State's self-assessment included the following: correction of noncompliance issues in a timely manner, training in procedural safeguards, referral, eligibility, and IFSP development for parents. Issues identified as a priority for improvement included assuring timely services through interagency coordination, revising interagency agreements, assuring that other sources of funding are utilized before using Part C funds, providing services in the natural environments through interagency coordination, and coordinating resources.

Louisiana systematically monitors programs providing early intervention services. During the public input sessions, administrators and local program staff told OSEP they were monitored on a regular basis. The State staff is currently revising their monitoring materials for Part C and will begin testing the effectiveness of these materials in the next monitoring cycle.

Based on information obtained through the self-assessment, the public input process, review of monitoring reports, local applications, and local and State procedures, OSEP identified the following concerns: (1) effectiveness of monitoring procedures to ensure provision of early intervention services and compliance with Part C; (2) whether LDE monitors all programs

providing early intervention services; and (3) effectiveness of training activities on the IFSP process, service coordination, family-centered services and natural environments. OSEP also identified these areas of concern: ineffectiveness of the State Interagency Coordinating Council in advising and assisting the lead agency; and lack of interagency coordination on child find and early intervention.

During the Validation Planning week, OSEP collected additional information on the issues identified through the validation planning process, and data related to the Lead Agency's responsibility for supervision and administration of the early intervention program. This data was collected from parents, service providers, State agency staff, local program providers and administrators, State Interagency Coordinating Council members and other interagency staff involved in provision of services to infants and toddlers across Louisiana. Analysis of the data collected resulted in identification of the following areas of noncompliance and suggestions for improvement.

A. AREAS OF NONCOMPLIANCE

1. Complete and Effective Monitoring System Not Implemented

Each Lead Agency is responsible for the general administration and supervision of programs and activities receiving assistance under Part C (34 CFR §303.501(a) and (b)(1)-(4)). To meet these requirements, LDE must adopt and use proper methods of administering each program, including monitoring agencies, institutions, and organizations used by the State to carry out Part C, enforcing any obligations imposed on those agencies under Part C of the Act and the regulations at 34 CFR Part 303, providing technical assistance, and correcting deficiencies that are identified through monitoring. The State is also responsible for the monitoring of programs and activities used by the State to carry out Part C whether or not these programs or activities are receiving assistance under Part C, to ensure that the State complies with the requirements of Part C.

LDE has not ensured compliance with the requirements of Part C through adequate monitoring activities and procedures. LDE provided OSEP with monitoring materials that LDE recently revised as well as monitoring materials used in prior monitoring activities. OSEP reviewed these materials and noted areas in which neither the prior nor the current revised monitoring materials address all of the relevant Part C regulations. State staff concurred that their newly revised monitoring materials that are not yet finalized did not address some compliance areas. They indicated that LDE would further revise these materials and the monitoring activities to ensure compliance with all Part C regulations.

OSEP reviewed LDE's Part C monitoring reports for the areas visited by OSEP. OSEP found that many of the issues identified by the State in its monitoring reports also were identified by OSEP during the Validation Data Collection activities. In reports for those areas issued in 1996 and 1997, and for one program, in 1998, the State identified findings in service coordination, incomplete IFSPs, timelines not met for development of the IFSPs, not all services needed were provided, transportation issues, services added without an IFSP meeting, and parent concerns, resources and priorities not noted on the IFSP. In February 2000, OSEP found these same non-

compliance issues in the areas visited; thus, although the State had identified noncompliance issues, correction had not taken place.

OSEP's review of the monitoring documents sent by the State demonstrated that in LDE's written monitoring documents there are activities for correction of identified deficiencies. Nevertheless, these monitoring activities and materials have not ensured correction of deficiencies as demonstrated by OSEP's findings regarding child find, service coordination, service provision, family supports and services, and required procedures for development of the IFSP in areas that had been monitored by LDE. The State must revise its monitoring process to ensure that deficiencies identified through its monitoring are corrected.

In addition, the State does not have monitoring activities in place to ensure that child find activities used to make primary referral sources aware of Part C and the procedures for referral are sufficient to ensure that all children are referred to the early intervention system. LDE staff told OSEP that they do not have mechanisms in place to determine the extent to which primary referral sources disseminate information to parents of infants and toddlers with disabilities. Parents, service providers, administrators and service coordinators told OSEP that many primary referral sources did not know about the First Connections program, and that many hospitals, doctors, and Health Department clinics in local areas do not refer children to the early intervention system.

2. Failure to monitor all programs providing early intervention services

Part C, at 34 CFR §303.501(a) (2) requires each lead agency to monitor programs and activities in the State that are used to carry out Part C, including programs or activities that are not receiving Part C assistance, to ensure that the State complies with Part C.

LDE does not ensure compliance with Part C by all of the entities providing early intervention services. Some programs that provide Part C services are not monitored for compliance with Part C.

A Coordinating Council member, regional coordinator and a hospital staff member told OSEP that there are programs throughout the State that develop IFSPs and provide early intervention services, particularly hospital programs, that are not monitored by the State for compliance with Part C requirements. These individuals told OSEP it was their understanding that if these programs do not receive Part C Federal funding and do not receive funding from ChildNet, the State was not required to monitor these programs. State staff confirmed that currently only programs receiving Part C Federal dollars are monitored. After OSEP's Validation Data Collection visit, State staff told OSEP that plans were being developed to ensure that all programs providing early intervention services would be monitored by the State's early intervention system.

3. Interagency Coordinating Council Composition

Each State must establish a State Interagency Coordinating Council appointed by the Governor. At least 20 percent of the members of the Council must be parents, including minority parents, of

infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger. 34 CFR §303.600 and §303.601(a)(1).

LDE has not ensured that the Council is composed of the requisite percentage of parents of children with disabilities whose children are under the age of 12, and at least one parent of a child with a disability under the age of six.

Louisiana has 25 members on its Interagency Coordinating Council, and five of the members are listed as parents. Of the five, two of those members are parents of children over the age of twelve. Three of the five parent members on the Council are parents of a child with a disability under the age of twelve, but over the age of six. Thus, only 12 percent of the Council members are parents of children under the age of 12, none of them have children who are under the age of 6.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS AND THEIR FAMILIES

1. Data collection

The data that the LDE submits to OSEP indicate that they are providing early intervention services to .89 percent of their birth to three population. This number is well below the national average of 1.6 percent. In two areas of the State, the data provided to OSEP by the State for these areas was not corroborated by local staff interviewed by OSEP. The caseloads reported to OSEP by service coordinators were significantly higher, more than twice as many children served, than is indicated by the State's data tables. State staff told OSEP that the local education agency is responsible for entering the data for the early intervention program, and that entry of information for the early intervention program is not a priority for these local school systems. There is a variety of components in the early intervention system that rely on this data collection system and inaccuracy in data collection affects planning for program development, staff projections and training, as well as allocation of resources. Accurate data for planning is essential and would greatly enhance LDE's ability to supervise and administer the program of services for infants and toddlers.

2. Coordination of Funding for Early Intervention Services

Louisiana provided services for infants and toddlers with disabilities for many years prior to passage of Part H (now Part C) of IDEA. Part C was not intended to be a program of new services, but a program of early intervention services for infants and toddlers and their families that would incorporate existing services provided by a variety of agencies. Interviews with State staff indicated that LDE cannot determine the level of funding resources available for early intervention services in other State and local agencies in Louisiana. As noted above, inaccuracies in data collection may also interfere with coordination of funding. By ensuring better coordination with other State and local agencies concerning funding resources and availability of services, LDE would improve its ability to provide a coordinated system that would allow

families ease in finding services, identify gaps in service, reduce duplication of services, and thereby reduce costs.

3. Improve Collaboration with the State Interagency Coordinating Council

In order to ensure that the State's Interagency Coordinating Council is able to carry out its responsibility under 34 CFR §303.650 to advise and assist the lead agency in the effective implementation of the early intervention system, the State lead agency and the Interagency Coordinating Council must work in concert to resolve issues associated with the implementation of the early intervention system. Parent and interagency members of the Council, as well as State staff, told OSEP that at times parent and interagency members of the Council cited disagreements with the lead agency about service coordination, payment for services and many other areas that need improvement, and they stated these issues have not been resolved, resulting in mistrust among Council members and the lead agency. Some members of the Interagency Coordinating Council told OSEP that the lead agency was uncooperative in providing financial and other information needed to effectively advise and assist the lead agency. The lead agency staff stated that the Interagency Coordinating Council was not effective in providing advice and assistance to LDE. State staff further stated that the Council might not understand its role to advise and assist the lead agency.

II. PART C: CHILD FIND/PUBLIC AWARENESS

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration of service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families. With the passage of Part C in 1986, Congress sought to assure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented, (e.g., minority, low-income, inner-city, Indian and rural populations) through an interagency, coordinated, multidisciplinary system of early intervention services.

Each State's early intervention system must include child find and public awareness activities that are coordinated and collaborated with all other child find efforts in the State. Part C recognizes the need for early referral and short timelines for evaluation as development occurs at a more rapid rate during the first three years of life than at any other age. Early brain development research has demonstrated what early interventionists have known for years, that children begin to learn and develop from the moment of birth. Therefore, the facilitation of early learning, and the provision of timely early intervention services to infants and toddlers with disabilities is critical.

Validation Planning and Data Collection

The State's self-assessment for Part C in the area of Child Find identified components that the Steering Committee determined as making acceptable progress. Those component areas include the involvement of providers, involvement of the State Interagency Coordinating Council and families in the development and dissemination of public awareness materials, and the numbers of families accessing the Central Directory. Several areas were identified as needing improvement or designated as a priority for improvement. Those areas included: availability of materials in a variety of languages; training for primary referral sources; increase in the percentage of children served; training and information dissemination about the referral process for families, State agency personnel, and primary referral sources; increase in qualified evaluation personnel; and timely completion of evaluations.

One of the focus questions asked during the public input meetings was: "Are there barriers to the process of referring infants and toddlers to the Early Intervention (EI) system, or in obtaining evaluations?" The concerns identified during these meetings were generally consistent with those identified by the State's Steering Committee in the self-assessment. Concerns stated during the public input meetings included lack of general public awareness materials in a variety of languages, formats, and locations; ineffective child-find activities; and a failure of primary referral sources, especially physicians, to refer children to the State's early intervention system in a timely manner.

Based on information from the self-assessment completed by the Steering Committee, the public input sessions, monitoring reports and the annual report, it was determined that additional data should be collected during the Validation Data Collection week regarding the following

concerns/issues: (1) timely referrals by primary referral sources resulting in timely provision of services to eligible children; (2) available information designed for families to learn about early intervention services; (3) child find and public awareness activities reaching all primary referral sources; and (4) sufficient culturally-competent public awareness materials.

To investigate these child find and public awareness issues, OSEP collected data from parents, service providers, case managers, local programs, interagency collaborators, and central office personnel throughout Louisiana. OSEP reviewed and analyzed the data and identified the following strengths and areas of non-compliance.

A. STRENGTHS

1. Local Interagency Child Find Activities

One local parish implemented an interagency child find system that is based on the coordination of 17 public/private provider agencies that have collaborated to provide a coordinated, comprehensive child find system for their parish. After referral to the local ChildNet system, each referring agency receives, with parent permission, a follow-up summary that reports the eligibility determination and recommendations for referred children. Physicians in this community have found this process to be particularly helpful.

2. Utilization of Public Information Systems

Another parish has designed a media campaign that includes public service announcements on the local radio and cable stations. Parents in the community report that they pursue early intervention services based on this information. Additionally, parents report that they appreciate the level of “prior knowledge” that the public announcements provide them before their first contact with the early intervention system. Parents reported that they were more confident and focused with the questions they asked and in the services they requested for their children and families.

3. Pilot Program to Promote Physician Referral to Early Intervention Services

Two regional coordinators reported that a new strategy to promote physician awareness and referrals is now being piloted throughout the State. Although the plan is in its early stages, it proposes that each region contract with an individual whose primary responsibility will be to forge relationships with local physicians. The pilot will emphasize the importance of timely referral for both medical and developmental concerns and increase physician knowledge of the range of services, as well as the benefits, that can be provided through early intervention.

B. AREAS OF NONCOMPLIANCE

1. Procedures to Ensure that all Infants and Toddlers Who Are Eligible for Services are Identified, Located and Evaluated

The lead agency, with the advice and assistance of the State Interagency Coordinating Council, must establish and implement a comprehensive child find system that includes the policies and procedures that the State will follow to ensure that all infants and toddlers in the State who are eligible for services are identified, located and evaluated, and an effective method must be developed and implemented to determine which children are receiving needed early intervention services. The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the statewide system for early intervention services. These procedures must provide for an effective method of making referrals by primary referral sources and include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities. See 34 CFR §303.321.

LDE has not ensured that all children who may be eligible for early intervention services are identified, located and evaluated and receive needed services in accordance with Part C. LDE also does not have procedures for determining the extent to which primary referral sources disseminate information to parents.

Service coordinators and administrators in all areas visited told OSEP that many doctors and hospitals, as well as local health departments, are not referring children to the ChildNet early intervention program. Parents of eligible children told OSEP that their doctors did not refer their children to the early intervention program, telling the parents to wait and see if the child “outgrows” the delay. Service Coordinators and administrators from all areas visited told OSEP that many hospitals and doctors refer children to the hospital clinic programs that provide services to children with disabilities. They further said that these children in private clinics would be eligible for early intervention but that they are not referred to the ChildNet program and, therefore, are not evaluated and are not receiving needed early intervention services through an IFSP in accordance with Part C. Parents also told OSEP that many physicians refer children directly to private providers or hospital clinic programs, rather than referring the child to ChildNet to be evaluated and provided services in accordance with the requirements of Part C. By not ensuring that infants and toddlers who may be eligible for Part C services are referred to the State’s early intervention program to be evaluated, LDE may be denying eligible children and their families the rights, protections, service coordination, and services they would be entitled to receive under an IFSP. One service provider stated that if a child needed just one service, the service would be provided but the child would not be referred to ChildNet. Regional State staff concurred that children may not be reported to the State’s data system if the child was receiving only one service.

As noted in a previous finding, State staff also told OSEP that a mechanism was not currently in place to determine the extent to which primary referral sources disseminate information to parents of infants and toddlers with disabilities.

2. Effective Public Awareness Activities

Each State’s early intervention system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services. 34

CFR §303.320. The public awareness program must include the preparation and dissemination to all primary referral sources of culturally relevant materials for parents on the availability of early intervention. See 34 CFR §§303.128, 303.320, 303.321(d)(1) and (d)(2)(i)-(iii). To clarify this requirement, the note following 34 CFR 303.320 indicates that an effective public awareness program would be ongoing, include a variety of methods, and have coverage broad enough to reach the general public to inform it about the provision of early intervention services.

LDE has not met its responsibility to implement an effective public awareness program that would include: providing a variety of culturally-appropriate materials to adequately inform the general public, including parents, about the provision of early intervention services; and disseminating culturally-appropriate materials broadly enough to reach the general public.

Service Coordinators, administrators and parents in three areas of the State told OSEP that there is not sufficient public awareness information or activities to ensure that families or doctors and primary referral sources would be informed about the ChildNet program. They reported that they did not hear public awareness announcements on the radio or television and did not see advertisements in public agencies, public schools, social service agencies or in their doctors' offices. Service coordinators and parents also reported a lack of posters or brochures in the health clinics. One parent was provided with a brochure on early intervention while in the hospital, but there was no phone number on the brochure. Staff from the Children with Special Health Care Needs program in one parish stated that they only refer children with severe needs to ChildNet as their program can "serve children faster than the early intervention program," indicating a lack of understanding concerning which children need to be referred to the ChildNet system. Service providers, service coordinators, case managers, and administrators in four areas of the State told OSEP that based on their experience, many hospitals' staff and local physicians are not aware of ChildNet and they do not understand the purpose of Louisiana's early intervention program.

Administrators and service providers in three regions reported that they had no knowledge of public awareness materials in languages other than English in their communities in spite of large Hispanic populations in their communities. A local administrator in one parish indicated that there has been a significant increase in the number of Hispanic families who are settling in the area and material in their language is not available, although this administrator had requested materials in Spanish from the State. Parents and service providers in two parishes reported that they have not seen any materials about early intervention in their parish. In only one region visited by OSEP, administrators, service providers and parents reported seeing and hearing a variety of public awareness materials; however that particular region is serving less than .5 percent of the children aged birth to three, according to State data. The State as a whole is serving only .89 percent of this population compared to the national average of 1.6 percent.

III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

In creating the Part C legislation, Congress recognized the urgent need to ensure that all infants and toddlers with disabilities and their families receive early intervention services according to their individual needs. Three of the principles on which Part C was enacted include: (1) enhancing the child's developmental potential, (2) enhancing the capacity of families to meet the needs of their infant or toddler with disabilities, and (3) improving and expanding existing early intervention services being provided to children with disabilities and their families.

To assist families in this process, Congress also requires that each family be provided with a service coordinator to act as a single point of contact for the family. The service coordinator assures that parents are informed of the rights of children and families under Part C, arranges for assessments and IFSP meetings, and facilitates the provision of needed services. The service coordinator coordinates required early intervention services, as well as medical and other services the child and the child's family may need. With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies and trying to coordinate their own service needs.

Part C requires the development and implementation of an IFSP for each eligible child. The evaluation, assessment, and IFSP process is designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family, related to enhancing the development of their child, are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessments, in determining the appropriate services needed to meet identified needs.

The IFSP must also include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and places where normally-developing children would be found, so that they will not be denied opportunities that all children have - to be included in all aspects of our society. In 1991, Congress required that early intervention services be provided in natural environments. This requirement was further reinforced by the addition of a new requirement in 1997 that early intervention can occur in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In the event that early intervention cannot be satisfactorily achieved in a natural environment, the IFSP must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

Validation Planning and Data Collection

The State's Part C self-assessment on provision of early intervention services identified several areas as exemplary. Those areas included: service coordination training that addresses knowledge, skills, and abilities to enable service coordinators to serve the needs of infants and toddlers and their families; the decrease in the number of temporary, provisional, or emergency

certificated personnel utilized to provide service to infants and toddlers; and preservice and inservice training that addresses service needs in natural environments. Areas identified as having acceptable progress on the self-assessment include: the percentage of families receiving effective and appropriate service coordination; numbers of service coordinators; collaboration among State and local agencies in the provision of early intervention services in natural environments; and the percentage of infants and toddlers served in natural environments. The State's self-assessment identified two aspects of the early intervention system as needing improvement/priority for improvement: the utilization of State resources to provide service coordination and the availability of sufficient number of providers to serve infants and toddlers and their families.

Focus questions asked during the public input meetings were, "Do all infants and toddlers with disabilities and their families receive all the services they need, including service coordination," and "Where do children receive their services (community settings, day care, homes, libraries)?" The following issues and concerns were identified at the public input meetings: not all families have a service coordinator, high turn-over of service coordinators that results in other families having several service coordinators during a short period of time; service coordinators are poorly trained; service coordinators are unfamiliar with the availability of many local and State programs and how to access them; and service coordinators are unaware of resources. Participants also indicated that services are determined by agency configurations or funding sources rather than child and family needs; children do not always receive all services identified as needed; family support services are generally not available in most areas; lack of transportation is a barrier to children receiving services; and respite services are not considered an early intervention service. Participants also identified as issues failure to meet evaluation timelines, lack of available qualified personnel to complete evaluation activities and lack of service coordination during evaluation.

From the State's monitoring reports, public input meetings, and other information, it was determined that additional data should be collected during the Validation Data Collection week in the following areas: (1) determination of eligibility; (2) provision of adequate services; (3) provision of transportation; (4) service coordination activities; (5) families obtaining their own services; (6) the process for identifying natural environments; and (7) family supports and services.

To investigate these issues, OSEP collected data from local programs and providers, parents, service providers, case managers, interagency collaborators and central office staff personnel. OSEP reviewed and analyzed the data and identified the following strength and areas of non-compliance.

A. STRENGTH

Local Interagency Coordination

To facilitate the coordination of early intervention services, one local region has formalized the collaborative interagency effort among 17 public and private agencies to ensure coordination of services for infants, toddlers and their families. Through a local interagency agreement, these 17

agencies coordinate their services which include provisions on day care, social services and other services to facilitate early identification, referral and the identification of other services families and children may need.

B. AREAS OF NONCOMPLIANCE

1. Requirements for Development and Implementation of the IFSP

Each Statewide system shall provide, at a minimum, for each infant or toddler with a disability, and the infant's or toddler's family, to receive a written IFSP developed by a multidisciplinary team, including the parents. The lead agency must ensure that an IFSP is developed and implemented for each eligible child. 34 CFR §303.340. The plan must be developed at an IFSP meeting and, for a child evaluated for the first time and determined to be eligible, the meeting to develop the initial IFSP must be conducted within 45 days from the date of referral, as specified in 34 CFR §303.321(e) and 34 CFR §303.342(a).

The IFSP must contain a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, location for services and method of delivering services, as well as the projected dates for initiation of services. See 34 CFR §§303.344(d)(1) and 303.12. The contents of the IFSP must be fully explained to the parent and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. See 34 CFR§303.342(e).

LDE has not ensured that the initial IFSP meeting is conducted within the 45 day timeline. An IFSP that includes all the required content is not developed at the IFSP meeting; services are added, eliminated or the frequency changed without an IFSP meeting or parent consent. In addition, LDE has not ensured that the IFSP includes all services needed to meet the unique needs of a child and their family and that all services on the IFSP are provided.

a) IFSP with all required components not completed in 45 days. Service coordinators, administrators, service providers, and parents from every area visited told OSEP that even if the IFSP team meets within the 45 day timeline, the team does not develop an IFSP that meets Part C IFSP content requirements in that initial meeting. Instead, these individuals told OSEP that after completion of the evaluations by the multidisciplinary evaluation team, the evaluation report is sent to the service coordination agency. Administrators and service coordinators from service coordination agencies stated that they usually receive the initial evaluation report from 30 to 50 days after the initial referral, with the average time of 40 days. However, the multidisciplinary team from the local school district stated that the evaluation report was sent from their office within two weeks of referral. The multidisciplinary team further stated that the delay in development of the IFSP was caused by the delays of the service coordination agency, citing a typical instance when it took two months for a service provider agency to learn that a child needed service after the evaluation team sent information to the service coordination agency. State staff told OSEP that neither scenario is sanctioned in the policies and procedures of the State and that IFSPs were to be written in 45 days. Nevertheless, service coordinators, providers and administrators told OSEP that even if an IFSP document was written in 45 days, it

was incomplete and did not contain all needed services, including the frequency and intensity of services.

Service coordinators told OSEP they must act quickly to get the initial IFSP written within the 45-day timeline, and that frequently the IFSP is written after the deadline. Parents stated that the initial IFSP does not contain the early intervention services, or that it only contains some of the services needed by the child and family, but not the frequency, intensity or location of services. After the development of this incomplete IFSP, the service coordinator then schedules additional evaluations and assessments to determine services, frequency and intensity. (As noted below in finding b, the service coordinator then revises the IFSP without conducting an IFSP meeting.)

b) Services added to the IFSP or eliminated or reduced without an IFSP Meeting and Provided Without Parent Consent. Service coordinators and parents in all areas visited told OSEP that the information concerning specific services, frequency and intensity is added to the IFSP after the IFSP meeting without an additional IFSP meeting and without the parent's consent prior to the provision of services described in the revised plan. As described above, the initial IFSP does not contain all of the information required by 34 CFR §303.344; after the IFSP meeting, the service coordinator fills in service, frequency, intensity and location information (without convening another IFSP meeting). Service providers and service coordinators stated that an IFSP meeting is not held to make these changes nor is parent consent obtained prior to the provision of the early intervention services described in the revised plan.

Additionally, parents, service providers and administrators told OSEP that services were reduced, eliminated, or the frequency changed due to "budget cuts" without benefit of an evaluation and assessment to determine a need to reduce services. Administrators told OSEP that their funding had been reduced and therefore they were unable to provide services to eligible children except in those instances where the services were funded by Medicaid. Parents and service coordinators stated that the changes in service were made without an evaluation to indicate a reduced need for services and the changes were made without an IFSP meeting to discuss changes in child or family needs. State staff told OSEP that programs had not received the amount of funds requested for their future annual budgets, but the State had not reduced amounts on any committed funds. Nevertheless, parents reported that services were reduced without benefit of evaluations and assessments to indicate a decreased need or because of a decision reached at an IFSP team meeting as required by federal regulations.

c) All services not included on the IFSP. The IFSP must include a statement of all the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified, and must also include medical and other services that the child needs, but that are not required under Part C. 34 CFR §303.344(d)(1) and (e). Note 3 clarifies that the "other services" in 34 CFR §303.344(e) are services that a child or family needs, but that are neither required nor covered under Part C. The note clarifies by stating that first, the inclusion of these services is important to provide a comprehensive picture of the child's total service needs, as well as early intervention services, and second, it is appropriate for the service coordinator to assist the family in securing the non-required services by (1) determining if there is a public agency that could provide financial assistance, (2) assisting in the preparation of

eligibility claims or insurance claims, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services.

LDE does not ensure that all the early intervention services or other services needed to meet the unique needs of the child and family are included on the IFSP.

Administrators from three areas of the State told OSEP that IFSPs contain the services that are available, not what the child needs. Administrators from these areas stated that many services were not available because of lack of providers, especially if families needed home-based services. Further, service providers in two areas stated that if a child gets home-based services, especially in a rural area, they will not get the same frequency of services as they would if the parents brought the child to the center; service delivery and intensity are not based on the child's need, but on availability of service. Administrators told OSEP that children in rural areas wait for some services, such as physical therapy and speech therapy, for up to, and sometimes more than, four weeks. Service coordinators told OSEP that many providers will not go into the home. They stated that many children are waiting for services to be provided at home or in a center, but the wait for home services is longer than for center-based services.

The services needed by eligible children, but not provided, were not reflected on the IFSP documents. Family service coordinators, providers, administrators and parents in three areas reported to OSEP that if a service is not available it is not included on the IFSP. Even if the service is included on the IFSP for a child who needs home services, it is often the case that a provider cannot be identified to go into the home. Further, if the service is available in a center, and there is no transportation to bring the child to a center for services, the child will go without the needed early intervention service.

In three areas of the State, service coordinators and administrators told OSEP that respite care was not considered to be an early intervention service and was not put on the IFSP, regardless of family need. Service coordinators in those areas told OSEP that even though they did not put respite care on the IFSP, if a family wanted it, they provided the forms so the parent could get on the waiting list to receive this service. Service coordinators also told OSEP that services such as social services, other health services, nutrition, and child care for special needs children were not included on the IFSP even if the child or family needed them. Parents reported that they were unaware that those services might be included on the IFSP and that the service coordinator was responsible for assisting them in obtaining "other" services.

d) Services on the IFSP not provided. The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and family and the lead agency must ensure that the IFSP is implemented. 34 CFR §§303.340(c) and 303.344(d). Service coordinators, service providers, parents and administrators in all areas told OSEP that services listed on their IFSP were not always provided. If a child needed a service that was included on the IFSP, the service would not be provided if parents could not bring the child to a center and other transportation was unavailable. These staff members and parents also stated that sometimes a service provider could not be located for that service area and children waited from 1 to 6 months for a service provider to be available to provide the needed service. One service coordinator cited the case of a child who waited almost a year for services, only to turn three and

no longer be eligible for early intervention. LDE has not ensured that services needed by eligible children and their families are provided.

2. Proper Procedures to Ensure Provision of Early Intervention Services in Natural Environments

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. 34 CFR §303.12(b). Natural environments means settings that are natural or normal for the child's age peers who have no disability. 34 CFR §303.18. The IFSP must contain a statement of the early intervention services and the natural environment in which those services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment. 34 CFR §303.344(d)(1).

LDE has not ensured that the IFSP team used proper procedures to determine the natural environment for the provision of services to infants, toddlers and their families, and, therefore, children and families do not receive services in the natural environments in many instances.

Service coordinators, parents, administrators and service providers across the State informed OSEP that the location of services is determined by the availability of the service provider, the location that a particular provider agency would provide services, and parent choice; location is not based on the natural environment for the child and family. The decision about location of services must be made based on the needs of the child and family, not provider availability or provider policy. In addition, the determination of location is not a parent choice but an IFSP team decision. The Lead Agency must ensure that each child's IFSP team as a team (including the parent), rather than the parent alone or any other individual member(s) of the team, develops the child's IFSP, including decisions about the services to be provided and the natural environment(s) in which they will be provided. If the IFSP team determines that the early intervention needs of an infant or toddler can be met in a natural environment, the Lead Agency may not justify providing services in a setting that is not a natural environment because of "parent choice."

Service coordinators and providers in three of the areas visited told OSEP that if the child was Medicaid eligible and the Medicaid provider provided a particular service only in a center, the family had to bring the child to the center. If the family was unable to bring the child to a provider location, service providers told OSEP that the child would not receive the prescribed early intervention services. (This issue is addressed below under number 4 regarding transportation.)

Service coordinators, providers, administrators, and parents across the State told OSEP that agencies are restricted to a location for delivery of services depending on funding sources. And if there was no agency to provide services in the natural environment that would meet the needs of the child and the family, the child went without services. These individuals related that these issues precluded provision of services in natural environments. Administrators in all areas visited told OSEP that there are not enough service providers, especially in the area of speech and physical therapy, but there is a particular shortage of staff to provide any services in the

home except for special instruction. Some providers and administrators also noted a shortage of occupational therapists in some areas of the State. Service coordinators, administrators and providers told OSEP that the lack of staff results in the decision to provide no services for some children or to reduce the frequency or intensity of services for others. Providers and administrators told OSEP that the shortage of staff means that decisions on location of services are dependent on availability of service providers. The result is that some children do not get services in the natural environment or do not get early intervention services at all. This lack of providers along with agency policies on location contribute to failure to provide services in natural environments.

3. Coordination of All Child and Family Services

Each early intervention system must include provisions for service coordination which means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program. See 34 CFR §303.23. Once the public agency receives a referral, it must appoint a service coordinator as soon as possible. See 34 CFR §303.321(e)(1). Each child eligible under Part C and the child's family must be provided with one service coordinator who is responsible for coordinating all services across agency lines. The service coordinator is the single point of contact in helping parents to obtain the services and assistance they need. Service coordination is an active, ongoing process that involves assisting parents of eligible children in gaining access to the early intervention services and other services identified in the IFSP. Service coordination activities include coordinating the provision of early intervention services and other services (such as medical services) that the child needs or is being provided; coordinating the performance of evaluations and assessments; facilitating and participating in the development, review, and evaluation of the individualized family service plans; assisting families in identifying available service providers; coordinating and monitoring the delivery of available services; informing families of the availability of advocacy services; coordinating with medical and health providers; and facilitating the development of a transition plan to preschool services. 34 CFR §303.23(a)-(d).

The service coordinators must be persons who have demonstrated knowledge and understanding about eligible infants and toddlers, Part C statutory and regulatory requirements, the nature and scope of services available under the State's early intervention program, the system of payments for services in the State and other pertinent information. See 34 CFR §303.23(d).

LDE has not ensured compliance with all of the requirements for service coordination according to federal regulations for Part C. Administrators and service providers across the State told OSEP that service coordinators are not aware of services that are needed by families, and are not able to identify resources or provide parents with needed information about the early intervention system. Service providers, administrators and parents told OSEP that, for the most part, service coordination did not work well in Louisiana and parents in all areas of the State told OSEP that they either did not have a service coordinator or seldom heard from their service coordinator. Parents further stated that the service coordinator wrote the initial IFSP, but did not assist parents in obtaining needed resources, coordinating all services received by families or in identifying needed family supports and services. A few of the parents interviewed told OSEP that their

service coordinator was effective in securing needed services, but in general, service coordinators, service providers and administrators stated there was a lack of cooperation and coordination between service coordinators and service providers. LDE has not ensured the service coordinator is appointed in a timely manner and performs all to the service coordination duties required under 34 CFR §303.23(a)-(d).

a) Service coordinator not appointed at time of referral. Once a public agency receives a referral, it must appoint a service coordinator as soon as possible. 34 CFR §303.321(e)(1). Service coordinators, parents, and administrators in all areas visited told OSEP that a service coordinator is not assigned to a child and family until after the evaluations and assessments have been completed that determine that a child is eligible for the early intervention program. Initial referrals for children suspected of developmental delay are directed to the Child Search Coordinator for each region, who only schedules evaluations, but does not complete all service coordination duties required for families at this time. The Child Search Coordinator schedules a multidisciplinary evaluation for the child with the school district's multidisciplinary team. After the evaluation team completes the evaluation and assessment and determines the child to be eligible, the parent is asked to choose a service coordination agency. Therefore, the child and family do not have the assistance of a service coordinator throughout the referral, evaluation, and assessment process. LDE has not ensured the assignment of a service coordinator to each child and family to coordinate the performance of evaluations and assessments and to carry out other activities required by 34 CFR §303.23.

b) Not providing information regarding parent's rights. The service coordinator is responsible for carrying out the activities to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention system, including rights related to evaluation, assessment and determination of eligibility. 34 CFR §§303.23, 303.400, 303.403. Child Search Coordinators, multidisciplinary evaluation team members and parents in three areas of the State told OSEP that the parents rights information was not provided to parents of children suspected of delay. They stated that parents rights information was not provided until the after the evaluation and assessment procedures were completed, eligibility determination made, and if the child was eligible, the service coordination agency provided the parents with their rights. Parents of children deemed not eligible after referral did not receive their rights. Multidisciplinary team members told OSEP that they did not apprise parents of their rights during the evaluation and assessment process. Parents are not apprised of their rights concerning the requirements around evaluation and assessment and actions that could be taken if they did not agree with the results. In addition, one Child Search Coordinator reiterated that it was not her responsibility to provide information to families about parent rights because it was the responsibility of the service coordinator.

Parents in two areas of the State told OSEP that after their child was determined eligible, they were provided with parents' rights information; however, the rights were not explained to them. One Child Search Coordinator told OSEP the parents' rights were mailed to the parents when their child was determined eligible for Part C services. When OSEP asked what happens if the parents are unable to read, the Child Search Coordinator replied that she did not know.

c) Failure of Service Coordinator to coordinate all services. Service coordinators, administrators and parents in all areas visited told OSEP that all early intervention services and other services needed by the child and family were not coordinated by the service coordinators as required by 34 CFR §303.23. Parents in four regions of the State told OSEP that they coordinated their own services. When asked, the parents informed OSEP that service coordinators did not ask parents about their medical services or other services the family may be receiving, and whether or not services needed to be coordinated with their early intervention services. Hospital staff members providing ongoing services to children and families prior to referral to the ChildNet system and who continue to provide services told OSEP that their requests to be included in planning activities for eligible children were ignored by the service coordination agency. They further stated that the medical services the child receives were not included on the IFSP and that medical staff members were not contacted by the service coordinator to obtain information about the medical services the child receives.

Service providers told OSEP that in addition to not including and coordinating all services needed by a child and family, service coordinators did not coordinate all services that were written on the IFSP. Service providers stated that service coordinators did not contact providers in a timely manner to make revisions to the IFSP. Service providers stated that sometimes their requests to the service coordinator to hold an IFSP meeting to change an IFSP were made over a four-month period before a meeting was held. Parents in all areas visited concurred that the service coordinator was frequently unavailable and did not return their calls. Therefore, the child did not get the change in service needed in a timely manner, and the service provider could not provide the service until it was written on the IFSP.

Parents further stated that service coordinators do not monitor the provision of services. Many parents stated that they usually heard from the service coordinator about two to three times per year. Other parents stated that they did not have a service coordinator, as the service coordinator was “more of a bother” than a provider of assistance; therefore, the parent discontinued the service from the service coordinator.

4. Transportation

Transportation and its related costs are an early intervention service that must be provided if the IFSP team determines it is necessary to enable an eligible child and family to receive other early intervention services. The cost of travel, such as mileage, or travel by taxi, common carrier, or other means and other costs (such as tolls and parking expenses) that are necessary to enable a child eligible under this part and the child’s family to receive early intervention services must be provided if determined necessary to ensure provision of early intervention services. See 34 CFR §303.12(d)(15).

LDE has not ensured that all families who need transportation receive this service to enable them to participate in early intervention services. Parents, service providers, service coordinators and administrators in four regions visited told OSEP that lack of transportation and failure to provide it prevents children and families from receiving timely evaluations and from receiving needed early intervention services. Service coordinators told OSEP this is especially critical in rural areas where the services and service providers for a multi-parish region are located in only one

parish. Providers of these services generally do not travel to outlying parishes and children in these parishes do not receive all needed services.

Although transportation is sometimes discussed with the families, parents told OSEP that if the family has a car, the family is told that the family's car is the identified resource to bring the child to a center for services. There is no discussion about the reliability of the vehicle or if the family can afford the gas to bring the child to services. One parent stated she had to travel 40 miles each way to bring her child to a provider, and frequently relied on a neighbor to transport them. If the neighbor was not available or she could not afford gas for the car, her child did not get early intervention services.

Multidisciplinary evaluation teams also told OSEP that evaluations were only conducted at the school system site, and if a family was unable to bring a child to this site, the child would not receive the initial evaluation to determine eligibility. The team members stated that although sometimes evaluations were completed by the multidisciplinary team at one hospital site, the team or evaluators did not go into the home to complete evaluations and assessments. Thus, children who were suspected of a developmental delay did not get the needed evaluations and assessments if there was not a way to transport the child to the site.

C. SUGGESTION FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES

Participation of Multidisciplinary Team Member in IFSP Meeting

Throughout Louisiana, the initial evaluation and assessment for infants and toddlers suspected of developmental delay is completed by a local school system's multidisciplinary team. The multidisciplinary team is composed of qualified personnel in a variety of disciplines who complete the evaluation and assessment and determine if the child is eligible. However, it appears that a member of the multidisciplinary team does not participate in the IFSP meeting. Service coordinators, providers and parents across the State told OSEP that the initial IFSP is written with only the service coordinator and the parent at the IFSP meeting. Although the service coordinator had the evaluation report, service coordinators and the multidisciplinary team members told OSEP that there was not sufficient information to write outcomes and strategies, frequency and intensity based on the information provided in the evaluation and assessment report completed by the multidisciplinary team. The frequent need to repeat the evaluations and assessments results in a delay in completing the IFSP document and therefore a delay in services to children. As a result, the specialized evaluations completed by the multidisciplinary team are not used to determine the outcomes, strategies and methods of delivering the early intervention services to complete the IFSP, and evaluations and assessments are duplicated by the service provider who will deliver the service.

Although the multidisciplinary evaluation team is composed of qualified personnel, these evaluators told OSEP that they did not believe that their reports include sufficient information to determine all of the specific services, frequency and intensity for a child's IFSP. They stated that their report was used only to determine the child's eligibility, and did not contain in-depth information to complete all aspects of the IFSP, as the evaluations and assessments would be

repeated by the actual providers of the service; therefore, an in-depth evaluation report was not needed. When asked about IFSP meetings that include only the parent and the service coordinator, the multidisciplinary evaluation team members stated that the service coordinator would not be able to complete all of the required sections of an IFSP as, “the service coordinator does not have the knowledge to interpret the reports to be able to identify specific outcomes and services” to address the child’s disability. These multidisciplinary teams stated that usually, the service coordinator wrote an IFSP with outcomes for further evaluations and assessments, and when these were completed, specific services, including the frequency and intensity of the service, would be determined by the providers of those services. Congress required in IDEA Section 636(a)(3) that IFSPs be “developed by a multidisciplinary team,” and it does not appear that the IFSP teams in Louisiana are “multidisciplinary.” Thus, the multidisciplinary evaluation team members should participate in the IFSP meetings.

IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES

Research has shown that improved outcomes for young children are most likely to occur when services are based on the premise that parents or primary caregivers are the most important factors influencing a child's development. Family-centered practices are those in which families are involved in all aspects of the decision-making process, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child, while including family concerns and needs in the decision-making process. Family-centered practices include establishing trust and rapport with families, and helping families develop skills to best meet their child's needs.

Parents and other family members are recognized as the linchpins of Part C. As such, States must include parents as an integral part of decision-making and service provision, from assessments, to the development of the IFSP, and through transition activities before their child turns three. Parents bring a wealth of knowledge about their own child and family's abilities and dreams for their future, as well as an understanding of the community in which they live.

In 1986, Part C of the IDEA was recognized as the first piece of Federal legislation to specifically focus attention on the needs of the family related to enhancing the development of children with disabilities. In enacting Part C, Congress acknowledged the need to support families and enhance their capacity to meet the needs of their infants and toddlers with disabilities. On the cutting edge of education legislation, Part C challenged systems of care to focus on the family as the unit of services, rather than the child. Viewing the child in the context of her/his family and the family in the context of their community, Congress created certain challenges for States as they designed and implemented a family-centered system of services.

Validation Planning and Data Collection

The State's self-assessment identified as exemplary the number of families featured in media outreach efforts. Components identified as having acceptable progress were: the increase in families accessing the central directory; the increase in participation of families as presenters in training activities; and the training and materials provided by the State including a description of a full range of service options available for children after the age of three. The self-assessment identified the following as areas needing improvement: the dissemination of materials in a variety of languages, formats, and naturally occurring locations; the participation of families in the development and evaluation of outreach activities and in the planning and implementation of the early intervention system; the increase of family participation in collaboration with State agencies to ensure the family centeredness of the early intervention system; the availability of culturally competent services within local geographical areas, and; training about family needs.

The following focus questions were asked during the public input process: "How are families included and supported in the process of developing the IFSP, and in making decisions about their child's services?" and, "What family support services are available in your community?" The participants indicated the following areas of concern: child find was not effective with

culturally diverse families; materials were not available in a variety of formats, languages, and locations; training on identifying family needs is not available; culturally competent services were not available in all geographic areas; and families do not get information on the early intervention system from primary referral sources in a timely manner.

Based on the information collected from the self assessment, public input sessions, and State documents, the following concerns were identified to be investigated during the Validation Data Collection week: inclusion of the parents in the IFSP process; identification of family supports and services; and assistance provided to parents in locating resources and coordination of family services.

To investigate the issues identified through the validation planning process, OSEP collected data from local programs, parents and providers throughout Louisiana relative to the involvement of parents in the IFSP process and the training of parents and staff. OSEP identified one area of noncompliance specific to this cluster. Other non-compliance issues related to the Family Centered Cluster are included in other sections of this report. (See section II, B, 2- Effective Public Awareness; III, B, 1, Development of the IFSP; III, B, 3. Coordination of All Child and Family Services.

AREA OF NONCOMPLIANCE

Family Supports and Services Not Identified or Provided

Each early intervention system must include a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. See 34 CFR 303.322(a)(1). The evaluation and assessment process of the child and family must be facilitated and coordinated by the service coordinator. See 34 CFR §303.23(b)(1) and (2). The family assessment must be family-directed and designed to determine the resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. If an assessment of the family is carried out, the assessment must be conducted by personnel trained to utilize appropriate methods and procedures; be based on information provided by the family through a personal interview; and incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development. 34 CFR 303.322(d). The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes. See 34 CFR §303.344(d).

LDE has not ensured that the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child are identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP.

Service coordinators in all areas visited told OSEP that the family directed assessment consisted of gathering a social history on the family to identify family needs, supports and services. One service coordinator stated that parents were asked what they wanted during intake and that is how they determine family needs. Service coordinators did not identify any consistent process used by all service coordinators during the IFSP process to identify family needs related to the

family's ability to enhance the development of their child. Further, service coordinators and administrators stated that they did not consider services to support the family in enhancing the development of their child to be early intervention services. When asked about a specific service, such as respite care, service coordinators told OSEP that the determination of family need for this service was not part of the IFSP decision-making process. If a family requested respite care, the service coordinator would provide the necessary forms to put the parent on the list for this service. Family support services were reported to be included on the IFSP in only one area of the State, but were not considered to be early intervention services needed by the family to enhance the development of their child. In the other three areas visited, service coordinators stated that if a family asked for respite or some other service, they would try to find the service for the parent, but it would not be included on the IFSP.

Parents told OSEP that family supports or services or information about supports and services were not provided to parents and they were unaware of possible resources for their family. Parents stated that at times a service coordinator would ask if there was anything they needed, but parents did not have the information necessary to make an informed request. According to these parents, a family assessment of needs had not been conducted to assist in this determination.

Early intervention records reviewed by OSEP did not contain any information about family assessments or the identification of needs of the family related to enhancing the development of their child. Only one area of the State included family outcomes, but even in this area, parents reported a lack of information about resources and supports and services for families. In two areas of the State, some of the parents had heard of parent-to-parent supports, but most of the parents had not, and none of the parents in the other two areas reported being informed of family supports or services. Several parents of children nearly three years of age stated that they wished they had known of available services when their child was younger as they needed family support services, but no one told them about these services.

Parents across the State identified the need for information about resources. Service coordinators serving two parishes indicated that they lacked knowledge of service options available through early intervention for children and families beyond speech, occupational, educational and physical therapies. No service coordinator in any parish visited by OSEP indicated awareness of a State central directory. Service coordinators reported a need for current information about various community programs and services. Service coordinators and parents reported it would be helpful to have a resource book that identified services for families while planning the IFSP.

V. PART C: EARLY CHILDHOOD TRANSITION

Congress included provisions to assure that preschool or other appropriate services would be provided to eligible children leaving early intervention at age three. Transition is a multifaceted process to prepare the child and the child's family to leave early intervention services. Congress recognized the importance of coordination and cooperation between the educational agency and the early intervention system by requiring that a specific set of activities occur as part of a transition plan. Transition activities typically include: (1) identification of steps to be taken to prepare the child for changes in service delivery and to help the child adjust to a new setting; (2) preparation of the family (i.e., discussions, training, visitations); and (3) determination of other programs and services for which a child might be eligible. Transition planning for children who may be eligible for Part B preschool services must include scheduling a meeting, with approval of the family, with the lead agency, the educational agency and the family, at least 90 days (with parental permission up to six months) prior to the child's third birthday. Transition of children who are not eligible for special education also includes convening a meeting to assist families in obtaining other appropriate community-based services. For all Part C children, States must review the child's program options for the period from the child's third birthday through the remainder of the school year and must establish a transition plan.

Validation Planning and Data Collection

The State's Part C self-assessment of transition from early intervention services to special education services and other community services did not identify any areas as exemplary. Three areas were rated as having acceptable progress: joint transition training for Parts C and B providers; the number of children receiving a free appropriate public education on their third birthday; and the positive parent satisfaction ratings received from surveys. Areas identified as needing improvement/priority for improvement were training individuals to provide transition planning and ensuring children are determined eligible for Part B services and receive appropriate services on their third birthday.

One of the focus questions asked during the public input meetings was, "By the child's third birthday, does transition planning result in the timely provision of needed supports and services?" Comments received during the public input meetings indicated that transition activities do not occur in a timely manner, transition plans are not developed 90 days before the child's third birthday, transition plans are not implemented as developed, children not eligible for Part B services were not transitioned into other appropriate services, and transition information was not included in State training activities.

Based on the information collected during validation planning, the following areas were identified for further data collection: timeliness of transition planning; development of transition plans; and the timeliness of the transition meeting.

To investigate these issues, OSEP collected data from local programs and providers, parents, service providers, case managers, local programs, interagency collaborators and from central

office staff personnel. OSEP reviewed and analyzed the data and identified the following strength and suggestion for improvement.

A. STRENGTH

Promising Transition Activity

One local early intervention program has set up extensive procedures for completing the transition process that engage families, service coordinators, providers and classroom teachers. The early intervention team sponsors an awareness seminar during which service coordinators and experienced parents discuss the transition process with parents and providers. In addition, representatives from early childhood programs and the school system are invited to share information about their programs.

B. SUGGESTION FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES

Transition From Part C Services

Service providers, parents, administrators, and service coordinators in three areas of the State told OSEP that for many children who have received Part C services and who are eligible for preschool special education services under Part B, a transition meeting was not held with representation from the Part B system, an IEP is not developed and a free appropriate public education is not made available by the child's third birthday.

In order to ensure a smooth and effective transition process, LDE must improve its coordination with the LEAs in which children may receive preschool services. It is LDE's responsibility to notify the LEA for the area in which a child resides that the child will shortly reach the age of eligibility for preschool services. 34 CFR §300.148(b)(1). Part C also requires that for a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, the lead agency must convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services. 34 CFR §303.148(b)(2)(i). Administrators told OSEP that service coordinators did not facilitate or assist families in the evaluation process to determine the programs for which the child might be eligible. These administrators also stated service coordinators did not hold a transition meeting, as the "transition was handled by the schools." Parents stated that the difficulty was in obtaining an evaluation from the school system and communicating with school personnel. Parents said that services frequently began months after the child's third birthday. Parents also stated that even if the evaluations were completed, they still had to wait for a space in a preschool program. In one area of the State, service coordinators told OSEP that a notice of the transition meeting was sent to the Child Search coordinator, but that no one from the school system attended the transition meeting. The Child Search coordinator stated that the office did receive a notice about the transition meeting, but that no one from their office attended; they filed the notice in the child's folder.

Further, although the IFSPs that OSEP reviewed had an IFSP transition page, it did not contain the steps related to training parents regarding future placements, procedures to prepare the child for changes in service delivery, including the steps to help the child adjust to, and function in a new setting. See 34 CFR §303.344(h)(2). Service providers in one area acknowledged that the steps for transition were not included on the IFSP. The administrator in that area told OSEP that other community placements were not discussed at the transition meeting, and that documentation of transition activities is not consistent. In order to ensure a smooth transition to Part B or other community services, LDE may want to review transition procedures in local programs during monitoring activities and explore activities to address parent and staff concerns in conjunction with Part B preschool staff.

VI. PART B: PARENT INVOLVEMENT

A purpose of the IDEA Amendments of 1997 is to expand and promote opportunities for parents and school personnel to work in new partnerships at the State and local levels. Parents must now have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child, and the provision of a free appropriate public education to their child. Parental involvement has long been recognized as an important indicator of a school's success and parent involvement has positive effects on children's attitudes and social behavior. Partnerships positively impact achievement, improve parents' attitudes toward the school, and benefit school personnel as well.

Validation Planning and Data Collection

Monitoring: OSEP's 1995 monitoring resulted in a finding of noncompliance related to the content of prior written notice provided to parents. Louisiana did not ensure that public agencies describe in a prior written notice the evaluation procedure, test, record or report used as a basis for a proposal or refusal to conduct an evaluation or reevaluation. In addition, prior written notice was not provided to parents at all times required by the regulations.

Self-Assessment: Section 3 of the Louisiana Self-Assessment addressed all cluster areas for Part B and Part C. The section on Parent Involvement indicated a significant amount of training for parents from 1996-1999, 26 percent of which was joint training for parents and school staff. It also indicated that this training, along with information dissemination, addressed identified needs of parents, youth with disabilities and staff. It indicated that parents and staff are appropriately informed about parental rights and responsibilities; however, utilization of training opportunities, technical assistance and information was indicated as an area for improvement. The Self-Assessment further indicated that training and dissemination of materials is only in English. Data were not available regarding the active involvement of parents and youth with disabilities in special education decision-making activities. Parents are involved as members of the State advisory panel and steering committees, and have been involved in the development of performance goals and indicators.

Public Input Process: One of the focus questions asked during the public input meetings was: "How are parents involved in the education of their children with disabilities?" Responses from parents indicated that they do not feel involved in the decision-making process. They stated that the schools encourage their attendance at meetings but do not listen to them or respect their opinions when they attempt to participate in the meetings. A large number of parents stated that school personnel contact them to participate in field trips (or else their children are denied the opportunity to participate in the field trips) or to come to the school to pick up their children when behavior problems occur. Parents also reported that they do not have a firm understanding of their rights and responsibilities and that they are not fully informed of what services and options might be available; however, they believe they are more knowledgeable about these things than many of the teachers.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) parents receive training; and (2) parents actively participate in educational planning and special education decision-making.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, related service providers, students and parents.

OSEP reviewed and analyzed the data and identified the following strength and suggestions for improved results for children and youth with disabilities.

A. STRENGTH

Parent Training Opportunities

The Louisiana Self-Assessment reported that 26 percent of training opportunities offered included parents. Two of five parishes visited by OSEP reported significant levels of parent participation in training opportunities, one averaging approximately 50 parents per session and the other averaging 100 parents per session. Many training opportunities are offered by the parishes as well as by individual schools. One school visited houses a parent training center that provides materials on loan to parents.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

1. Identification of Parent Training Needs

While a variety of training opportunities is provided, none of the parishes visited could identify how they determine the training needed by parents. School staff in two parishes reported that the parish central office determines what parents need to know. One administrator reported that she wished someone would ask the parents what they need, as none of the training opportunities addressed concerns expressed by her parents.

2. Training for Staff in Meeting Parent Needs

Personnel in all five parishes were unable to identify any training provided to staff relative to meeting the needs of parents or involving them in the special education decision-making process. Although school staff reported that parents are provided with information about special education and parent rights, parents reported to OSEP that were not provided information regarding graduation requirements, transfer of rights at the age of majority, transition opportunities, etc. This suggests that greater effort could be made to ensure that school staff effectively convey essential information to parents to increase parents' knowledge of special education and parent rights and enhance their participation in the decision-making process.

VII. PART B: FREE APPROPRIATE PUBLIC EDUCATION IN THE LEAST RESTRICTIVE ENVIRONMENT

The provision of a free appropriate public education in the least restrictive environment is the foundation of IDEA. The provisions of the statute and regulations (evaluation, IEP, parent and student involvement, transition, participation in large-scale assessment, eligibility and placement decisions, service provision, etc.) exist to achieve this single purpose. It means that children with disabilities receive educational services at no cost to their parents, and that the services provided meet their unique learning needs. These services are provided, to the maximum extent appropriate, with children who do not have disabilities and, unless their IEP requires some other arrangement, in the school they would attend if they did not have a disability. Any removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The IDEA '97 Committee Reports of the Senate Committee on Labor and Human Resources and the House of Representatives Committee on Education and the Workforce emphasized that too many students with disabilities are failing courses and dropping out of school. Those Reports noted that almost twice as many children with disabilities drop out as compared to children without disabilities. They expressed a further concern about the continued inappropriate placement of children from minority backgrounds and children with limited English proficiency in special education. The Committees stated their intention that “once a child has been identified as being eligible for special education, the connection between special education and related services and the child’s opportunity to experience and benefit from the regular education curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the regular education curriculum to varying degrees with some adaptations and modifications. This provision is intended to ensure that children’s special education and related services are in addition to and are affected by the regular education curriculum, not separate from it.”

Validation Planning and Data Collection

Monitoring: In 1995, OSEP reported that Louisiana did not fully meet its responsibility to ensure that public agencies establish and implement procedures which meet the requirements regarding the placement of students in the least restrictive environment. Specifically, LDE did not ensure that: (1) to the maximum extent appropriate, public agencies educate children with disabilities, including children in public or private institutions or other care facilities, with children who are nondisabled; (2) public agencies remove a child with a disability from the regular education environment only if the child’s education cannot be achieved satisfactorily in regular classes with the use of supplementary aids and services; (3) placement is based on the IEP; and (4) public agencies ensure that each child with a disability participates with children who do not have disabilities in nonacademic and extracurricular services and activities to the maximum extent appropriate to the needs of the child. Further, OSEP reported that LDE did not ensure that a representative of the public agency, other than the child’s teacher, who is qualified to provide or supervise the provision of special education, attends the IEP meeting.

Self-Assessment: In Section 3 of its Self-Assessment, Louisiana reported that in 1993, 44.7 percent of teachers for children with disabilities, ages three through five, were not certified and 27.6 percent for students ages six through 21. The Steering Committee determined this to be a priority for improvement. Data for 1999-2000 identified 8.8 percent vacancies for school psychologists and five percent for school psychologists combined with educational diagnosticians and school social workers. In 1997, Louisiana averaged 67 percent of special educators not certified. In 1999, data demonstrated that 3,000 special educators are uncertified. The number of regular educators not certified is also increasing across the State since 1996. These teachers are currently hired under waivers.

LDE offered more than 514 inservice opportunities over the past three years. Data are not available to determine the level of participation or the effectiveness of the training.

Louisiana's Self-Assessment includes the following data for percentage of students with disabilities graduating from high school with a diploma:

1996 - 12.7%
1997 - 13.1%
1998 - 13.8%

The Self-Assessment also reported that in some parishes no students with disabilities received diplomas:

1996 - 5 parishes
1997 - 8 parishes
1998 - 5 parishes

One of these parishes failed to graduate any students with disabilities during this three-year period.

High school completion data reported for 1999 in the Self-Assessment indicate that 43 percent of special education students ages 14-21 have dropped out. Data for regular education in 1999 were not reported. In 1997, 11 percent of regular education students dropped out and 30 percent of special education students dropped out. Suspension and expulsion data were not reported although the Self-Assessment indicated that rates for students with disabilities are higher than for their nondisabled peers and that the overall rates are "too high."

The Self-Assessment reports that 80 percent of students with disabilities participate in the Statewide assessments while 20 percent participate in alternate assessments. No data were available to compare performance with nondisabled peers. State performance goals and indicators have been established which are consistent with those for nondisabled students in the State.

Placement data reported in the Self-Assessment indicate that established pupil-teacher ratios do not support inclusive practices. Data from 1999 indicate that 28 percent of children ages 3-5 are

in self-contained settings while 41 percent of children ages 12-17 are in self-contained settings. No data were reported for children age six through 11.

Public Input Process: Focus questions asked during the public input meetings included: “Are students with disabilities receiving the special education and related services they need?” “How do students with disabilities participate with nondisabled students?” and “Do all students, regardless of placement, have access to the same curriculum as their nondisabled peers?” Responses indicated that children are not receiving the special education and related services they need. Parents indicated that it is very difficult to obtain initial evaluations and that students may have to fail an entire year before the school district will conduct an evaluation. The period of time during which interventions are tried, prior to evaluation, is viewed as a means of delaying evaluation and, as perceived by the parents, does not result in improved performance for their children. When discussing access to the general curriculum, participants indicated that children seemed to be involved mainly in completing worksheets and, according to parents, completing “busy work” (e.g., coloring sheets, dittos, etc.) rather than working in textbooks or other general curriculum materials. Parents reported that teachers are not trained and are unable to provide appropriate instruction to their children with disabilities. Parents also reported delays in obtaining assistive technology devices and services that their children need.

Participants reported that personnel shortages in special education and related services inhibit instruction and positive educational outcomes. Shortages result in services being determined based on the availability or schedules of service providers. Parents believe that IEPs are predetermined and that IEPs have no relationship to previous IEPs or evaluation/reevaluation information that is available.

Parents also reported that services decrease when children make the transition from Part C services to Part B services and also when children move from regular education environments to alternative schools. Parents reported that they may provide transportation to special education services and wondered whether they should be reimbursed.

Parents reported that regular education teachers do not want to accept children with disabilities into their classrooms and that there is no support for children with disabilities who are placed in regular education classrooms. Participants reported no supports for regular education teachers to facilitate participation of children with disabilities in their classrooms and that children with disabilities are often “dumped” into alternative schools as a stepping stone to placing students on homebound instruction to avoid dealing with behavioral issues.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) a lack of qualified evaluators and providers exists, especially for low incidence populations and in rural areas; (2) children with disabilities receive a free appropriate public education, including, when appropriate, functional behavior assessments, positive behavioral interventions, and behavior management plans; (3) assistive technology devices and services are provided, when appropriate, to children with disabilities; (4) extended school year services are considered and, when determined necessary, provided in accordance with an appropriate IEP; (5) children with emotional disturbance receive appropriate services (especially counseling) in the least

restrictive environment; (6) children with disabilities receive access to the general curriculum; and (7) children with disabilities receive services in the least restrictive environment.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, related service providers, students and parents.

OSEP reviewed and analyzed the data and identified the following strengths, areas of noncompliance and suggestions for improved results for children and youth with disabilities.

A. STRENGTH

Use of Standards and Benchmarks

Three of five parishes report the use of standards and benchmarks developed by the State for general education in special education settings to ensure access to the general curriculum for children with disabilities who are not appropriately placed in the regular education classroom. One of these parishes reported the development of curriculum for severely disabled populations using the general education standards and benchmarks as they apply to practical, daily living skills and the development of employment skills.

B. AREAS OF NONCOMPLIANCE

1. Adequate Supply of Qualified Personnel to Provide a Free Appropriate Public Education

34 CFR §300.300 requires that a free appropriate public education be made available to all children with disabilities. In addition, 34 CFR §300.381 requires that each State have procedures and activities that the State will undertake to ensure an adequate supply of qualified personnel, including special education and related services personnel and leadership personnel, necessary to carry out the purposes of IDEA.

As discussed below, OSEP determined LDE has not ensured that an adequate supply of qualified special education and related services personnel are available to implement IDEA and as a result, some children with disabilities are not receiving a free appropriate public education.

In all five parishes visited, administrators, teachers and related service providers reported that personnel shortages in related services personnel existed, resulting in children with disabilities not receiving all the related services they require to benefit from special education services. In one parish, related service providers, special education teachers, and administrators reported that all children with disabilities who require speech or language services get the same amount of service, regardless of individual student need, and that children with disabilities who require psychological services and counseling to benefit from special education do not always receive these services because of staff availability. In two other parishes, related service providers, special education teachers and administrators also reported that psychological services and

counseling are not available to the extent necessary to meet the individual needs of children with disabilities who require those services to benefit from special education. In one parish, general education teachers and administrators reported that required nursing services and speech and language services are not available at their alternative schools to the extent required by the students. In addition, an administrator in this parish reported that the related services available in the building are distributed evenly among the students who require service, regardless of the IEP or individual student needs. Occupational and physical therapists in this parish reported that all children's IEPs reflect a half hour per week of service, regardless of individual student need, but they may get more if the schedule permits. One administrator reported that there are students who get no speech and language services even though the IEP team has determined it is a needed related service and specified this in children's IEPs. This same administrator stated that counseling, physical therapy and occupational therapy are not available as related services for students who need them. In this same parish, related service providers reported that adaptive physical education is provided but not included on IEPs and all children who require adaptive physical education receive the same number of hours per week.

In two parishes, general education teachers, special education teachers, related service providers and administrators reported that staff shortages prevented conducting initial evaluations within the State timeline of sixty days, and that there was difficulty in completing reevaluations within the required three-year time line. They also reported that it was not uncommon for initial evaluations and reevaluations to be delayed beyond the 60 day and three year timelines, respectively, and in some cases for as much as a year. Special education teachers, related service providers and administrators in all five parishes reported that the provision of direct services is delayed or interrupted so evaluations and reevaluations can be conducted within time lines.

The Louisiana State Special Education Data Profile submitted as part of the Self-Assessment reports that during the 1998-1999 school year more than 33 percent of teachers of children with disabilities ages six through 21 were on waivers because they did not meet the State's minimum entry-level requirements. The State Director of Special Education reports that, in fact, even more special education teachers are on waivers than the number that is reported. Administrators and directors in all five parishes acknowledged that lack of information and training on the part of teachers on waivers, along with the overall shortage of special education teachers (certified or on waivers), reduces their ability to provide special education services in the least restrictive environment, limits the co-teaching opportunities to facilitate placement in the least restrictive environment, contributes to difficulties in meeting evaluation and reevaluation time lines, and adversely affects the quality of instruction.

2. Availability and Provision of Extended School Year Services

34 CFR §300.300 requires that a free appropriate public education be made available to all eligible children with disabilities. In addition, 34 CFR §300.13 requires that services be provided in accordance with an appropriate IEP.

As discussed below, OSEP determined that LDE did not ensure that all children with disabilities who require extended school year as part of a free appropriate public education are provided extended school year services, in accordance with an appropriate IEP. See, 34 CFR §300.309.

Teachers and administrators in all five parishes visited reported that more children would qualify for ESY services if regression/recoupment data were collected after the summer break. The Louisiana Extended School Year Program Handbook defines a break as being a break of five or more instructional days and gives the examples of summer break, Thanksgiving, Christmas, Easter, and spring break. It is noted by OSEP that Thanksgiving is not a five day instructional break, nor is the Mardi Gras break, used by some parishes, always a break of five instructional days. The following is a quote from the handbook “Examining a student’s regression–recoupment performance over a summer break is not mandated, but it is recommended.” Even with the guidance provided in the handbook there was a total lack of understanding by all staff that regression/recoupment data could be gathered after a summer break. Teachers reported that breaks used to measure regression/recoupment almost exclusively were two weeks at Christmas, spring break, Mardi Gras, or Thanksgiving. A special education teacher in one parish said she would gather regression/recoupment data after a field trip and a teacher in another parish said she could use the breaks of Thanksgiving and Easter but she could not use the Christmas or summer break. The method in which public agencies implement the State extended school year services criteria results in only the most severely-disabled children receiving extended school year services and, if the criteria were applied differently (i.e., regression measured over longer breaks, example, summer break), IEP teams would determine that more children require extended school year services. In addition, teachers and administrators in all five parishes reported that decisions regarding extended school year services are not based entirely on individual student needs. Special education teachers and administrators in four out of the five parishes visited reported that extended school year services were for four hours per day, and four days per week. These same individuals stated that the program lasted for eight weeks in three of the parishes and five weeks in one of the parishes. An administrator in one parish said the length and intensity varied between the students and an administrator in another program said the amount of service would vary from student to student.

3. Provision of Special Education and Related Services to Children with Disabilities in Regular Education Classrooms

Public agencies must include in the IEP for each child with a disability, and provide, any of the following services that the child needs as part of a free appropriate public education: special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and program modifications or supports for school personnel. (See, 34 CFR §§300.300, 300.13 and 300.347(a)(3).) In two parishes, special education teachers, regular education teachers, and administrators reported that general education teachers were not implementing the program modifications and accommodations in students' IEPs. They added that if more training and supports were provided to the teachers they believed that regular education teachers would implement those modifications and accommodations.

In another parish, special education teachers and administrators reported that special education and related services and other supports were not available at vocational-tech schools, regardless of whether a student with a disability needed them. Therefore, IEP teams for students with disabilities attending these schools did not consider the need for such services or include them in students' IEPs, regardless of student need. They added that, while teachers are becoming more

aware of the need to include needed services in students' IEPs and provide them, students with disabilities must still “sink or swim” in vocational-tech schools.

Special education teachers and general education teachers in another parish reported that they were not given the supports and staff needed to implement the modifications and accommodations in students' IEPs, and that they were not, therefore, implementing them as specified in the students' IEPs.

4. Placement in the Least Restrictive Environment

34 CFR §300.550(b)(2) requires that special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes, with the use of supplementary aides and services, cannot be achieved satisfactorily. 34 CFR §300.532 requires that the determination of educational placement be made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options and that placement be determined annually. 34 CFR §300.344(a)(2) requires that at least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment) attend the IEP meeting.

Although there are significant findings in this area, OSEP acknowledges that LDE's efforts to ensure placement in the least restrictive environment, including in the regular education classroom, where appropriate, has had an impact in some local parishes. For instance, personnel in three of five parishes reported significant efforts to place children with disabilities in regular education classrooms. In several cases, teachers and administrators described co-teaching efforts as well as the use of paraprofessionals to facilitate the integration of children with disabilities. Special education teachers and a related service provider stated there was a five-year plan in their parish to place elementary children in regular education classrooms, including the more moderately and severely disabled populations. In another parish an administrator in a school reported a plan to “realize full inclusion.” These districts attribute these efforts directly to activities and policies implemented by LDE.

However, as discussed below, OSEP determined that LDE did not ensure that all educational placements for children with disabilities are made in accordance with the requirements above.

Special education teachers in four of five parishes visited and administrators in two of these parishes reported that placement determinations are made based primarily upon category or severity of disability rather than on individual determination based on individual need. They said these decisions were not based on each child's IEP, or on the maximum extent to which he or she could be educated with nondisabled students. In another parish, a special education teacher and an administrator reported that “disability category is driving the placement for the more severe and low-incidence disabilities.” Elementary and middle school teachers, along with the special education director in this parish reported that, for example, all autistic students go to one classroom while all students with multiple disabilities go to another classroom, with no individual determination of placement. An administrator in another parish reported that the central office determines placement based on disability category. In another parish a special

education teacher and an administrator reported that children with disabilities had to be moved to another school in order to participate in less restrictive environments because, “We don’t have those programs in our school.” Special education teachers reported that children with disabilities are placed in programs based on category or severity classification. IEPs are then written based on the program to which the child is automatically assigned based upon category, not the individual needs of the student. Related service providers and special education teachers reported that services available in that program are identified on the IEP and if needed services are not available, they are simply excluded from the IEP. In two parishes special education teachers and administrators reported that placement is based on availability of services, previous placement and space, rather than individual student need. Special education teachers in one parish reported that children with disabilities cannot be formally placed into regular education classes. They can only participate based on informal arrangements between the regular and special education teachers.

Regular education teachers, special education teachers, related service providers and administrators in all five parishes reported that more children with disabilities could receive appropriate services in regular education classrooms if needed supports were provided to regular education teachers. Such supports include trained paraprofessionals, co-teaching training and models, training, time for collaboration, provision of modified materials, team teaching, etc.

Many IEPs reviewed by OSEP indicated that only the special educator and the parent attended the IEP meeting. Regular educators seldom attended, even when the student was, or might be, placed in a regular education environment. Regular education teachers in three parishes reported that they are not involved in IEP meetings and are not informed when special education students are placed in their classes. Regular education teachers “discover” which students are in need of special education and related services, often from other students. Information regarding individual student needs (e.g., services, modifications, extent of participation in the general curriculum, etc.) is often not provided to regular educators until four to six weeks after school begins. Therefore regular educators are not aware of the impact of the disability on the child’s education and are not able to implement classroom modifications, accommodations, supplementary aides and services and other aspects of the IEP necessary for the student to progress satisfactorily in the regular education curriculum. In addition, both regular and special educators report that regular educators are often reluctant to work with special education students because of existing class sizes, lack of training and lack of supports to implement modifications and accommodations.

5. Appropriate Services in Alternative Schools

In four of five parishes that OSEP visited, OSEP visited alternative schools for children with disciplinary problems, in which the parishes place both children with disabilities and nondisabled children. These children are not placed pursuant to 34 CFR §300.121(d)(2)(i) or §300.121(d)(2)(ii).

In one of these parishes, special education teachers and administrators informed OSEP that children with disabilities do not receive all of the services in their IEPs while placed in the alternative schools.

In a second parish, OSEP visited two alternative schools. Administrators and special education teachers in one alternative school informed OSEP that, due to the fact that special education teachers have not been trained in the general curriculum, students with disabilities are not able to be involved and progress in the general curriculum to the extent appropriate for each student. This is inconsistent with the requirements of 34 CFR §300.347(a), which requires that the IEP team make an individualized decision regarding the extent to which each student with a disability will be involved in the general curriculum and the services to, or on behalf of, the student, so that he or she can be involved and progress in the general curriculum. They reported that, as a result, students with disabilities cannot reasonably participate in the Statewide assessment or earn Carnegie units toward graduation. They also said that because related services are not available, even if a child a disability needs such services to benefit from regular education, they do not, in developing students' IEP, consider the needs for such services or include them in the IEPs for students who need them. They said that the lack of psychological counseling services was a particular problem.

At both alternative schools in this second parish, special education teachers and administrators reported there were students in the alternative schools who had shortened days, because they had to be transported from their homes to their home schools, and then from their home schools to their alternative schools. Because the buses to their neighborhood schools run on the regular-school schedule, by the time they are transported to the alternative school and are returned, at the end of the day, to their neighborhood school to catch their bus home, they lose from 15 minutes to a half hour each way, resulting in a school day shortened by at least a half hour to one hour each day. As a result, these students are receiving less than the State-mandated amount of instructional time (63,000 minutes per school year); this reduction of instructional time below the State standard was not based upon an IEP team determination for each child affected. See 34 CFR §§300.300 and 300.13. Special education teachers and the administrator in one of the alternative schools said they were unable to obtain the materials needed to provide access to the general curriculum for children with disabilities. At the other alternative school, the special education teachers and administrator reported that, because the schools two certified regular education teachers are the only staff who provide any instruction in the general curriculum to children with disabilities and nondisabled children at the school, students with disabilities, placed in separate special education classrooms, were not able to be involved and progress in the general curriculum to the extent appropriate for each student. Special education teachers and administrators in both schools reported that they did not include all related services that each child with a disability needed to benefit from regular education, especially nursing and speech and language services, because they knew that all needed services were not available in the alternative schools.

6. Availability and Use of Assistive Technology in Orleans Parish

34 CFR §300.308 requires that assistive technology devices and services, as defined in §§300.5-300.6, are made available to children with disabilities if required as part of their special education, related services or supplementary aids and services.

As discussed below, OSEP determined that LDE failed to ensure that the requirements regarding assistive technology devices and services are met in Orleans Parish.

A related service provider reported to OSEP that recommended assistive technology devices might be refused because of cost or availability. In some cases, communication boards consisted of pictures pasted on manila folders, covered with clear contact paper even when the IEP team determined that the students required voice-activated devices or more sophisticated equipment. A special education teacher reported that equipment ordered for use with the Statewide assessment program was not received and students with disabilities were required to take the assessment without required modifications. A special education teacher and an administrator reported that special education students in some buildings are denied access to computer labs that are utilized by non-disabled students on a scheduled basis. Special education teachers reported that required assistive technology devices are not included on IEPs and are available only by informal arrangements between the special and regular educators.

7. IEP Meeting Participants in Orleans Parish

34 CFR §300.344(a) requires that the IEP for each child with a disability include: (1) the parents of the child; (2) at least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); (3) at least one special education teacher of the child or, if appropriate, at least one special education provider of the child; (4) a representative of the public agency who is qualified to provide, or supervise the provision of special education, is knowledgeable about the general curriculum, and is knowledgeable about the availability of resources of the public agency; (5) an individual who can interpret the instructional implications of evaluation results; (6) other individuals who have knowledge or special expertise, at the discretion of the parent or public agency; and (7) if appropriate, the child. The regulations additional participants if a purpose of the IEP meeting in the consideration of transition service needs or needed transition services. 34 CFR §300.344(b).

As discussed below, OSEP determined that LDE did not ensure that all required participants attend IEP meetings in Orleans Parish.

Many IEPs indicated that only the parent and special educator participated in the IEP meeting, with no indication that a representative of the public agency, meeting the criteria at 34 CFR §300.344(a)(4) had participated as part of the IEP team. IEPs and interviews with special education and regular education teachers indicated that no regular education teacher was a member of the child's IEP team, even when a child with a disability was participating in the regular education environment for at least part of the school day. The teachers explained that regular education teachers did not have time to participate in IEP meetings.

In some cases, the IEP listed the required participants, but teachers informed OSEP that not all listed participants actually attended the IEP meeting. For example, a special education teacher reported that while many participants were listed on the IEP, only she and the parent actually met; after the IEP meeting, she obtained the signatures of the other persons who required members of the IEP team and who were listed on the IEP, but who did not actually attend the IEP meeting. The teacher then mailed a copy to the parent.

As discussed in Section IX below (Part B: Secondary Transition), OSEP found that LDE was not meeting the requirement, at 34 CFR §300.344(b)(3), to ensure that any other agency that is likely to be responsible for providing or paying for transition services participate in an IEP meeting, if a purpose of the meeting is the consideration of needed transition services.

C. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

Functional Behavior Assessment and Behavior Management Plans

There are significant discrepancies within parishes and across parishes regarding the implementation of functional behavioral assessments. Personnel reported a variety of criteria for implementation of this process, including: after two suspensions, after three suspensions, upon placement in an alternative school, upon expulsion, prior to consideration for an alternative school, during reevaluation for a significant change in placement related to behavior, when a new behavior is targeted, when a pattern of behavior is identified, or when an extreme behavior occurs.

In addition, inconsistency exists regarding the qualified examiner for a functional behavioral assessment. Personnel reported that the following staff may conduct the functional behavioral assessment: teachers involved with the student; pupil appraisal teams; school psychologists; school social workers; IEP teams, social workers and teachers working together; guidance counselors; or participants in school staffing meetings.

The IDEA Amendments of 1997 (see §614(d)(3)(B)(i) and 34 CFR 300.346(a)(2)(i)) require that in the case of a child whose behavior impedes his or her learning, the IEP team shall consider strategies, including positive behavioral interventions, strategies, and supports to address that behavior. Administrators and teachers in all five parishes felt the need for more training in the area of functional behavioral assessments and behavioral intervention plans in order to establish positive behavioral interventions, strategies, and supports for students with behavioral concerns. The use of behavioral intervention plans, based on functional behavior assessments, for children with behavioral concerns could significantly increase opportunities for children with behavior concerns to learn in regular education environments and progress in the general curriculum.

VIII. PART B: SECONDARY TRANSITION

The National Longitudinal Transition Study states that the rate of competitive employment for youth with disabilities out of school for three to five years was 57 percent, compared to an employment rate of 69 percent for youth in the regular population. The Study identifies several factors that were associated with post-school success in obtaining employment and earning higher wages for youth with disabilities. These include completing high school, spending more time in regular education, and taking vocational education in secondary school. The Study also shows that post-school success is associated with youth who had a transition plan in high school that specifies an outcome, such as employment, as a goal. The secondary transition requirements of IDEA focus on the active involvement of students in transition planning, the consideration of students' preferences and interests by the IEP team, and the reflection, in the IEP, of a coordinated set of activities within an outcome-oriented process which promotes movement from school to post-school activities. Through parent and student involvement, along with the involvement of all agencies that can provide transition services, student needs can be appropriately identified and services provided that best meet those needs.

Validation Planning and Data Collection

Monitoring: In 1995, OSEP reported that Louisiana did not ensure that public agencies implemented policies and procedures that complied with the requirements of Part B relative to secondary transition. Specifically, notices of IEP meetings did not inform parents that transition planning would be a purpose of the meeting or that the district would invite the student to be a meeting participant. In addition, the report indicated that there is no process for identifying or establishing linkages with agencies that are likely to be responsible for providing or paying for transition services outside the local education agency. Finally, the IEP did not, for students aged 16 and older, contain required content related to transition, including community-based activities or linkages with agencies outside the local education agency.

Self-Assessment: Section 3 of the Louisiana Self-Assessment identified indicators that assist in determining the level of success of a secondary transition program. For 1998, high school completion with a diploma was reported at 13.8 percent for students with disabilities although there was no comparable data for regular education students or overall graduation rates. For 1997, dropout rates are reported at 30 percent for youth with disabilities, while the dropout rates for regular education are reported at 11 percent. No data were reported regarding the participation of agencies outside the local education agency, the participation of youth with disabilities in transition planning, or for youth with disabilities who exercise their rights at the age of majority.

Public Input Process: One of the focus questions asked during the public input meetings was: "Describe the planning process that takes place for students age 14 and older to ensure a successful transition to work, independent living, or additional education services (e.g., college, technical school)?" and "Are students receiving the services needed?" Parents responded they that did not feel well informed about the transition planning process. They indicated that they believe that schools wait too long to begin the transition planning process. There are extremely

long waiting lists for services from Vocational Rehabilitation and parents have been told to get their children on the waiting list as early as elementary school. Limited options are available for children with disabilities and there is a lack of information for parents and students about what options might be available to them, particularly in rural areas.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) agency linkages are identified and established; (2) appropriate transition goals, services and activities are addressed in IEPs; (3) students are informed at age 17 of rights and responsibilities that will become theirs upon turning age 18; (4) opportunities for agency involvement, community experiences, and the development of independent living skills are sufficient in rural areas of the State; and (5) transition services represent a coordinated set of activities within an outcome-oriented process.

OSEP reviewed and analyzed the data and identified the following strength and areas of noncompliance.

A. STRENGTH

Special Education Support in Vocational-Technical Schools

Administrators in two parishes report the presence of special educators and special education support in the vocational-technical school. Many special education students attend the vocational schools with special education support. In one parish, credits toward graduation are received for vocational-technical attendance. These administrators reported that this involvement often encourages students who may not graduate with a diploma to remain in school to acquire job skills. One administrator reported that the career center in the school assists students in job placement after completion of the vocational-technical course.

B. AREAS OF NONCOMPLIANCE

1. Statement of Transition Service Needs

As required at 34 CFR §300.347(b)(1), the IEP must include, for each student beginning at age 14 (or younger if determined appropriate by the IEP team), and updated annually, a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study.

In 66 of the 96 IEPs that OSEP reviewed for students aged 14 or older, there was no transition-related content focusing on the students' courses of study under any of the components of the IEPs. Special education personnel in three of the five parishes confirmed that the parishes did not include a statement of transition service needs, focusing on the students' courses of study, in the IEPs for students aged 14 and older.

2. Statement of Needed Transition Services

34 CFR §300.347(b)(2) requires that for each student beginning at age 16 (or younger, if determined appropriate by the IEP team), the IEP include a statement of needed transition services for the student. 34 CFR §300.29 defines transition services as a coordinated set of activities that is designed within an outcome-oriented process, that promotes movement from school to post-school activities and is based on the individual student's needs, taking into account the student's preferences and interests.

OSEP found that LDE failed to ensure that the IEP for each student with a disability, beginning at age 16 (or younger, if determined appropriate by the IEP team), included a statement of needed transition services that met the requirements of 34 CFR §§300.347(b)(2) and 300.29.

OSEP found that 57 of the 66 IEPs that it reviewed for students with disabilities, aged 16 or older, did not include a statement of needed transition services that was a coordinated set of activities within an outcome-oriented process that promotes movement from school to post-school activities, and based on the individual student's needs, taking into account the student's preferences and interests.

For example, one of these IEPs indicated that the IEP team had not yet identified post-school outcomes for the student; they would be determined at a later date through administration of an interest inventory. The only annual goals and short-term objectives in the IEP addressed only "improvement in upper mathematical operations and concepts each nine week period," "...communicate using standard English grammar..." and "...improve school and class behavior with 100% accuracy." Thus, the IEP included no statement of needed transition services that was a coordinated set of activities within an outcome-oriented process that promotes movement from school to post-school activities, and based on the individual student's needs, taking into account the student's preferences and interests.

A further example is a second IEP which, in identifying the student's post-secondary goals, indicated that the student would be interested in auto repair, machine operation and agriculture and that the student "might eventually try for his GED." The transition services in the IEP were: "Teach study skills and math skills. Write a behavior plan for James. Encourage James to participate in school activities and community activities." The annual goals included math, study skills and "obey school rules." The IEP included no behavior plan, and no annual goals, short-term objectives or benchmarks, or services to promote movement to the identified post-school objectives.

3. Inviting Representatives of Agencies Likely to be Responsible for Providing or Paying for Transition Services

34 CFR §300.344(b)(3)(i) requires that, if a purpose of the meeting is the consideration of transition services for a student, the public agency shall invite a representative of any other agency that is likely to be responsible for providing or paying for transition services. 34 CFR §300.344(b)(3)(ii) states that if an agency invited to send a representative to a meeting does not do so, the public agency shall take other steps to obtain the participation of the other agency in the planning of any transition services.

As discussed below, OSEP found that LDE does not ensure that IEP notification and invitation meet IDEA requirements regarding transition.

None of the IEPs reviewed reflected participation of outside agency personnel and parish personnel reported that representatives were not invited until the students' senior year, even when agencies existed who were likely to be responsible for providing or paying for transition services as indicated by the IEP. The exception to this practice was when a student, usually severely disabled, had a long-standing and ongoing relationship with an agency, independent of parish involvement, such as a social service agency or health care provider. OSEP found no other methods used to obtain agency participation in transition planning.

IX. PART B: GENERAL SUPERVISION

IDEA assigns responsibility to State education agencies for ensuring that its requirements are met and that all educational programs for children with disabilities, including all such programs administered by any other State or local agency, are under the general supervision of individuals in the State who are responsible for educational programs for children with disabilities and that these programs meet the educational standards of the State educational agency. State support and involvement at the local level are critical to the successful implementation of the provisions of IDEA. To carry out their responsibilities, States provide dispute resolution mechanisms (mediation, complaint resolution and due process), monitor the implementation of State and Federal statutes and regulations, establish standards for personnel development and certification as well as educational programs, and provide technical assistance and training across the State. Effective general supervision promotes positive student outcomes by promoting appropriate educational services to children with disabilities, ensuring the successful and timely correction of identified deficiencies, and providing personnel who work with children with disabilities the knowledge, skills and abilities necessary to carry out their assigned responsibilities.

Validation Planning and Data Collection

Monitoring: In 1995, OSEP reported that Louisiana's monitoring system was not effective in ensuring consideration of physical education, implementation of the criteria for learning disabilities eligibility, making placements based on the IEP and secondary transition planning. In addition, the report indicated that Louisiana did ensure the timely correction of identified deficiencies.

Self-Assessment: Section 3 of Louisiana's Self-Assessment reported exemplary progress in the resolution of disputes through complaint management, due process hearings and mediation. The Self-Assessment did indicate the need for an automated data retrieval system to assist in the tracking of complaints, due process hearings, and mediations. In addition, both internal monitoring and on-site monitoring reports represent acceptable progress, according to the Self-Assessment.

Also, the Self-Assessment indicated acceptable progress in the provision of appropriate special education and related services to eligible children and youth with disabilities in local and State juvenile and adult correctional facilities served by public agencies, subject to the exceptions in the IDEA Amendments of 1997.

Public Input Process: One of the focus questions asked during the public input meetings for Part B was: "How is the State involved in assuring that appropriate services are provided to students with disabilities (e.g., monitoring, training, technical assistance, etc.)?" Responses indicated that Louisiana has not completed comprehensive monitoring, including on-site visits, of local education agencies for the past three years. In addition, parents reported that complaints are not accepted by the State; instead, parents are referred back to their local districts to resolve disputes. When a complaint is filed and investigated, the local education agency may correct the

deficiency for the individual child but no systemic change occurs. The State has developed a new monitoring system that includes parent interviews as part of each local on-site visit.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) monitoring results in systemic changes and improvement in results for children with disabilities; (2) enforcement actions are taken, when appropriate, and whether such actions result in systemic changes; and (3) the State is taking appropriate action to alleviate personnel shortages.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, and parents.

A. STRENGTHS

1. Collaboration among State Agencies Involved with Student Accountability

LDE's Division of Special Populations (responsible for administering the IDEA in Louisiana) demonstrates a strong collaborative relationship with other components within LDE, including the Division of Student Standards and Assessment and the Division of Standards, Assessment and Certification. It is extremely important, as Louisiana moves forward in implementation of its accountability system, that these agencies work closely together to ensure: access to high standards (general curriculum); that students with disabilities are part of the accountability system; and that the accountability system does not have adverse effects on students with disabilities (e.g., access, drop-outs, graduation, suspension/expulsion).

2. Requests for Proposals from Local Education Agencies

LDE has published requests for proposals from local education agencies to address three performance goals: (1) increasing the graduation rate by 100 percent in five years; (2) increasing participation in regular education by 20 percent each year for the next three years; and (3) increasing participation in State-wide assessments to 85 percent for students with disabilities.

Currently funded projects include:

- Collaborative Family-School-Community Partnerships \$240,000 (12 projects);
- Statewide Student Support Projects that address the needs of students with low incidence disabilities who need specialized, costly or not-readily-available services. \$500,000 (8 projects);
- Improving Performance in Target Monitoring Areas \$760,000 (16 focus and random parishes at \$40,000 each, and 12 exemplary parishes at \$10,000 each); and
- State Improving Performance Goals for Students with Disabilities \$1,325,000 (26 projects)

3. Commitment to Technology

LDE has invested \$76,000,000 in State funds over the last three years to support the increased use of technology for all students across the State. As a result, the ratio of students to computers went from 88:1 to 10.5:1. Although this expenditure impacts all students, there are strands designed specifically for children with disabilities, such as the Assistive Technology Summer 2000 Series.

B. AREAS OF NONCOMPLIANCE

1. Monitoring to Ensure Consistent Implementation of Part B Requirements

The General Education Provisions Act at 20 U.S.C. 1232d(b)(3) requires that the State will adopt and use proper methods of administering each applicable program including monitoring of agencies responsible for carrying out each program and the correction of deficiencies in program operations that are identified through monitoring.

OSEP finds that LDE did not effectively ensure that all identified deficiencies were fully corrected. OSEP reviewed LDE monitoring reports for parishes that OSEP visited in February 2000, and in many instances, deficiencies that LDE had previously identified in its most recent reports had not been fully corrected.

For instance, LDE made findings regarding the provision of extended school year services in all five parishes that OSEP visited. As noted earlier in this report, OSEP found continuing violations in three of the five parishes. Similarly, LDE made findings regarding the provision of needed special education and related services in all five of the parishes OSEP later visited. OSEP found uncorrected deficiencies in four of those five parishes.

OSEP has determined that LDE's corrective action process was insufficient to ensure correction of deficiencies throughout the parishes it monitored. Although LDE used some interview data as a basis for its findings, it relied heavily on the review of student records. LDE's sample size was small: for instance, for a parish with approximately 7,000 students with disabilities, LDE reviewed only 33 records. LDE did not extrapolate from the sample to determine whether the deficiencies found in the sample were systemic. Based on its review of LDE monitoring documentation, OSEP determined that the corrective actions required by LDE focused in large part on correcting the sampled records and providing technical assistance to teachers of the students whose records were reviewed. Although it was LDE's procedure to provide to all special education teachers technical assistance focusing on the areas of deficiency, there was no attempt to determine that the corrective actions were sufficient to eliminate all deficiencies throughout the parish.

OSEP also noted that the monitoring system was ineffective in creating systemic change in response to noncompliance identified in parishes across the State (e.g., Orleans Parish). It focused on procedural requirements but did not target changes that would impact outcomes for children with disabilities. For example, the parish with the lowest graduation rate had no related findings in its most recent report. Corrective actions focused on deficiencies in sampled records.

Inconsistent information regarding LDE's monitoring efforts was obtained in the five parishes visited by OSEP. Some staff, including administrators, reported that monitoring was helpful and that they found the process supportive in making changes. Staff and administrators in two parishes attributed the increased focus and success of "inclusion programs" directly to efforts by LDE resulting from monitoring. However, other personnel indicated that it was a "paper and pencil activity" resulting in changes to forms and no substantive changes in outcomes for children with disabilities. One special education director expressed concern about the new monitoring system, fearing that it would not impact systemically and that the focus on target areas would cause some major areas to be overlooked.

OSEP learned during its visit to Louisiana that LDE is undertaking an innovative new monitoring system closely linked to student outcome measures. It is data driven and encourages district accountability. As LDE implements this system, it needs to ensure that along with focus issues, methods are included to collect data for all applicable Federal requirements. LDE also needs to develop criteria for acceptable corrective action plans, so that the inadequacies cited above are addressed.

2. Resolution of Complaints

34 CFR §300.661(a)(4) requires that, in resolving complaints submitted under 34 CFR §300.660, among other things, the State review all relevant information and make an independent determination whether the parish is violating a requirement of Part B and issue a written decision to the complainant that addresses each allegation in the complaint and contains findings of fact and conclusions along with the reasons for the final decision.

OSEP was told by LDE staff responsible for complaint management that it closes out some complaints without a written decision that contains findings of fact and conclusions along with the reasons for the final decision. In addition, LDE staff also reported that it did not always make an independent determination nor issue the written findings and conclusions or reasons. In some cases, where a district verbally commits to correcting a deficiency, LDE closes the complaint without a written determination.

Special education directors in two parishes indicated that when complaints are filed with the State, LDE forwards the complaints to them for collection of data that they then submit to LDE for a determination. Parents in one parish reported that LDE does not investigate complaints but refers them back to the local parish. One special education director reported that complaints are not investigated by the State until they have been investigated at the local level.

C. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

Impact of High Stakes Testing

Presently, LDE requires that all children in the State pass the Louisiana Educational Assessment Program measures at grades four, eight and ten in order to progress to the next grade level and graduate with a diploma. Draft proposals have been generated reducing or altering the use of

certificates of completion, or possibly eliminating their use. Concerns exist around the impact of these decisions on children with disabilities. LDE is encouraged to explore alternatives for children with disabilities who do not progress to the next grade level and meet the existing age cap for attendance at the elementary, middle/junior high, or high school levels. Care should be taken that the creation of alternative schools and programs do not create a form of segregation or a “dumping ground” for children with disabilities. The impact on planning for secondary transition should also be considered and addressed.