



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

**December 20, 1999**

Honorable Ray Christensen  
Secretary of Education  
South Dakota Department of Education and Cultural Affairs  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Dear Secretary Christensen:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in South Dakota during the weeks of April 12 and May 17, 1999 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 South Dakota Department of Education and Cultural Affairs (DECA), and parents and advocates in South Dakota.

In conducting its review of South Dakota, OSEP applied the standards set forth in the IDEA 97 statute and in the Part C regulations (34 CFR Part 303) as they were in effect at the time of the OSEP review. The Part C regulations in effect in May 1999 were those published by the Department on July 30, 1993, as revised by the Technical Amendments published on April 14, 1998. The Part B regulations were those published on September 29, 1992. All citations to 34 CFR Parts 303 and 300 in this report are to the regulations, as published on those dates. The Part B regulations published on March 12, 1999 which included conforming changes to the Part C regulations took effect on May 11, 1999. In planning and implementing improvement strategies to address the findings in this report, DECA should ensure that all improvement strategies are consistent with the new final regulations.

A critical aspect of the Continuous Improvement Monitoring Process is collaboration among the Steering Committee of broad-based constituencies, including representatives from DECA and participation from 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, 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 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. The Part B (services for children aged 3 through 21) requirements were clustered into four major areas: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary 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 strengths noted in the State, areas needing corrective action because they represent noncompliance with the requirements of IDEA, and suggestions for improved results for infants, toddlers, children and youth with disabilities. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

DECA 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 staffs during our review. Throughout the course of the review, Deborah Barnett and Barbara Hemmelman were 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.

Thank you for your continued efforts toward the goal of achieving better results for infants, toddlers, children and youth with disabilities in South Dakota. 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 those 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: Deborah Barnett

## **EXECUTIVE SUMMARY SOUTH DAKOTA MONITORING 1999**

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 South Dakota during the weeks of April 12 and May 17, 1999. The process is designed to focus resources on improving results for infants, toddlers and children 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 analysis of both the Self-Assessment and the Part C Self-Study, a series of public input meetings with guided discussions around core areas of IDEA, and the organization of Steering Committee 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 multi-cultural and underrepresented populations. The Validation Data Collection phase included interviews with parents, 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 attended by staff from the South Dakota Department of Education and Cultural Affairs (DECA), parents, advocates, and members of the Steering Committee.

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 Services for Infants and Toddlers With Disabilities: Part C of IDEA**

#### **Strengths**

OSEP observed the following strengths:

A State-wide data collection system to assist the State in the supervision and monitoring of the early intervention system;

Local interagency Child Find activities designed to cast a wide net to screen all children in an area. Network activities include participation from most local agencies involved with services for children; and

Local Networks formed to assure coordinated services for eligible children, and a natural location for the Early Intervention Program. Local networks are interagency and include all service providers in a geographic area.

#### **Areas of Noncompliance**

OSEP observed the following areas of noncompliance:

- There are insufficient Public Awareness activities in rural and reservation areas;
- Clinical opinion is not used to determine eligibility;
- Services are interrupted and reduced during the summer months;
- All early intervention services needed by a family are not included on the IFSP;
- Service coordination does not include all required activities;
- Family supports and services are not identified and included on the IFSP; and
- Transportation is not included as a service to families who may need it.

**Education of Children and Youth With Disabilities:**  
**Part B of IDEA**

**Strengths**

OSEP observed the following strengths:

- Parents are invited to be members of all workgroups organized by the State’s Office of Special Education;
- During the 1997-1998 school year, 98% of parents attended IEP meetings along with 95% of students, when appropriate;
- Implementation of a State-level Student Information Management System to assist DECA in the identification of results for children with disabilities;
- New endorsement requirements for teacher certification which focus on the needs of children with disabilities;
- The use of disability coordinators in Vocational Technical Institutes and universities to assist high school students preparing to go to college; and
- An exemplary program for Secondary Transition in the Meade County School District prepares students for a variety of post-secondary options, including jobs, job training and college.

**Areas of Noncompliance**

OSEP observed the following areas of non-compliance:

- DECA does not ensure an adequate supply of qualified personnel to provide a free appropriate public education to all students with disabilities;
- DECA does not ensure that a free appropriate public education is made available to all children with disabilities who need extended school year services;
- Secondary Transition plans for students with disabilities do not represent a coordinated set of activities within an outcome-oriented process that promotes movement from school to post-secondary activities; and
- IEP meeting notification to parents does not contain all secondary transition planning meeting requirements.

**SOUTH DAKOTA MONITORING REPORT  
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## INTRODUCTION<sup>1</sup>

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South Dakota is located in the heartland of the United States. The Missouri River, harnessed by four gigantic dams within the State's borders, divides South Dakota into two distinct regions, popularly referred to as East River and West River. The State is a rectangular area about 370 miles by 210 miles. Its 77,047 square miles make it the 16<sup>th</sup> largest among the 50 States in size. South Dakota's population is estimated at 738,000 (U.S. Census Bureau, 1998).

South Dakota's educational system, which consistently has one of the highest high school graduation rates in the country, is characterized by a strong element of local control. There are 176 public school districts and 80 non-public school systems in the State. There were 133,723 public school students enrolled in pre-kindergarten through grade 12 in the 1997-98 school year.

Data from the Department of Education and Cultural Affairs (DECA) 1997-98 Education in South Dakota: A Statistical Profile indicate that the State's drop-out rate was 2.05 percent for all students. The drop-out rate for students with disabilities, grades 9-12, was 3.7 percent. Eighty percent of students with disabilities in South Dakota graduate with diplomas. The 1998 graduate survey indicates that 44 percent of graduates are enrolled in South Dakota four-year universities, 19.4 percent are enrolled in out-of-state four-year colleges or universities, and 14.7 percent of graduates are enrolled in other South Dakota post-secondary institutions.

By State statute, DECA developed State-level content standards in the following disciplines: language arts, mathematics, science and social studies. The standards have been adopted by the South Dakota Board of Education. Local school districts must "adopt and implement clearly defined and measurable course guidelines so as to meet the State academic content standards". All course guidelines must be in place by July 2000. DECA has provided extensive training to education staff relative to the standards.

South Dakota's Statewide accountability system is comprised of two testing programs: (1) Stanford Achievement Test Series, Ninth Edition and (2) the Stanford Writing Assessment. Students with disabilities who are eligible under IDEA participate in both assessments and are provided with accommodations and modifications as determined by their IEP teams. The testing accommodations provided are based upon the needs of the student as documented in the IEP and the demands of the testing event. IEP teams determine whether students with disabilities will participate in the assessments and how they will be assessed.

The Stanford Achievement Test Series, Ninth Edition, is mandated for all students in grades two, four, eight and 11. The Stanford Writing Assessment is mandated for all students in grades five and nine. Both assessments are norm-referenced tests. Students with disabilities are identified in the demographics portion of the student information section of the test. The information is used to determine the participation rates for students with disabilities in each Statewide test. In second grade, 91 percent of students with disabilities participate, 91 percent in grade four, 84 percent in

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<sup>1</sup> The information in this section was provided by DECA.

grade eight and 79 percent in grade 11 for an overall percentage of 88 percent. The purpose of the testing program is to provide the State and its school districts with a regular check on the progress of South Dakota's students when compared to a national sample.

### **Administrative Structures and Children Served**

DECA was appointed as the lead agency for the State's implementation of Part C of IDEA, known as "Birth to 3 Connections" in South Dakota. DECA administers the program through arrangements with 22 local interagency networks. These local networks are responsible for conducting public awareness/child find activities, initial service coordination activities from receipt of referral to development of the initial Individual Family Service Plan (IFSP), and on-going service coordination activities as appropriate. They also assist DECA with data collection requirements. In addition, DECA directly pays authorized providers for the provision of direct services to eligible infants and toddlers and their families.

DECA has five full-time equivalent staff at the State level to assist in the implementation of the Birth to 3 Connections program: the coordinator and four regional staff. On December 1, 1998, 595 children aged birth to three years had active IFSPs. This is an increase of 23% over the previous year.

By State statute, the 176 local school districts are responsible for providing special education and related services to children and youth with disabilities, ages three through 21. Many districts access certain services (i.e., school psychology services or speech therapy) through one of thirteen educational cooperatives.

South Dakota's total count for children with disabilities served was 15,244, from ages three through 21, based on the December 1, 1998 child count. Federal Part B funds comprise approximately 8% of the total special education expenditures in the State, with State funds comprising approximately 43% and the remainder, approximately 44%, in local funds. DECA employs a director of special education and five full-time equivalent professional staff for the purpose of Part B IDEA administration, as well as 1.5 full-time equivalent clerical staff.

## I. PART C: GENERAL SUPERVISION

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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 supervision and administration 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 committee found that general supervision for Part C services in South Dakota was satisfactory. The committee identified strengths as: (1) the in-depth agreement between the Departments of Human Services, Social Services, Health, and Education; (2) the provision of services at no cost to families; (3) utilization of other funding sources at the State and local level; (4) and collaboration by State agencies on the toll free number that is used as an information and referral system, as well as the central directory. The only formal complaint received by the State to date was resolved through mediation. Although parents, providers, and local programs indicated the State was performing well in this area, the State Interagency Coordinating Council identified several areas for improvement strategies. These included: (1) clarifying the role of State agency personnel at local interagency Network meetings; (2) increasing parent involvement in Network activities and policy decisions; and (3) clarifying to local interagency Networks which early intervention services are to be provided by State programs such as the Children's Special Health Services.

Information gathered during the Validation Planning visit demonstrated the State's ability to implement an effective training program when a problem is identified. Prior to training on natural environments, many services had been provided in segregated settings, settings that only children with disabilities attended. Throughout the State, OSEP heard that providers, service coordinators, and administrators, as well as parents now understood that these segregated settings do not meet the requirement for a natural environment. OSEP noted that additional training may be needed to ensure that all staff implement regulations related to the inclusion of a justification on the IFSP for services not provided in a natural environment, and that the home and child care



settings are only two of the multitude of community settings that are natural and normal for children ages birth to three.

State monitoring of local programs occurs on a regular cycle, according to administrators and other local program staff who attended the public input sessions. A review of documents sent to OSEP by the State revealed a systematic monitoring process with activities for correction of identified deficiencies. However, local administrators, providers and service coordinators stated that they had not attended or been offered training opportunities related to IFSP development, family directed assessment, and other activities related to the early intervention system. In a review of local monitoring reports, it was noted that some problems persisted in process activities, such as meeting timelines and completing the IFSP document satisfactorily.

Based on information obtained through the self-assessment, the public input process, and review of monitoring reports, local applications, and local and State procedures, OSEP identified the following concerns: (1) monitoring of activities related to family needs, supports and services; (2) training activities to ensure appropriately trained staff; (3) coordination among the State and the Indian tribes related to effective implementation of the early intervention system; (4) interagency collaboration; and (5) training for family centered services, supports and services for families.

To investigate the issues identified through the validation planning process, OSEP collected data from parents, service providers, State agency staff, local program providers and administrators across South Dakota related to the Lead Agency's responsibility for supervision and administration of the early intervention program. Analysis of the data collected resulted in identification of the following strength and suggestions for improvement.

## **A. STRENGTH**

### **State-wide Data Collection System**

South Dakota has implemented a new, State-wide data collection system that will allow the State to analyze all aspects of the early intervention system to ensure that services are delivered in a timely manner, and that there are adequate numbers of staff and services. The State will also be able to ascertain frequency, intensity, and location of service delivery by individual localities, in addition to other information required by the State for monitoring. This improvement enables the State to monitor early intervention services more efficiently.

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

### **1. Training Activities**

Local administrators, service coordinators and providers in four of the five areas visited by OSEP identified as an area of need training on: writing IFSPs, developing outcomes and strategies, family centered services, family supports and services, and transition, as well as effective child

find strategies. State administrators provided OSEP with examples of training materials and training sessions offered throughout the State. However, as reported by State administrators, many local service providers do not take advantage of training offered, and the State indicated that providers are not required to attend training activities.

Although the State provided training on a variety of topics, State staff reported attendance was low. Local providers stated that the training was not offered locally, but they had to travel over a hundred miles if they wanted to attend training.

The State may want to consider procedures to ensure adequately trained staff to provide appropriate services for infants, toddlers and their families, such as, mandating requirements for early intervention service providers, providing incentives and including requirements for certification in its Comprehensive System for Personnel Development.

## **2. Interagency Collaboration**

State administrators, Head Start representatives, and interagency representatives from the Departments of Human Services, Mental Health, and Medicaid, informed OSEP that there is insufficient interagency coordination of services for the early intervention program. State agency representatives on the State Interagency Coordinating Council spoke of activities that their agencies were involved in that would impact infants and toddlers with disabilities, but could not articulate how those activities were part of, or included in, the State-wide early intervention system. When asked about collaboration on public awareness and child find efforts, the administrators of these programs could not identify activities in which there is coordination of child find efforts with the State's early intervention system. One State administrator remarked that the interagency members on the State Interagency Coordinating Council do not necessarily discuss how the agencies they represent could participate in activities or change their procedures to improve the efficacy of the early intervention program.

Interviews with administrators from State agencies indicated there is very little collaboration among agencies with service programs and child find activities that affect the population of children and their families who are or may be eligible for early intervention services. At the State level, agency administrators mentioned few instances of collaboration among their agencies with the State's early intervention system. Although all agencies had some State-wide services for children, none of the agency administrators could identify ongoing, collaborative efforts to assist the State in the development of a system of early intervention services.

## **3. Services on Indian Reservations**

States are required to ensure that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State. Service providers, State administrators and local Network administrators both on and off the reservations in areas visited by OSEP stated there was little collaboration between Indian tribes providing early intervention services, and the State's early intervention program, and a lack

of coordination and collaboration at the local level. Tribes and tribal organizations, on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior, are eligible to receive Part C funds from the Department of the Interior for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families. The funds are to be used by the tribes for child find, screening and evaluation, parent training and may also be used for direct services.

Although these funds are for the coordination of assistance in the provision of early intervention services by the State, OSEP identified only one tribal entity that both the State and the tribal representative could describe as having a positive working relationship with the State. Another tribal program had established a collaborative relationship with one county in their four-county reservation area. This reservation tribe provided some funds to the local school system to provide early intervention services to Indian children. Nevertheless, this tribal representative reported that there was no collaboration and little cooperation in provision of services for Indian children in the other three counties of that particular reservation. This is consistent with information received from service coordinators, providers, and Network administrators that children on reservations and rural areas were not being identified and provided with services. (See finding in section II,B,1 below regarding Child Find.)

The State and tribal entities may want to begin meetings for the purpose of ensuring the identification of all Indian children in the State and provision of appropriate services for eligible children and their families. Since each tribe has its own tribal government, an agreement with each sovereign tribe and the State would ensure that the unique needs of children on each reservation could be met. Through collaboration and coordination of assistance in the provision of early intervention, resources of the State and the tribes could be utilized to benefit eligible children and their families.

## II. PART C: CHILD FIND/PUBLIC AWARENESS

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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 for 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 ensure 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, American 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 because development occurs at a more rapid rate during the first three years of life than at any other age. Research in early brain development 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 are critical.

### **Validation Planning and Data Collection**

The South Dakota self-assessment committee reviewed the data from the Part C self assessment in the area of Child Find and Public Awareness and determined that eligible infants and toddlers and their families were evaluated, that culturally-relevant materials were available, and that community outreach activities were provided in family-centered language, locations and formats. An area of strength reported by the self-assessment committee was that the percentage of infants and toddlers served compared favorably with nationwide data and indicated a consistent growth in the State's child count. The committee's review of the State's monitoring results indicated that Child Find is an area of minimal concern, as only four of the 22 Networks had findings concerning primary referral sources. The areas of concern discussed by the committee included the effectiveness of child find in rural areas of the State, and the identification of children at an earlier age. Areas that the State identified for improvement or maintenance included: (1) updating the information provided through their toll free number, (2) obtaining an improved breakdown of referral sources, (3) pursuing additional avenues and media for public awareness activities, and (4) asking local Networks to attach the States' name for the early intervention program, "Birth to 3 Connections," to the local Network name to increase state wide recognition.

During its Validation Planning visit, OSEP obtained information at public input sessions concerning South Dakota's Child Find and Public Awareness programs. Parents and providers reported that the current public awareness activities and materials were not sufficient and did not reach rural areas. OSEP heard from administrators and service providers that although they believed the State was doing a good job with child find activities, information was not getting to rural and reservation areas. Other speakers stated that physicians and some medical facilities

were not referring children for early intervention service, but instead, providing services in their own private facilities, which could mean that families and eligible children may have been denied services they were entitled to if they had been referred to the early intervention system and an IFSP had been developed. These providers and administrators declared that doctors and nurses in some areas of the State are not referring children and that there is a lack of coordination with tribes that conduct child find activities on reservations. Parents and providers expressed a concern that some children who needed early intervention services were not identified, particularly in rural areas and on reservations.

At the end of the Validation Planning process, the following concerns/issues were identified as areas that could be investigated during the Validation Data Collection week: (1) children not being served due to delay in referral by primary referral sources, (2) lack of available information for families to learn about early intervention services, (3) child find and public awareness activities not reaching all areas of the State, (4) insufficient culturally competent public awareness materials, and (5) lack of interagency collaboration around child find at the State level, as well as lack of coordination with Indian reservations on child find activities.

To investigate these Child Find and Public Awareness issues, OSEP collected data from local programs and providers throughout South Dakota, from parents, service providers, local programs, State-wide programs and from central office staff members. Analysis of the data collected resulted in the identification of the following strength, areas of non-compliance and suggestions for improved results for infants, toddlers and their families.

## **A. STRENGTH**

### **Local Interagency Child Find Activities**

Throughout the State, each Network conducts child screening activities, striving to screen every child born in the State of South Dakota. Extensive publications, flyers, radio announcements and collaboration with other agencies participating in local Networks are focused on getting information to the public about the availability of free evaluation and assessment, and services if needed. Local Networks utilize a variety of methods, including health fairs, special events, immunization clinics and providing special activities for families to encourage attendance. Also, many local Networks have developed creative and innovative public awareness materials to entice families to bring their infants and young children to be screened. With few exceptions, a variety of local agencies work cooperatively in all aspects of providing services to infants, toddlers and their families.

## **B. AREAS OF NONCOMPLIANCE**

### **1. Insufficient Public Awareness Activities and Coordination in Rural and Reservation Areas**

Each State's early intervention system must include child find activities to ensure that all infants and toddlers in the State who are eligible for services under Part C are identified, located and evaluated. See 34 CFR §303.321(b)(1). The lead agency, with the assistance of the State

Interagency Coordinating Council, must also ensure that child find efforts are coordinated with other State agencies' child find activities, as well as tribes and tribal organizations that receive payments under Part C.

DECA has not ensured through adequate public awareness and child find activities the early identification of children who may be eligible in rural and reservation areas nor coordination of child find activities with tribes and tribal organizations receiving funds under Part C.

Service providers, program administrators and service coordinators in four areas of the State reported that not all eligible children in rural and reservation areas were identified and receiving services. These providers stated that they did not reach all families especially in rural and reservation areas, and that public awareness materials in most instances were not culturally appropriate or easily understood by reservation and rural families. Parents throughout the State, including reservation and rural parents, told OSEP that parents were not included in the development of public awareness materials.

Providers and administrators in one area reported that the lack of collaboration and coordination prevents adequate information from reaching Indian and rural populations to locate all children who may need service. State administrators told OSEP there was not a current interagency agreement with any of the eight tribes in South Dakota that receive federal funds from the Department of the Interior. State administrators further related that development of interagency agreements with tribes was difficult, partly due to sovereignty and the individuality of each tribal government, and partly that some tribes wanted to operate their own child find and service delivery programs. Even though tribes provide child find or early intervention services, the State is not relieved of its responsibility to ensure child find and early intervention services to all children in the State, including Indian children living on reservations within the geographical boundaries of the State.

## **2. Failure to Use Clinical Opinion**

Each State's procedures must provide for the use of informed clinical opinion to measure a child's development in each area and to determine a child's eligibility under Part C. See 34 CFR §303.300 and §303.322. Informed clinical opinion is especially important if standardized procedures are not appropriate for a given age or developmental area.

DECA has not ensured the appropriate use of informed clinical opinion in determining initial and continuing eligibility, as required by Federal regulations.

Although each State may establish its own eligibility criteria for developmental delay, the procedures that will be used to measure a child's development must provide for the use of informed clinical opinion. When asked about use of informed clinical opinion to determine eligibility, State administrators told OSEP that it was their understanding that evaluators always use clinical opinion as part of determining eligibility for children. However, in all five areas of the State visited, providers and service coordinators told OSEP that informed clinical opinion is not considered in determining eligibility for Part C. If a child is not eligible according to the

scores from an evaluation protocol, the child would not be eligible for the early intervention program even if the evaluator believed the child was in need of services. One evaluator stated, "we must go by the scores; we can't just say the child is eligible." Part C regulations require that "no single procedure is used as the sole criterion for determining a child's eligibility. See 34 CFR §303.323(c).

Service providers throughout the State concurred that if the children did not meet the eligibility criteria according to a test protocol the child was not eligible for services, unless the child met the medical condition criteria. None of the providers interviewed had ever determined a child eligible using only their clinical judgement when the child was not eligible according to the protocol.

### **C. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES**

#### **1. Primary Referral Sources**

While South Dakota has apparently done a good job in getting the medical community to collaborate and cooperate in child find activities in some areas of the State, there are still areas of the State that require action to ensure all children are identified early and obtain the services they are entitled to receive.

State administrators told OSEP that much work has been done to ensure that doctors, nurses and medical facilities are aware of the early intervention program and have been provided information on how to refer children. Examples of those efforts provided by the State were a recent article in the State medical journal written by a doctor about the early intervention program, and the development and distribution of a poster specifically for display in doctor's offices.

In three of the five Network areas visited in South Dakota, parents, providers, and administrators reported that the medical community was cooperative and children were referred in a timely manner to the early intervention system. However, in two areas of the State, providers, parents and administrators stated that doctors, nurses and sometimes social workers did not refer children in a timely manner. Physicians would refer children to a clinic or to private providers, rather than the early intervention system, which could mean children are not evaluated in all areas of development and may not receive needed services and service coordination. Parents told OSEP that doctors would tell them to delay referral to the early intervention system because the child "might grow out of it." Two parents of speech-delayed children reported that the doctor told them to wait until their children were two years of age before getting an assessment. One of these children did not produce any sounds at all; the mother did not wait, as advised by her doctor, and obtained needed services for her child on her own. In another area, a child with trisomy 9 and a child with cerebral palsy, conditions that have a high probability of developmental delay, were not referred until they were more than 12 months of age. The Single Point of Contact in that area stated that doctors are reluctant to refer children to the early intervention system. Many parents in these areas reported frustration over the doctors' lack of

knowledge about early intervention services. However, service providers and administrators in one of the areas with a recent good record of doctor referrals indicated that there has been a drastic change in the last six months, stating that referrals have improved dramatically during this time. They credited this improvement to the public awareness activities directed towards doctors and the medical community.

## **2. Interagency Collaboration.**

Although there is interagency cooperation at the local level, the local agency participation varies across the State. Local agencies staff told OSEP that they received little or no direction from their State agency concerning collaboration in the early intervention system. For example, in some areas of the State, the health department and other social service agencies cooperate and coordinate their child find activities with the school system's child find effort. In another area, providers and administrators told OSEP that the social service agency was not participating in these activities, and was not referring children known to be at risk for developmental delay. When asked about the guidance local staff had received in the area of child find, interviewees in all areas stated they had not received any direction from their specific State agency about collaboration in these activities. In addition, as identified earlier in this report, collaboration with Indian tribes needs to be part of collaborative activities around child find and other services to eligible children.

One of the current difficulties confronting the program is the identification of all children who may be developmentally delayed. Families in high-risk groups may obtain services from an agency, but not be referred to the early intervention system. Interviews with pertinent agency staff indicated that, because of concerns about violating confidentiality requirements, the State has not yet identified strategies to ensure that these children and families would be referred to the early intervention system. The State may want to encourage interagency members of the State Interagency Coordinating Council to identify barriers to referral and determine methods to work collaboratively to ensure identification of all eligible children. Thus, children and families in need of early intervention services would be referred in a timely manner, with all agencies in the State working together to ensure that all children and families in need of early intervention services are identified and served.



### **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's responsibilities include assisting families in understanding and exercising their rights under Part C, arranging for assessments and IFSP meetings, and facilitating 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 the 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 to meet the child's 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. Since 1991, IDEA has required that infants and toddlers with disabilities receive early intervention services 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 self-assessment committee identified three areas that addressed early intervention services: service coordination, the IFSP, and the evaluation and assessment sections. All three of these areas were "rated satisfactory." The State's monitoring of the 22 local Networks that provide early intervention services revealed few findings in this area. Some of the positive aspects identified by the self-assessment committee were: (1) information available is family

sensitive; (2) the flexibility of the Birth to 3 program allows creativity; (3) positive responses to the survey questions by parents; (4) providers and single points of contact (SPoC) working well; (5) low turnover rate of individuals acting as the single point of contact; and (6) that the majority of services are provided in the home.

Additional results identified by the self-assessment committee disclosed that parents have frequent contact with their service coordinator from weekly to 2-3 times a week. Parents also feel actively involved and see the program as very helpful in coordinating services and assisting families. On the other hand, the self-assessment committee also noted that approximately half of the local Networks reported a shortage of qualified pediatric providers, and those Networks stated a concern with provision of services in natural environments. The committee identified strategies for improvement or maintenance in this area. Those strategies include: (1) providing ongoing training in service coordination, (2) involving the State Interagency Coordinating Council members to attract other State Associations to share future personnel training conferences, (3) revising the IFSP to include documentation of eligibility and providing ongoing training on development of the IFSP, particularly in writing outcomes; and (4) developing a technical assistance guide for providers and families.

From the State's monitoring reports, public input sessions, and other information, OSEP and the Steering Committee identified the following issues for investigation during the Validation Data Collection week: (1) uninterrupted services, (2) adequate services; (3) provision of transportation, (4) coordination of all services, (5) adequacy of service coordination, and (6) the process for identifying natural environments. Other concerns expressed by providers, parents and advocates included a shortage of service providers, and supports and services for families.

To investigate these Child Find and Public Awareness issues, OSEP collected data from local programs and providers throughout South Dakota, from parents, service providers, local programs, State-wide programs and from central office staff members. Analysis of the data collected resulted in the identification of the following strength, areas of non-compliance and suggestions for improvement.

## **A. STRENGTH**

### **Local Networks**

South Dakota has 22 Local Networks, which are a consortia of all the agencies in an area that provide services to infants and toddlers, and also provide services to the adult population. Although interagency collaboration is a suggestion for improvement at the State level as noted in section I, B, 2 and II, C, 2 of this report, local Networks generally work together to identify service providers and ensure that families receive needed service. The Network agencies include social services, health, education, and private agencies as well as individual providers. In some areas, this includes the Indian Health Service and Head Start. The Network participants meet on a regular basis to coordinate and collaborate on the provision of services to eligible children and their families. These Networks provide a forum for local interagency collaboration around early

intervention services to ensure that all services needed by a child and family can be readily identified and provided.

## **B. AREAS OF NONCOMPLIANCE**

### **1. Failure to Provide Continuous Services**

Federal regulations specify that early intervention services are services designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development and must be specified on an IFSP. The IFSP must be in effect for the duration of the infant's and toddler's eligibility for early intervention services. Early intervention providers may not interrupt, modify or otherwise change early intervention services for reasons unrelated to the child's needs, such as service availability or changes in providers' schedules. The IFSP must include specific information about the frequency, intensity, projected initiation dates and projected duration of services. See 34 CFR §303.344(d) and (f). This information must be based on an evaluation and assessment of the child and family needs.

DECA has not effectively ensured that early intervention services designed to meet the developmental needs of eligible children are provided in accordance with the content of the child's IFSP, including the specification of frequency, intensity and duration of services, during the summer months. Services are modified, reduced or not provided at all for eligible children in South Dakota during the summer. These changes are not based on child and family needs, and are made without amending the IFSP.

Service providers, service coordinators, parents, and administrators in four of the five areas visited told OSEP the need for services in the summer is determined in the spring for each eligible child. They further stated that services in the summer months are less frequent or not provided at all, and that this change in service is not based on an evaluation or assessment of the child's needs.

Children in South Dakota suspected of a developmental delay are evaluated and assessed by the school system. After the evaluation, the evaluation team determines whether the child meets the criteria for the State's definition of "prolonged assistance."<sup>2</sup> If the child meets that definition, the early intervention services are provided by the school district under Part C requirements. If the child does not meet the prolonged assistance definition, the child may still meet the eligibility requirement for Part C and receive early intervention services. If eligible, the Single Point of Contact for that local Network arranges for development of the IFSP and appropriate services through Network providers.

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<sup>2</sup> Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, social or emotional development, and adaptive development.

OSEP was told by providers, service coordinators and administrators in four of the five areas visited that the provision of services during the summer months depended on several factors: (1) whether service providers were available; (2) whether the parents would accept a change in location for services; (3) whether the parents would accept a change in provider during the summer; and (4) whether the child received services from the school system as a child eligible for “prolonged assistance.” Under the last factor, a “prolonged assistance” the child must meet the school system’s Part B criteria for regression and recoupment to continue receiving services from the schools during the summer.

Although children determined to be “eligible for prolonged assistance” are more likely to receive services in some areas of the State in the summer, the frequency and intensity is changed, and frequently the service provider changes also. If the public agency determines that a child is not entitled to services in the summer (extended school year) using the Part B standard for regression and recoupment, the local Single Point of Contact (SPoC) attempts to locate service providers to cover the summer months. These service coordinators and local providers from four areas told OSEP that providers could not always be found for children eligible for prolonged assistance. Parents and providers stated that the services were often reduced for the summer months and then increased to the pre-summer level when schools reopened in the fall. This information is not included in children’s records nor is there information to justify decisions regarding the provision of services, or the lack of service provision during the summer. This information was not included on any of the IFSPs that OSEP examined.

In only one area of the State visited by OSEP, service coordinators and parents told OSEP that services remained the same during the summer months; the only change in this area was the source of payment for the summer services. Service providers in the other four areas gave a variety of reasons for changes in services during the summer. Service providers in two areas told OSEP that they needed a break during the summer and the children they served frequently did not get services when school was not in session. Service coordinators in three areas stated that providers could not be identified for many children during the summer months. Even for eligible children who do not qualify for “prolonged assistance” and receive their services primarily in home settings, parents, providers and coordinators stated that services were routinely interrupted, modified, reduced or not provided at all during the summer months, regardless of the child’s need.

Parents reported a variety of reasons why services were not continued during the summer months. Parents in one location stated that they were asked if they would like a vacation from intervention services for the summer. Parents in another area visited stated that services were reduced by 50% during the summer months. Parents told OSEP that often the summer provider would not set up a schedule for summer until July or later, and it would take a month or more for their child to become familiar with the new therapist to be able to benefit from the early intervention. Parents said they sometimes chose not to have services in the summer because, by the time the substitute therapist established a convenient schedule for therapy and established rapport with both the child and family, the summer was almost over and their regular therapist would resume services in September. Another parent stated that the substitute summer speech

therapist did not contact the family for two months even though the IFSP required weekly services.

In all areas of the State visited, OSEP was informed that if services were decreased, interrupted or not provided at all during the summer, the original level of services was provided to the child as soon as school opened in the fall. As stated earlier, these increases and decreases occurred without evaluating whether it was appropriate to decrease services for the summer months or to increase services when the school year began in the fall. In addition, there was no documentation of circumstances, such as parent declining services, which may have accounted for reduction in services. The implementation of these practices results in interruptions, modifications or denials of services during the summer months for most eligible children in South Dakota. State administrators and staff told OSEP that it was the State's expectation that these children receive all services required throughout the summer.

## **2. Failure to Include All Needed Early Intervention Services on the IFSP**

Part C regulations define early intervention services as services that are designed to meet the needs of each child eligible under Part C and the needs of the family related to enhancing the child's development. See 34 CFR §303.322.12 As stated in the note following 34 CFR §303.12, the services listed in the regulations are meant to be representative, not exhaustive. The note further specifies that, "Early intervention services may include such services as the provision of respite and other family support services." The assessment of the child must identify the child's unique strengths and needs and the services appropriate to meet those needs, and a family assessment, if desired by the family must include concerns, resources and priorities (related to their child's disability), and the supports and services needed to enhance the family's capacity to meet the developmental needs of the child with a disability. 34 CFR §303.322.

DECA has not ensured that all of the early intervention services needed by a family are included on the IFSP. Service coordinators in two areas told OSEP that respite care was not an early intervention service and the early intervention program did not provide it for any child, regardless of the needs of the child and the child's family. Service coordinators in the other two areas stated that respite care was not a service included on the IFSP; however, program staff reported that they did assist the parents in obtaining respite care or child care, if needed. The assistance provided was usually in the form of a list of possible providers or an application for respite care; the service coordinator did not always assist the parent in obtaining the service. The State administrators stated that they assumed the early intervention services were the 16 services defined in the regulations. When it was explained that the list was not exhaustive, the State indicated the oversight would be corrected.

## **3. Failure to include all services on the IFSP**

Part C regulations require that the IFSP include medical and other services that the child needs, but that are not required under Part C. The IFSP must also include the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. See 34 CFR §303.344(e). Note 3 under 34 CFR §303.344 relating to

contents of the IFSP states that, “The ‘other services’ in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under [Part C]. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child’s family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child’s total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and, (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).” Thus it is important for a State's procedures to provide for ensuring that other needs of the child and of the family related to enhancing the development of the child be included on the IFSP.

DECA does not ensure that all of the services needed by a child and family are included on the IFSP as well as the funding sources for those services or the steps to be taken to obtain those services. Service coordinators and administrators in the five Networks visited told OSEP that they did not routinely list services on the IFSP that their early intervention program did not provide. Service providers and service coordinators told OSEP it was their understanding that non-required services were not to be included on the IFSP; only the services provided by the program were included. These service coordinators said that the State informed them that they were to list only those services provided by the program on the IFSP. One service coordinator stated she was admonished for listing other services on the IFSP. When asked how services would be coordinated for a severely involved child who received medical and other services from several agencies, service coordinators and providers from all five areas of the State visited told OSEP that it was done informally and these other services were not put on the IFSP.

Of the 27 IFSPs reviewed, 18 contained no entries in the "other services" section, and of those 18, six children's records and evaluation reports identified significant medical involvement. These six records identified children who had ongoing medical conditions that required frequent visits to medical facilities that might affect the provision of early intervention services; however, none of these services were listed on the IFSP. The nine IFSPs that contained entries on the "other services" pages did not include the steps to obtain the needed service or the funding source, or simply indicated that the parent was responsible for obtaining the needed information.

#### **4. Failure to Include Family Supports and Services on the IFSP**

The family directed assessment is 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. 34 CFR §303.322(d). The IFSP must include a statement of the major outcomes expected...for the child and family, as well as a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes (emphasis added). See 34 CFR §303.344(c)(d).

DECA 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 in the IFSP. According to the Single Points of Contact in the Network areas visited, a portion of the State IFSP form is used to meet the requirement to complete a family assessment of family needs related to the family's ability to enhance the development of their child. One page of the IFSP form provides a checklist for parents to identify their resources, concerns and priorities. Service coordinators throughout the State told OSEP that this was the family assessment. However, they also said they may learn of family needs through the intake process.

OSEP found that the needs of families identified on this page of the IFSP were not included in outcomes on any of the IFSPs reviewed. Further, the majority of parents interviewed by OSEP stated that the family needs identified on this page of IFSP document were not met nor were services and supports identified to meet those needs. These parents further stated that even if they brought their child to a center for services where other children and parents might be, there was no way to meet the parents of other children, as each child was served individually. Two parents exchanged phone numbers during the OSEP interviews in order to obtain mutual support, relating that there was no opportunity to meet other parents.

Of the 27 IFSPs reviewed, 12 had identified needs on the page for family resources, priorities and concerns; however, only two of these IFSPs addressed any part of the concerns on the "other services" page. No family identified needs were addressed as early intervention services (which can include family training, counseling, home visits, parent support activities, family psychological services or social work services, among others). Of the remaining 15 IFSPs with no family needs identified, eight parents declined to fill out this page, and in seven other IFSPs, there was neither an indication that the parent had declined assessment nor any family needs listed.

In all areas of the State visited by OSEP, parents, service coordinators, administrators, and service providers told OSEP there were few, if any, available family supports and services to assist families. Parents from all five areas stated that they had expressed a need for parent-to-parent support, to meet other families with children with disabilities, for parent counseling or for organized parent support groups, but that those needs have not been met.

In the 12 IFSPs that had parent concerns and needs checked, parents also indicated a need for assistance with behavior problems, and a variety of other concerns. These needs and concerns were not addressed in child and family outcomes with appropriate supports and services. When asked, parents indicated that the identified needs were not met in most instances, especially the need for family support. Some parents had found assistance on their own. Typically, the information provided by program staff consisted of telephone numbers or directions to parents on how to obtain services themselves, which parents told OSEP was ineffective, placing one more burden on already overwhelmed families. Parents in all five areas told OSEP they needed more assistance in obtaining support, and in contacting and linking with other parents.

While at times it may be appropriate for parents to obtain the information on their own, most parents told OSEP that service coordinators did not provide assistance in obtaining services about which they had inquired. In addition, parents in four of the five areas visited stated they either didn't have time or did not know where to go to obtain services to meet family needs; therefore, the families were not receiving services to address those needs.

Service Coordinators and providers in all five areas visited said they could not meet parents' requests for support from other families because of confidentiality. Service coordinators also declared that there were no groups in their area for parents to be able to talk to each other and receive that kind of support. One Network administrator stated there was no mechanism to offer parent support.

Network administrators in four of the five areas could not identify any local parent support organizations or informal parent support activities, although State staff and one Network administrator stated there was a State-wide organization, the Parent Connection, to provide assistance to families. Network administrators and the State said there were no funds for parent to parent support or for program-supported parent support services.

The State's monitoring materials address identification of families' concerns, priorities and resources, but does not include a method that enables DECA to investigate family needs, lack of outcomes to address those family needs and the identification of supports and services to meet those needs. The local monitoring reports refer to use of a page of the IFSP to identify family concerns, priorities and resources, but there is no mention of outcomes, supports and services to address family needs.

## **5. Failure to Include Transportation as an Early Intervention Service**

Early intervention services are services that are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. CFR §303.12. Types of services include transportation and related costs, which include mileage, travel by taxi, common carrier or other means, and other costs, such as tolls and parking expenses, that are necessary to enable a child to receive early intervention services. See 34 CFR §303.12(d)(15).

The DECA has not ensured that transportation services are provided to all infants, toddlers and families who may need them. The State's most recent application for Part C funds contains appropriate assurances that transportation is to be provided to eligible children as an early intervention service. However, all of the parents interviewed in the five areas OSEP visited stated that neither the need for transportation nor reimbursement costs were discussed during IFSP meetings. One parent stated that she received transportation reimbursement, but only after she asked and informed the program of her need. Another parent stated that although transportation put a strain on the family budget, program staff never mentioned transportation reimbursement. In one site, one IFSP listed transportation as a service, but that was only for transportation to another city for a specialized service. Transportation as a service was found on



only two of the 27 IFSPs reviewed by OSEP, and this transportation was not for ongoing early intervention, but for a specialized evaluation event.

Service coordinators in all five areas visited stated that transportation was not addressed with every family, and in two areas it is not addressed with families at all. Four of the areas visited stated there is a need for transportation, but it is not available, especially on reservations.

## **C. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES**

### **1. Natural Environments Training**

Regulations define natural environments as “settings that are natural or normal for the child’s age peers who have no disabilities.” 34 CFR §303.18. Regulations further require that early intervention services can be provided in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. (See 34 CFR §303.167 (c).

DECA has completed extensive training throughout the State on natural environments. In all areas of the State visited, service providers, service coordinators, Network administrators and parents stated an understanding that natural environments were appropriate for the provision of early intervention services, and that a segregated setting was not a natural environment. However, most stated that it was their understanding that only the home or a day care setting would be a natural environment. It may be appropriate to follow up the training activities to reinforce the concept and purpose of natural environments, the process to determine the unique natural environment for each child, and the multitude of locations in which families may spend time. It is also important to keep in mind that the natural environment may change as the child grows and develops. During the course of a child’s development, it is important to periodically identify community settings and places where the child’s normally developing peers would be engaging in activities and thus, the appropriate environment for the provision of services to an eligible child.

### **2. Child Care Provider Training**

The provision of services in child care settings may be especially important to South Dakota as State staff and others reported to OSEP that in eighty percent of households in the State, both parents work outside the home. This situation creates a need for child care in some form, such as day care, child care centers or in-home care. However, in all areas of the State, service providers, coordinators and administrators told OSEP that individuals who provided child care in their homes and in some centers did not want early intervention service providers to provide services in their homes. DECA may want to consider an ongoing training program designed to increase the capacity for service provision to children with disabilities in child-care settings. Training should be coordinated with other child care training activities conducted by other State agencies and focus on increasing the skill of child care providers to effectively care for children with disabilities, and understand the benefits to children receiving services in the child care setting.

The development of incentives or creation of a model demonstration outreach program could be considered as approaches to increase child care provider participation.

#### IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES

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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, 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 through development of the IFSP, to transition activities before their child turns three. Parents bring a wealth of knowledge about their own children's 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 South Dakota self assessment committee identified family centered services as "satisfactory." This group identified areas of strength as increased parent involvement, parents' reports of benefits in the program, reports of the value of family-centered philosophy, and that there had been only one complaint filed to date. Additionally, a parents' rights video was developed, and parents have been involved in technical assistance document development. Parents reported receiving rights information on a regular basis, and monitoring results indicated few areas of findings under procedural safeguards. Results indicated 83% to 93% of providers, parents, and single points of contact reported the procedural safeguards were appropriately addressed. Ninety percent of parents surveyed agreed that the State or local Networks had appropriate/effective policies in place for implementation of the early intervention program, and for the Family-Centered Services area, the State ICC identified no strategies for maintenance or improvement.

During the Validation Planning and the Validation Data Collection visits, parents, providers and administrators told OSEP that the early intervention program was very family friendly and that parents were generally satisfied. Providers expressed a belief that parents were included in all

aspects of the IFSP process, yet, as identified in section III,B,4 of this report, one of the concerns that emerged was the lack of parent supports and services.

Based on the information collected from all of the Validation Planning activities, the following concerns were identified to be investigated during the Validation Data Collection week: inclusion of the parents in the IFSP process and identification of family supports and services.

To investigate the issues identified through the validation planning process, OSEP collected data from local programs, parents and providers throughout South Dakota relative to the involvement of parents in the IFSP process and the training of parents and staff. With the exception of the issue of family supports and services which is addressed in a previous section, analysis of the data collected resulted in the identification of no strengths or areas of noncompliance.

## V. EARLY CHILDHOOD TRANSITION

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Congress included provisions to ensure 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, among 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 making reasonable efforts to convene 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 focus of the State's self-assessment in this area was to scrutinize the transition process to ensure that children exiting Part C receive the services they need by their third birthday. The self-assessment committee found that this area was "rated" as "very satisfied." They identified areas of strength as: collaboration with Head Start and Early Head Start programs, positive parental response to how the transition process was handled, and preparation of parents for transition and later services. Nevertheless, the State's monitoring process identified findings in the transition area. The findings were mostly in the area of documentation indicating whether or not the child's IEP was in place by their third birthday. The committee reviewed the transition guide and reached the conclusion that difficulties at age three transitions were perceived to be more of an issue by providers than families. The State Interagency Coordinating Council determined there were no strategies needed for improvement or maintenance.

The information collected by OSEP during the Validation Planning activities did not reveal any issues with regard to transition from Part C services. However, due to lack of parent input in this area, OSEP decided to investigate general areas of transition to determine if activities occurred in a timely manner and transition plans were complete. The results of that investigation revealed no areas of noncompliance.

## VI. PART B: PARENT INVOLVEMENT

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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 1994 monitoring report did not identify any findings of noncompliance in this area.

**Self-Assessment:** Principle 6 of the South Dakota Part B Self-Assessment addresses "Parent/Student Participation." It discusses several indicators used to determine how parents participate in evaluation, eligibility, IEP, and placement decisions. Data sources include parent responses to questionnaires used as part of the State monitoring process during the 1997-98 cycle and participation in parent/student training projects from 1996-1998.

The Self-Assessment reported high rates of parent satisfaction with their level of involvement in the special education process and good parent participation in available training activities. Student participation in the special education decision-making process is much lower than parent participation. In addition, the Self-Assessment indicates that parent participation in inservice training, needs assessments and task forces is limited due to their inability to physically attend meetings. In addition, parents and students do not feel that there is adequate preparation for the transfer of rights at the age of majority.

**Public Input Process:** One of the focus questions asked during the public input meetings was: "Is the provision of a free appropriate public education facilitated through parent partnerships?" Many parents reported a high level of involvement in the special education process, indicating that special education directors and other school staff are responsive to their needs and respectful of their ideas and opinions. Some parents disagreed with this perception, particularly in the larger school systems. Parents in the larger population centers reported having little information regarding secondary transition and minimal involvement in transition decision-making.

At the end of the Validation Planning week, after discussing information obtained through the Self-Assessment and public input process, the Steering Committee requested that OSEP investigate reports that (1) parents of children with disabilities may not be involved in the secondary transition process; (2) parents in rural areas of the State do not receive training; and (3) parents do not actively participate in educational planning or special education decision-making, especially in rural areas of the State.

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.

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

## **A. STRENGTHS**

### **1. Parent Involvement in State-level Task Forces and Work Groups**

Parents are invited to be members of all workgroups organized by the Office of Special Education. Workgroups are formed for various purposes, such as the development of technical assistance documents and providing policy interpretation in the form of "white papers."

### **2. Attendance at IEP Meetings**

During the 1997-1998 school year, 98% of parents attended IEP meetings. This represents an increase in parent attendance from 82% since the 1994-1995 school year.

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

### **1. Parent Partnerships in Special Education**

Some parents, during the public input meetings, reported that they believe they are not equal partners in the special education decision-making process, particularly in the area of Secondary Transition. Many parents across the State told OSEP that they believe they are not viewed as knowledgeable about their child's educational needs by district staff and feel intimidated by the numbers of professionals whom they must confront at each meeting.

### **2. Training in Rural Areas**

Parents in rural areas of the State report difficulty in accessing training opportunities. They agree that many training opportunities exist; however, they must travel long distances at their own expense in order to participate. Often, training is offered only in larger population centers requiring overnight travel and time off from jobs or ranch duties. Not all parents are able to access the Rural Development Television Network.

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

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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 general education curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the general 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 general education curriculum, not separate from it.”

### **Validation Planning and Data Collection**

**Monitoring:** In its 1994 monitoring report, OSEP reported no deficiencies in the provision of a free appropriate public education in the least restrictive environment in South Dakota.

**Self-Assessment:** Principles 1 and 4 of the South Dakota Self-Assessment address “Free Appropriate Public Education (FAPE),” and “Least Restrictive Environment/Natural Environment” including indicators which ensure improved results for children with disabilities.

The Children’s Care Hospital and School, South Dakota School for the Deaf and South Dakota School for the Visually Impaired provide training programs to increase the number of interpreters, attendant care providers and outreach programs; however, the Self-Assessment reports an insufficient number of qualified service providers in rural areas of the State. Analysis of available information indicates that there is a significant discrepancy between the number of students with disabilities who graduate from high school and the number of students with



disabilities who are enrolled in post-secondary vocational programs or university programs, in spite of significant levels of available support services. Insufficient data are available regarding high school completion rates and South Dakota is making efforts to correct this deficiency. Another concern raised in the Self-Assessment is the level of knowledge in school districts of discipline provisions in IDEA. Concerns also were expressed regarding appropriate placements and the provision of appropriate supplementary aids and services to facilitate participation in the general education curriculum.

**Public Input Process:** One of the focus questions asked during the public input meetings was: “Do students with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living after they exit school?” Responses indicated lack of knowledge about extended school year services. Many parents indicated their children attend summer school but they did not know if this was extended school year services. Parents of children with behavioral issues were unfamiliar with the terms “functional behavior assessment” and indicated their children did not have behavior management plans.

The Steering Committee, as noted in the Self-Assessment, reported general improvement over the last five years in the provision of a free appropriate public education in the least restrictive environment; however, in a meeting with OSEP at the end of the Validation Planning week, they expressed concerns very similar to those expressed by parents and administrators. The Committee requested that OSEP investigate: (1) whether a lack of qualified evaluators and providers exists, especially for low incidence populations and in rural areas; (2) whether children with disabilities receive a free appropriate public education, including, when appropriate, functional behavior assessments and behavior management plans; (3) whether assistive technology devices and services are provided, when appropriate, to children with disabilities; (4) whether extended school year services are considered and, when determined necessary, provided in accordance with an appropriate IEP; and (5) whether children with emotional disturbance receive their 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. STRENGTHS**

### **1. State-Level Student Information Management System**

Since OSEP’s previous monitoring visit, DECA has implemented a single State-level Student Information Management System to collect data across programs such as special education, vocational education, kindergarten through grade twelve, and child and adult nutrition. Under

this system, information can be accessed which presents a broader educational perspective and which prevents school districts from repetitious reporting in multiple formats. This assists school districts in reporting information accurately and assists DECA in establishing a more comprehensive picture of educational programs and results across the State.

## **2. Teacher Certification Requirements Related to Children with Disabilities**

New endorsement requirements have been implemented for teachers requesting endorsement for birth through age eight programs that would require coursework identifying typical and atypical behaviors, individual learning needs, and inclusion of students with disabilities for students from birth to age eight.

## **3. Disability Coordinators in Vocational Technical Institutes and Universities**

Vocational Technical Institutes and universities in South Dakota have disability coordinators available to assist young adults with disabilities and their families. Two training programs, "Navigating" and "Catch the Wave" have been made available across the State to assist high school students in preparing to go to college. In addition, the Vocational Rehabilitation Program provides "Project Skills" to assist students in acquiring job-related 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 that the procedures and activities that DECA has undertaken have not ensured that an adequate supply of qualified related services personnel is available to implement IDEA.

In all five districts visited, administrators, teachers or related service providers reported that personnel shortages of related services personnel existed, resulting in children with disabilities not receiving all the related services they require to benefit from special education services. In three districts, teachers, related service providers and an administrator reported that the type or amount of service is determined by providers' schedules rather than by the child's identified needs. One of the speech/language providers stated, "there are more students with articulation problems. I don't pick them up if they have minor problems;" therefore, some students with disabilities who require speech therapy are not receiving services. In addition, this provider indicated that when one of the speech teachers from the district goes on vacation, the remaining staff is expected to pick up the case load and that some students do not receive all services

identified on their IEPs during that period of time. In one area of the State, there is one occupational therapist for nine school districts and the related service provider stated that the service provider schedule impacts student placement and the amount of service available. As a result, students may, for example, receive group therapy instead of the individual therapy called for in the IEP or the IEP may reflect less service than the student requires to benefit from special education services. In four of the five districts, related service providers stated that they have to sometimes choose between providing direct services identified on IEPs or conducting reevaluations within the required three-year time line. Therefore, some students may not receive evaluations within the required three-year time line while other students may not receive all direct services identified on their IEPs.

## **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 children with disabilities. In addition, 34 CFR §300.8 requires that services be provided in accordance with an appropriate IEP.

As discussed below, OSEP determined that DECA did not ensure that children are provided extended school year services, in accordance with an appropriate IEP.

OSEP determined that extended school year services are not available for all children with disabilities who need such services in order to receive a free appropriate public education in South Dakota. In four of five districts visited, teachers and administrators reported that even when extended school year services are needed as part of a free appropriate public education, they were not usually reflected in student IEPs. Teachers and administrators in two districts reported that all children are permitted to participate in summer school programs that are available to all children in the district. In one of these districts, the special education director reported that summer school services are not identified in IEPs, even when the student needs extended school year services as part of a free appropriate public education. In addition, the director stated that all services identified as part of an extended school year may not be provided during the summer, depending on the structure of the summer school program, regardless of individual student need. In three of five districts where teachers and administrators reported availability of extended school year services, transportation for extended school year services is not provided by the district even when required as a related service. Parents are generally expected to provide transportation to and from the summer school program. In one of the three districts, transportation was provided only to children with specific categories or severity of disabilities, but not to students in other disability categories, regardless of their need for transportation.

## **C. SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES**

### **1. Functional Behavior Assessment and Behavior Management Plans**

The Steering Committee expressed concerns about the provision of a free appropriate public education, including functional behavior assessment and behavior management plans included in IEPs, for students with disabilities suspended in excess of ten days cumulative in a school year, or who are expelled. However, OSEP found no children with disabilities suspended for more than ten days cumulative in a school year, or expelled, in any of the districts visited.

The IDEA Amendments of 1997 (see §614(d)(3)(B)(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 districts 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 participate in general education environments.

### **2. More Training on the Involvement and Progress of Students with Disabilities in the General Curriculum in the Least Restrictive Environment**

Although OSEP determined that children with disabilities are often placed in regular classes, in three of the five districts, administrators and teachers stated that more training was needed to help students be more involved in and progress in the general curriculum, regardless of the setting. In addition, teachers wanted more training on the use of modifications and accommodations to help students access the general curriculum in the least restrictive environment. Teachers and administrators in four of five districts stated that more collaborative training between special education and general education teachers was needed so that teachers understand how students can be involved in and progress in the general curriculum in the least restrictive environment.

### **3. State- and District-Wide Assessment**

Administrators and teachers felt they would benefit from additional training regarding the inclusion of students with disabilities in State- and district-wide assessments. Although IEPs addressed student participation in State-wide assessments, several teachers felt they needed more guidance from the State on standards for including or exempting students from testing. In addition, once students were exempted, both teachers and administrators felt a need for more training on appropriate alternate assessments for disabled students.

## VIII. PART B: SECONDARY TRANSITION

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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 general 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, 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:** OSEP's 1994 monitoring report did not include any findings of noncompliance related to transition.

**Self-Assessment:** Principle 3 of the South Dakota Part B Self-Assessment addresses "Individual Education Program," including indicators and data analysis which address Secondary Transition.

The Self-Assessment identified several strengths in the area of Secondary Transition, including: (1) vocational rehabilitation/independent living centers that operate in conjunction with special education to increase available opportunities for youth with disabilities; (2) increased numbers of counselors participating in IEP meetings; (3) the South Dakota Transition Project; (4) interagency participation in two memoranda of understanding related to Secondary Transition; and (5) "Project Skills" which provides funding from Vocational Rehabilitation for wages, FICA and workers' compensation while the schools provide job development, job coaching, and follow-along for the student at the job site. The Self-Assessment also indicated concerns that appropriate transition plans are not developed and implemented for all students with disabilities.

**Public Input Process:** One of the focus questions asked during the public input meetings was: "Do students with disabilities, ages 14 and older, receive instruction and coordinated services that facilitate successful transition from school to work or from school to post-secondary education?" Responses indicated that there is great variation across the State. Some parents reported that they had not heard of transition, even though their child was older than 14. Some parents reported that transition was a strength in their school district and that significant efforts were made to prepare their children for post-secondary activities. Many parents recalled discussions about post-school activities but were uncertain of the context or outcome of those discussions.

At the end of the Validation Planning week, after discussing information obtained through the Self-Assessment and public input process, the Steering Committee requested that OSEP investigate reports that (1) agency linkages are not facilitated; (2) appropriate transition goals, services and activities are not addressed in IEPs; (3) students are not informed at age 17 of rights and responsibilities that will become theirs upon turning age 18; and (4) opportunities for agency involvement, community experiences, and the development of independent living skills are insufficient in rural areas of the State.

OSEP reviewed and analyzed the data and identified the following strength, areas of noncompliance, areas needing further review by the State, and suggestions for improved results for children and youth with disabilities.

### **A. STRENGTH**

#### **Secondary Transition Program in Meade County**

Although OSEP did not review other issues in the Meade County School District, it reviewed eight IEPs that included secondary transition services. In addition, OSEP interviewed the eight students, their parents, teachers, teaching assistants, the building principal, the director of special education and local employers. The secondary transition program creates opportunities for students which allow them to move to additional job training, directly into employment and to attend colleges throughout the State. Through the self-advocacy training, students become articulate, assertive and motivated to succeed. OSEP recommends that South Dakota replicate this program as extensively as possible.

### **B. AREAS OF NONCOMPLIANCE**

#### **1. Coordinated Set of Activities Within An Outcome Oriented Process**

34 CFR §300.18 of the regulations in effect at the time of the monitoring visit states that, transition services means a coordinated set of activities for a student with a disability that is designed within an outcome oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Transition services are based on individual student's needs taking into account the student's preferences and interests and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives and if appropriate, acquisition of daily living skills and functional vocational evaluation. 34 CFR §300.346(b)(1) of the regulations in effect at the time of the monitoring visit states that the IEP must include, for each student beginning at age 16 (or younger if determined appropriate by the IEP team), a statement of needed transition services for the student. These services include, if appropriate, a statement of each public agency's and each participating agency's responsibilities or linkages, or both, before the student leaves the school setting.

OSEP found that DECA did not ensure that the IEPs of students include a statement of needed transition services. Transition services are a coordinated set of activities within an outcome oriented process designed to transition the student from high school into an appropriate post-secondary situation that addresses the students needs, interests, and abilities.

Based on records reviewed and interviews with teachers and administrators, all five school districts are not addressing transition as a coordinated set of activities under a goal oriented approach. In four of the five districts, IEPs indicated that courses and activities were not related to the overall goal, and that the goals and transition plans were generic and did not address the individual student's needs, interests, and abilities.

Examples of statements of needed transition services in the IEPs reviewed include:

“\_\_\_\_\_ will pursue a vocation in auto body repair. Perhaps owning his own shop,” followed by “\_\_\_\_\_ prefers independent living and is capable of doing so.” None of the goals/objectives or services reflected on the IEP were reasonably calculated to achieve the identified goals. Therefore, the IEP did not reflect a coordinated set of activities within an outcome-oriented process.

“\_\_\_\_\_ plans to be employed in a job/career that suits his interests and abilities.” No activities, goals or objectives in the IEP were reasonably calculated to identify his interests or abilities nor did any goals/objectives or services exist which would prepare the student for a job or career. Therefore, the IEP did not reflect a coordinated set of activities within an outcome-oriented process.

Three of five districts did not include functional “life skills” (acquisition of daily living skills) on IEPs due to difficulties in providing these services, regardless of individual student need. Special educators and special education directors in these districts reported that “life skills” are not provided to academic track students, or that they did not have the facilities to provide life skills training, regardless of individual student needs. The director in one district indicated that community experience was extremely limited due to the small size of the town. In four of the five districts visited, IEPs did not include all required transition components. Personnel in one district stated that they had a number of transition programs for students but they did not always indicate these on students' IEPs.

Most of the IEPs in three of five districts visited did not indicate any interagency linkages even where the IEP team determined they would be appropriate. One district director confirmed that interagency linkages were extremely limited. In another district, a high school special education teacher reported that outside agencies wait until students reach at least their junior year before becoming involved. One special education director reported that interagency linkages are not provided until students are in their last year of high school because other agencies would not participate until that time, even when these same agencies have services available prior to students' graduations.

## **2. Inviting Representatives of Agencies Likely to be Responsible for Providing or Paying for Transition Services**

34 CFR §300.345(b)(2) of the regulations in effect at the time of the monitoring visit required that, if a purpose of the meeting is the consideration of transition services for a student, the public agency shall invite the student and a representative of any other agency that is likely to be responsible for providing or paying for transition services. If the student does not attend, the public agency shall take other steps to ensure that the student's preferences and interests are considered. 34 CFR §300.344(c)(3) of these regulations 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 DECA does not ensure that IEP notification and invitation meet IDEA requirements regarding transition.

In four of the five school districts visited, review of student records showed that agency representatives who were likely to be responsible for providing or paying for transition services were not consistently invited to attend meetings where transition services would be considered. Eighteen of 28 IEPs reviewed reflected no participation of outside agency personnel nor did notices reflect that representatives were invited, even when agencies existed who were likely to be responsible for providing or paying for transition services as indicated by the IEP. OSEP found no other methods used to obtain agency participation in transition planning when invited representatives did not attend IEP meetings. In addition, parents were not routinely informed that other agency representatives would be invited to the IEP meetings where transition would be discussed, even when such agencies were invited.

## **C. SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES**

### **Provision of Training to Parents/Students/Providers**

Section 612(a)(14), which incorporates a portion of section 653, states that each State must develop strategies that it will use to address the identified needs for in-service and pre-service preparation to ensure that all personnel who work with children with disabilities (including professional and paraprofessional personnel who provide special education, general education, related services or early intervention services) have the skills and knowledge necessary to meet the needs of children with disabilities. This plan must include a description of how the State will provide joint training to parents along with special education, related services and general education personnel. Active intervention of parents and students in transition planning is most likely to take place when the parents and students are aware of the purpose and importance of the transition planning process in IEP development through consistent and comprehensive training. This training would produce a partnership with all parties being informed on issues such as:

- the purpose of transition
- notification requirements to parents regarding transition



- consideration of the student's interests and preferences
- importance of student and parent involvement in the planning and development of the IEP
- the need for appropriate outcome oriented goals, coordinated program of services, and interagency linkages.

## IX. PART B: GENERAL SUPERVISION

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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:** OSEP's 1994 monitoring report identified no areas of noncompliance regarding general supervision.

**Self-Assessment:** The South Dakota Part B Self-Assessment focused on "General Supervision" as an integral part of all areas addressed. The Self-Assessment concluded that South Dakota utilizes complaint investigation and resolution, due process hearing procedures, and the results of cyclical monitoring of local education agencies to identify deficiencies and initiate corrective actions that improve results for children with disabilities across the State.

In addition, DECA has incorporated changes under the reauthorization of IDEA into its monitoring process. South Dakota also has a mediation process in place and interagency agreements for early intervention and secondary transition.

**Public Input Process:** One of the focus questions asked during the public input meetings for Part B was: "Does the State exercise effective general supervision of the implementation of IDEA through the development and utilization of tools, mechanisms and activities that result in all eligible students having an opportunity to receive a free appropriate public education in the least restrictive environment?" Responses by administrators often indicated lack of knowledge about State-level responsibilities for general supervision. School system personnel reported that DECA customizes monitoring for school districts and is responsive to requests for assistance in implementation of corrective actions. Teachers in one district reported that State monitoring activities have resulted in the inclusion of more children with disabilities in regular education environments than would have occurred without this process.

The Part B Steering Committee requested that OSEP investigate the following concerns/issues: (1) whether monitoring results in systemic changes and improvement in results for children with

disabilities; and (2) whether enforcement actions are taken, when appropriate, and whether such actions result in systemic changes.

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.

## **SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES**

### **1. Monitoring to Ensure Consistent Implementation of Part B Requirements**

Teachers and administrators in three of the five districts report that State monitoring of Part B is ineffective in improving educational results for children with disabilities. Teachers and administrators reported to OSEP that requirements and instructions for district participation in the State's monitoring review were inconsistent across districts. Districts reported that the actual on-site monitoring activities were not consistent with the information provided to the districts prior to the monitoring activities about DECA policies and procedures regarding requirements that would be monitored. DECA indicated that while occasional required changes might occur between the provision of information prior to monitoring and the actual monitoring visit, every attempt is made to ensure consistency between the two.

Two districts were generally pleased with the DECA monitoring efforts. Three districts reported that feedback was not given to the personnel who were directly involved with the monitoring process. One district suggested that the DECA monitoring should be based on the identified needs of the districts, instead of an arbitrary cycle set by the State. One district reported that DECA did not respond to corrective action plans for districts in a timely manner.

### **2. Providing Training Opportunities to Personnel in the District**

Teachers and administrators in three of five districts reported to OSEP that additional training regarding specific topics in special education would be appropriate. Districts report a lack of guidance for regular education teachers about special education programs and services. Specific areas identified for training and guidance include: functional behavior assessments, positive behavior interventions, behavior plans, secondary transition, parent involvement, development of the IEP (including goals and objectives), and opportunities available for professional personnel development. Teachers and administrators report that needed training opportunities are not readily available and accessible, and generally must be obtained at personal expense.