

III. PROGRAMS AND SERVICES

**Ensuring an Adequate Supply of High-Quality, School-Based
Speech-Language Pathologists**

**Social Adaptation and Problem Behaviors of Elementary and
Middle School Students Receiving Special Education**

Educational Environments for Students With Disabilities

**Study of State and Local Implementation and Impact of the
Individuals With Disabilities Education Act: A View From the
Field of District Implementation**

Ensuring an Adequate Supply of High-Quality, School-Based Speech-Language Pathologists

In 1999-2000, 1,089,964 students had speech or language impairments as their primary disability, accounting for 19.2% of all students ages 6 through 21 with disabilities served under the Individuals with Disabilities Education Act (IDEA) (U.S. Department of Education, 2001). Many additional students had speech or language impairments as secondary or tertiary disabilities. The high incidence of speech/language impairments requires a large, highly qualified pool of speech-language pathologists to meet these students' needs.

The quality of the nation's speech-language pathologist workforce depends on having an adequate supply of qualified individuals. Should shortages occur, local districts may be forced to hire less qualified personnel or assign staff to positions for which they are unprepared. This module describes the nation's school-based speech-language pathologists in terms of quantity and quality. It also describes the severity of current shortages, threats of future shortages, and the association between working conditions and speech-language pathologists' intent to stay in the profession. Finally, the module documents speech-language pathologists' qualifications and credentials, the impact of professional development on perceptions of competence, and factors that explain some variation in workforce quality.

The data in this module are drawn from the Study of Personnel Needs in Special Education (SPeNSE). The U.S. Department of Education's Office of Special Education Programs (OSEP) contracted with Westat to conduct this study in order to address concerns about nationwide shortages in the number of personnel serving students with disabilities and the need for improvement in the qualifications of those employed.¹ In all, 8,061 special education service providers completed SPeNSE interviews. Service providers interviewed included special education teachers, general education teachers, speech-language pathologists, and paraprofessionals. The information in this module is reported as weighted estimates based on the results from interviews with the 868 participating school-based speech-language pathologists and their local administrators.

¹ For more information on SPeNSE, visit the SPeNSE web site at www.spense.org.

Issues of Quantity

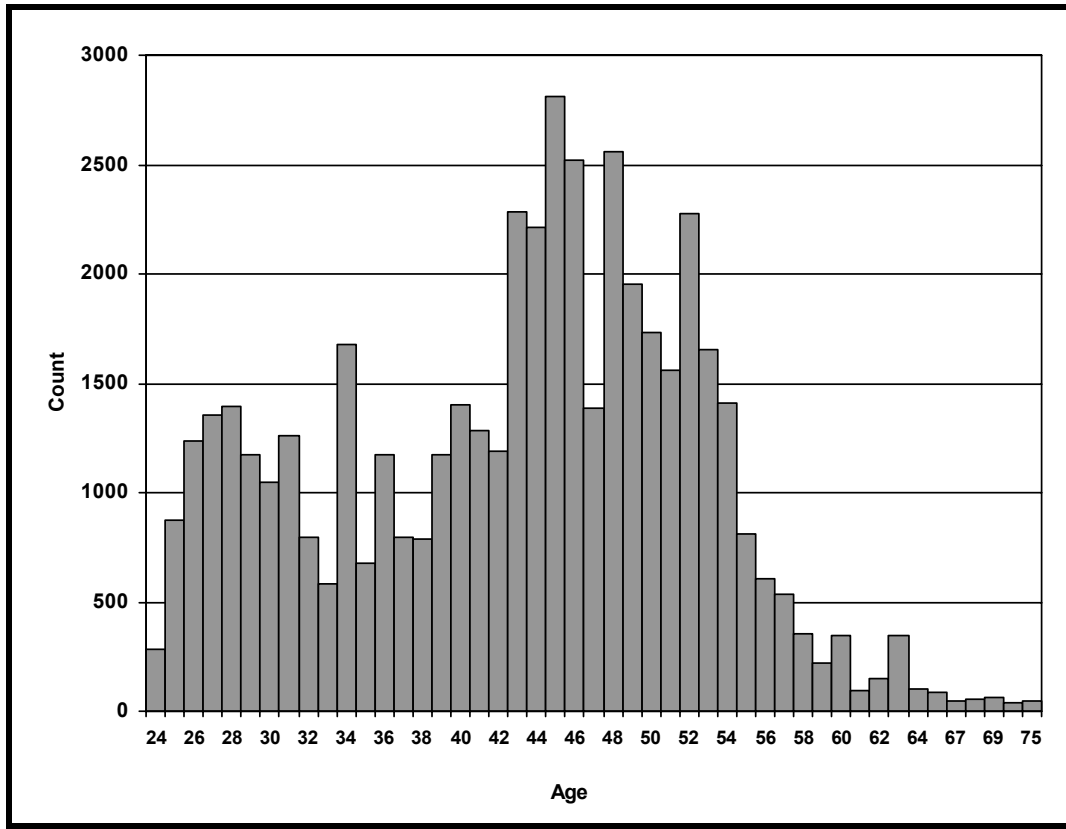
According to SPeNSE estimates, the nation's educational agencies employed 49,721 speech-language pathologists in 1999-2000. This compares to reports from state education agencies that they employed 37,054 full-time equivalent speech-language pathologists (see Table AC3). Full-time equivalents are, by definition, lower than counts of individuals because two half-time employees would be reported as one full-time equivalent. Having an adequate supply of school-based speech-language pathologists is as important as the quality of those available because shortages typically force administrators to hire less qualified individuals. Even if the supply meets demand overall, that is unlikely to be the case in every district across the country. Nationwide, 86% of local special education administrators with job openings for speech-language pathologists hired personnel whom they considered to be fully qualified for some or all of those positions.² Twelve percent hired one or more speech-language pathologists whom they considered less than fully qualified. Those who were unable to fill all their openings used other methods to deal with shortages. Twenty percent increased other speech-language pathologists' caseloads; 18% hired speech-language pathology assistants; and 33% contracted for speech services. These findings were similar to the results of searches for physical therapists and occupational therapists and do not, in and of themselves, suggest a severe shortage of speech-language pathologists. However, when asked to what extent a shortage of qualified applicants was a barrier to hiring speech-language pathologists, 59% of administrators said "a great extent."

Perhaps of greater concern than current shortages is the potential for future shortages. Forty-nine percent of school-based speech-language pathologists are 45 years of age or older and will be eligible to retire over the next 15 years. The eldest groups of speech-language pathologists are in suburban and rural communities and in the western region of the United States; therefore, shortages may worsen more quickly in those areas. Another 5% of the workforce reported that they plan to leave school-based practice as soon as possible, for reasons unrelated to age or retirement.

Figure III-1 demonstrates the uneven distribution of school-based speech-language pathologists by age. As can be seen, the larger cohort is the group of speech-language pathologists who are 45 or older. There are fewer speech-language pathologists available in the younger age groups to fill the anticipated age-related vacancies that will likely occur.

² The definition of "fully qualified" varies by state and district.

Figure III-1
Distribution of School-Based Speech-Language Pathologists by Age



Source: SPeNSE.

Working Conditions and Their Relationship to Career Plans

Poor working conditions may limit the time and attention speech-language pathologists' devote to meeting the needs of their students and may contribute to attrition. Conversely, good working conditions may contribute to the quality of services and to personnel retention. The working conditions described here include:

- caseload;
- job responsibilities; and
- school climate, which includes perceived levels of support from administrators and colleagues.

Each of these working conditions has been tied to teacher attrition (Billingsley, 1993; Brownell & Smith, 1992; Morvant, Gersten, Gillman, Keating, & Blake, 1995) although the connection with attrition for speech-language pathologists is less well documented. Although SPeNSE did not include a direct measure of attrition, it included a measure of speech-language pathologists' intent to stay in their position, which is highly correlated with attrition (Morvant et al., 1995).

Caseload

One approach to addressing shortages of speech-language pathologists is to increase caseloads. However, since research suggests that caseload size and characteristics are associated with teacher attrition, this method of addressing shortages may actually exacerbate them. It seems possible that the same would hold true for speech-language pathologists.

SPeNSE data indicate that in 1999-2000, a typical school-based speech-language pathologist served 49 students per week. This caseload included students representing a wide range of ages, different primary disability categories, and different speech-language impairments. Only 5% of speech-language pathologists served students who all had the same primary disability; 40% had caseloads with six or more different disabilities represented. Speech or language impairments, learning disabilities, mental retardation, and autism were the most common disabilities among the students served.

Speech-language pathologists also served students with a variety of different speech-language impairments. Nearly all speech-language pathologists reported serving students with language disorders and articulation or phonological disorders. Almost three quarters served students with fluency disorders, and more than half served students with attention deficit hyperactivity disorder, autism, and/or apraxia (see Table III-1).

Furthermore, speech-language pathologists' caseloads comprised students from many different cultural and linguistic groups. Speech-language pathologists reported that, on average, more than one fourth of their students were from a cultural or linguistic group different from their own, and 8.8% were English-language learners.

Caseload size was significantly associated with speech-language pathologists' intent to stay in the profession. The median caseload for speech-language pathologists who planned to stay as long as possible or until retirement was 46.2 students, compared to 49.2 for those who were undecided about their career plans and 59.7 for those

Table III-1
Percent of School-Based Speech-Language Pathologists Serving Students
With Different Speech-Language Impairments

Speech-language impairments	Percent of speech-language pathologists
Language disorders An impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, and inability to follow directions.	99.6
Articulation or phonological disorders Problems with the way sounds are formed or used.	98.6
Fluency disorders An interruption in the flow or rhythm of speech, such as stuttering.	74.0
Disorders resulting from ADHD Difficulties following instructions completely, blurting out answers, forming complete sentences, organizing verbal expression, including necessary verbal information and/or making socially appropriate communication judgments.	66.3
Disorders resulting from autism Neurological disorder that affects a child's ability to communicate, understand language, play, and relate to others.	64.6
Apraxia A disorder of the nervous system that affects the ability to sequence and say sounds, syllables, and words. It is not due to a muscular weakness or paralysis.	57.1
Hearing disorders Impairments in hearing, whether permanent or fluctuating, that can adversely affect a child's educational performance.	50.0
Nonspeaking Selective or elective mutism, total lack of speech in at least one situation, despite the ability to speak in other settings. No verbal communication in any setting.	39.8
Voice disorders Inappropriate pitch (too high, too low, never changing or interrupted by breaks); loudness (too loud or not loud enough); or quality (harsh, hoarse, breathy, or nasal).	34.3
Dysarthria A group of speech problems due to paralysis, weakness, or incoordination of muscles used in speaking. Sounds may be slurred, and speech may be slow or effortful. Changes in pitch, loudness, and rhythm of speech may also occur.	29.6

Table III-1 (continued)

Speech-language impairments	Percent of speech-language pathologists
Disorders from traumatic brain injury Trouble understanding and/or expressing ideas or explanations through speaking and/or writing. Deficits in social communication skills may alter the ability to take turns in conversation, maintain a topic of conversation, use an appropriate tone of voice, interpret the subtleties of conversation, respond to facial expressions and body language, or follow fast-paced conversation.	22.8
Other	4.0

Notes: If students had more than one speech-language impairment, they were counted more than once.

Definitions of speech-language disorders are based on the National Information Center for Children and Youth with Disabilities (NICHCY) (www.nichcy.org), ASHA (www.asha.org), or (www.healthtouch.com), retrieved November 6, 2001.

Source: SPeNSE.

who said they planned to leave school-based speech-language pathology as soon as possible. There were no significant differences in speech-language pathologists' career plans based on most other caseload characteristics, such as cultural or linguistic diversity. Those who planned to leave as soon as possible were more likely to serve students with fluency disorders, but the reason for that relationship is not clear.

Job Responsibilities

To ensure that speech-language pathologists receive the support and training needed to meet their current job responsibilities, it is important to understand what those responsibilities are. The typical school-based speech-language pathologist spent 24.5 hours per week providing direct services to students. They averaged 149 sessions per month and served students primarily in groups rather than individually. Twenty-six percent of their sessions were one-on-one. Speech-language pathologists devoted, on average, 7.1 hours per week to completing paperwork, 4.6 hours per week to preparing services, 1.8 hours per week to sharing expertise with colleagues, 1.7 hours per week to reading background material, and 0.9 hours per week to communicating with parents. The school-based speech-language pathologists who participated in SPeNSE also reported a number of other job responsibilities, for a total average work week of 49 hours. The sample included both full- and part-time practitioners.

The IDEA Amendments of 1997 placed a new emphasis on ensuring that students with disabilities have access to the general curriculum. Implementing individualized education programs that support students in academic, nonacademic, and extracurricular activities may require that speech-language pathologists add collaborative consultation, curriculum-based intervention programs, classroom-based services, and authentic assessments to their service model (Whitmire, 2000). Despite IDEA guidance stipulating that services be provided in the least restrictive environment possible, speech-language pathologists reported providing 82.8% of their services in special education settings, such as resource rooms for students with speech-language impairments.

Overall, 70% of school-based speech-language pathologists reported that they found their workload manageable to a moderate or great extent; 22.6% found it manageable to a small extent; and 4.1% found it not at all manageable. These findings are similar to SPeNSE percentages for special education teachers. The total number of sessions per month and the number of individual sessions per month were unrelated to speech-language pathologists' intent to stay in school-based positions.

School Climate

Intangible aspects of a position, such as perceived support, may be as important to attrition and retention as are more easily measured job characteristics such as caseload size. School climate is a subjective measure of the way speech-language pathologists feel about the schools in which they work and includes perceived levels of support from colleagues and administrators. On a scale from 1 (*worst climate*) to 100 (*best climate*), speech-language pathologists rated the climate of their schools as 71. The manageability of speech-language pathologists' workloads was significantly related to their perception of the climate of their schools. Those in schools with a positive climate found their work significantly more manageable. School climate was also significantly related to speech-language pathologists' intent to stay in the profession: a less positive climate was reported by those who were undecided or planned to leave as soon as possible.

Issues of Quality

The quality of the nation's school-based speech-language pathologists is as important as the quantity. This section describes quality both in terms of credentials, including certification and licensure, advanced degrees, and years of experience, and in terms of perceived skillfulness. Because states differ in the minimal qualifications they require of speech-language pathologists, those requirements are also discussed.

Credentials

States differ in their requirements for working as a school-based speech-language pathologist. Some states use universal licensure, which is a state license to practice speech-language pathology in school and healthcare settings that is typically issued and administered by the state's department of professional regulation. Some states exempt school-based speech-language pathologists from the licensing law but have other requirements established by the state education agency. Others require both state licensure and teacher certification or state licensure plus education-specific coursework and examinations. States may also require speech-language pathologists to have at least a master's degree and to be state licensed or to meet additional requirements (Pilch, 2001). Nationwide, SPeNSE data indicate that 92% of school-based speech-language pathologists hold some form of license or certificate to provide speech-language pathology.

Advanced Degrees

Thirty-six states require speech-language pathologists to hold at least a master's degree. However, many individuals working as speech-language pathologists in those states entered the field when only a bachelor's degree was required. Generally, states require bachelor's level personnel to acquire a master's degree within a certain time or risk dismissal. However, seven states (Alabama, Arizona, Nevada, New York, Pennsylvania, South Carolina, Tennessee) allow bachelor's level personnel to work as speech-language pathologists in the public schools with no requirement that they pursue a master's. Three states (Alaska, Utah, Vermont) allow bachelor's level personnel to work as school-based speech-language pathologists under emergency certification (Pilch, 2001). Nationwide, SPeNSE findings indicate that almost 87% of speech-language pathologists had master's degrees, compared with 59% of special education teachers.

American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence in Speech-Language Pathology

Seventy-one percent of speech-language pathologists report they have or will soon have their Certificate of Clinical Competence (CCC). This credential indicates that an individual has met national speech-language pathology requirements set by ASHA and has achieved the highest qualification in the nation for speech-language pathologists. This certification is frequently used as a national standard by employers for hiring qualified speech-language pathologists (ASHA, 2000a,b; Pilch, 2001).

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Candidates for the CCC must complete a master's-level graduate program that meets ASHA CCC requirements and/or is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (ASHA, 2000a; ASHA, 2001). The program must include 36 semester credit hours in professional coursework, 25 hours of supervised clinical observation, and a 350-hour supervised clinical practicum (ASHA, 2000a). Applicants must complete the equivalent of a full-time, 9-month, paid clinical fellowship under the supervision of an ASHA-certified professional and achieve passing scores on two certification exams. One exam is a national paper-pencil exam developed by the Educational Testing Service for speech-language pathologists, and the other is a portfolio-like review performed three times during the speech-language pathologist's first year of paid employment (ASHA, 2000b).

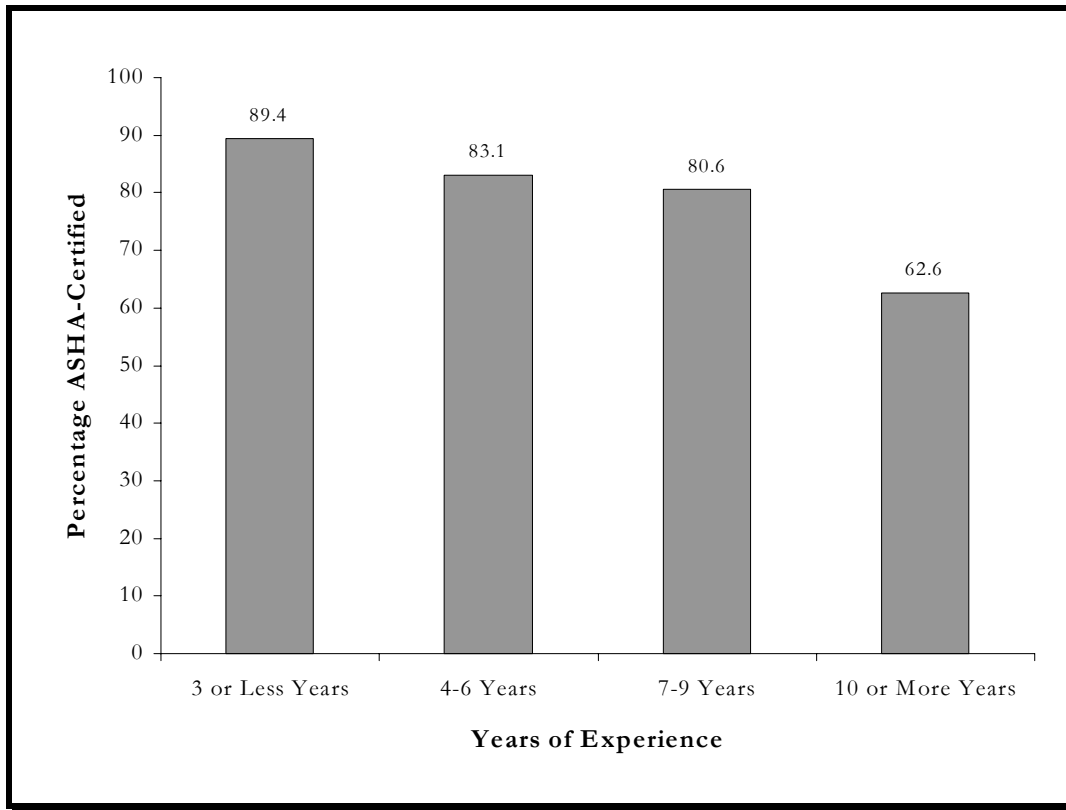
ASHA compares the CCC standards to those presently required for certification by the National Board for Professional Teaching Standards (NBPTS), the teaching profession's highest credential for highly skilled teachers (ASHA, 2000b). The requirements are similar with the following exceptions: ASHA requires a master's degree and completion of the three portfolio-like reviews described above. NBPTS uses a ½-day assessment that measures teacher knowledge of subject matter content. Candidates are also required to submit four portfolio entries over a school year. Three entries are classroom based and include two videos that document the candidate's teaching practice through student work. The fourth entry consists of written commentary reflecting the candidate's work with students, families, and community and collaboration with the professional community. NBPTS candidates may have at a minimum a bachelor's degree and may have multiple years of teaching experience. The NBPTS award is relatively new; the first certificate was issued in 1993. ASHA has been certifying providers since 1952.

Years of Experience

On average, school-based speech-language pathologists had 14 years of experience providing speech-language services in public or private schools. Twenty-nine percent of the speech-language pathologist workforce reported that all of their years of experience were not consecutive but that they had typically been working at least 10 consecutive years since returning to work.

Figure III-2 shows that speech-language pathologists with more years of experience were less likely than their less experienced peers to have the CCC. Of those with 1 through 3 years of experience, 89.4% held the CCC. Of speech-language pathologists

Figure III-2
Percent of ASHA-Certified Speech-Language Pathologists by
Years of Experience



Source: SPeNSE.

with 4 through 6 years of experience, 83.1% had the CCC. The percentages drop for those with 7 through 9 and 10 or more years of experience, 80.6 and 62.6, respectively.

Perceived Skill

Almost all speech-language pathologists (99.2%) rate their overall job performance as good, very good, or exceptional. When asked to assess their skill in specific job-related tasks, speech-language pathologists usually indicated they were skillful from a moderate to a great extent. The areas in which school-based speech-language pathologists felt most skillful included interpreting results of standardized tests, planning effective services, using appropriate clinical skills, and monitoring student progress and adjusting instruction accordingly. Areas in which they felt least skillful

Table III-2
Speech-Language Pathologists' Perceived Areas of Strengths and Needs

Most skillful areas	Least skillful areas
Interpreting results of standardized tests	Using technology in instruction
Planning effective services	Accommodating culturally and linguistically diverse students' learning needs
Using appropriate clinical skills	Supervising paraprofessionals
Monitoring students' progress and adjusting instruction accordingly	Using professional literature to address problems encountered in providing services

Source: SPeNSE.

included using technology in instruction, accommodating culturally and linguistically diverse students' needs, supervising paraprofessionals, and using professional literature to address problems encountered in providing services (see Table III-2). In response to questions about their attitudes toward their work, most speech-language pathologists agreed that they can work with even the most difficult or unmotivated students, have enough preparation and relevant experience to deal with most students' learning problems, have students who are capable of learning the material provided, can deal successfully with students' behavior problems, and make a significant difference in the lives of their students.

Individuals differ in the professional skills they bring to their job, and factors such as years of experience, credentials, and exposure to professional development opportunities may help explain that variation. In many skill areas, speech-language pathologists with 3 or more years of experience rated their skills higher than did their less experienced peers, although the differences were small. These areas included using technology in instruction, collaborating with regular education teachers and related services personnel, working with parents, managing student behavior, using professional literature to address problems, and supervising paraprofessionals. However, there were no significant differences in their reported use of best practices for managing behavior or teaching English language learners. In contrast, teachers with 3 or more years of experience were more likely to report using practices that facilitate inclusion of students with disabilities in classes with their nondisabled peers, but these differences were quite small. They may reflect more experienced teachers' greater comfort with collaboration.

For administrators hiring new staff, credentials may be one way of distinguishing among more and less qualified applicants. However, in this study, there were no significant differences between speech-language pathologists with and without a

CCC in their perceived level of skill in various job-related activities. This may reflect the greater professional experience of speech-language pathologists without a CCC, because experience was associated with perceived skill, and those without a CCC were on average more experienced.

In contrast, the content of preservice preparation and amount of continuing professional development in which speech-language pathologists participated was clearly related to their perceived level of skill. Recently prepared speech-language pathologists³ (those with 6 or fewer years of experience) whose preservice preparation included using technology in instruction, addressing the needs of culturally and linguistically diverse students, supervising paraprofessionals, monitoring students' progress and adjusting instruction accordingly, and using professional literature to address problems rated their skills in these areas more highly than those with no such training.

Speech-language pathologists who had 8 or more hours of professional development in a specific topic in the past 3 years also reported higher levels of skill than speech-language pathologists who had fewer than 8 hours.⁴ This was true for every skill area addressed, including:

- using appropriate clinical skills;
- using technology in instruction;
- accommodating culturally and linguistically diverse students' instructional needs;
- managing behavior; and
- interpreting standardized test results.

For example, speech-language pathologists with more than 8 hours of professional development in using technology in instruction felt skillful to a moderate/great extent; those with 1 to 8 hours felt skillful to a small/moderate extent; and those with no hours felt skillful to a small extent. A similar pattern emerged for perceived skill in managing student behavior based on hours of professional development. Most speech-language pathologists had little or no training in supervising

³ Recently prepared school-based speech-language pathologists constitute 28.5% of those employed nationwide.

⁴ The percentage of speech-language pathologists who received more than 8 hours of professional development ranged from 11.7% for supervising paraprofessionals to 71.6% for using appropriate clinical skills.

paraprofessionals, which may account for low levels of perceived skill in this area. Clearly, the content and duration of professional development opportunities was important in relation to perceived skill. It is interesting to note that differences in perceived skill were rarely significant between those with no professional development and those with 1 to 8 hours of professional development. Rather, the differences were associated with professional development of 8 hours or more.

Summary and Implications

Although many of the data here are subject to the limitation of self-report, SPeNSE provides important information about the speech-language pathologist workforce. Because so many students with disabilities require speech-language services, ensuring an adequate supply of high-quality speech-language pathologists is crucial to the success of the students served under IDEA. SPeNSE data suggest that the current shortage of speech-language pathologists is mild, but the threat of future shortages is more pronounced. The age distribution of the workforce is a major cause for concern. Almost half of all school-based speech-language pathologists will be eligible for retirement within approximately 15 years. Unless the number of newly prepared speech-language pathologists increases substantially, a severe shortage seems unavoidable. The percentage of speech-language pathologists who reported that they plan to leave the profession as soon as possible is also of concern. Future shortages may be averted or moderated through preventative actions, such as:

- inducing speech-language pathologists to work beyond the typical age of retirement;
- reducing attrition among those below retirement age; and
- increasing the number of fully qualified speech-language pathologists entering the profession.

The SPeNSE findings suggest several approaches for reducing attrition. One approach is to keep caseloads to 46 or fewer students. Another is to take steps to improve perceived school climate by increasing speech-language pathologists' sense of belonging and bolstering their perceptions of support from administrators and colleagues.

The nation's school-based speech-language pathologists are a great asset. They are highly qualified for their positions and bring to their jobs a wealth of experience. However, as the skills required for school-based speech-language pathology change in response to emerging student populations and new service delivery models, these

highly experienced personnel will require continuing professional development to keep pace with changes in the field. School-based speech-language pathologists rated their skills relatively low in a few areas, suggesting a need for professional development in using technology in instruction, accommodating diverse students' needs, supervising paraprofessionals, using literature to address problems, and managing student behavior. These findings are consistent with issues identified by ASHA. Its agenda calls for activities to address (a) services for culturally and linguistically diverse students, (b) improved use of web-based and advanced technology, and (c) supervision of speech-language pathology assistants (Whitmire & Clausen, 2001). Finally, SPeNSE data indicate that professional development activities of relatively short duration (i.e., fewer than 8 hours) did not increase speech-language pathologists' perception of their skills. This finding suggests that training of longer duration or greater intensity may be more helpful in raising perceived skill levels.

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Social Adaptation and Problem Behaviors of Elementary and Middle School Students Receiving Special Education

Against a background of general concern about school safety and problem behaviors, the 1997 Amendments to the Individuals with Disabilities Education Act (IDEA) mandated functional behavioral assessment and behavioral intervention plans for certain students with disabilities. There had been many calls for comprehensive assessment of special education students (e.g., Sabornie, 1994), and IDEA posited that understanding the relationship between learning and behavior was crucial to planning an individualized education program (IEP). For students with behavioral problems, as for all students served under IDEA, the IEP is a blueprint for change and a key to the goal of giving students with disabilities access to the regular education curriculum. Functional behavioral assessments are specifically required for students whose behavior interferes with the educational process. Functional behavioral assessments are intended to provide concrete, measurable information about the status and progress of students in special education (Sugai, Lewis-Palmer, & Hagan, 1998) and to provide the rationale and goals that are the basis for an IEP (Scott & Nelson, 1999). Thus, functional behavioral assessment and behavioral intervention planning, which includes IEP planning and proposed responses to disciplinary actions, may be viewed as a single, integrated, continuous process (Jolivette, Scott, & Nelson, 2000).

Public focus on students with behavioral problems has increased in recent years for at least three reasons. First, disruptive behavior interferes with the educational process and places a burden on teachers. Concerns about the quality of education in the United States have fueled greater attention to students who cannot or will not follow classroom rules. Second, today's youth are much more at risk for negative outcomes as a result of long-term exposure to poverty, social fragmentation, and violence in their communities (Walker, Zeller, & Close, 1999). For children with behavior problems, academic success is viewed as a pathway to a productive future, while recovery from academic failure and school dropout can be extremely difficult. Third, students with behavioral and emotional disorders are often involved—either as perpetrators or victims—in acts of school violence.

How widespread is school violence? It depends. On the question of protecting life and limb, schools are very safe. According to the Justice Policy Institute (Donohue, Schiraldi, & Ziedenberg, 1998), there was less than a one-in-a-million chance that a school-aged child would be killed in school during the 1998-99 school years. During 1992-93, a period associated with a high number of school-related homicides, the likelihood of a child being murdered away from school was 115 times greater than the chances of a violent death at school (Snyder & Sickmund, 1999). The final report

of the bi-partisan working group on youth violence to the 106th Congress in February 2000 concluded that schools are among the safest places for children to be.

Shootings and homicides are at one extreme in the spectrum of hurtful acts at school. Bullying, fighting, and other forms of aggression are more commonplace in classrooms and on playgrounds (Olweus, Block, & Radke-Yarrow, 1986). When a student in the regular classroom is identified as a chronic source of aggressive, bullying, or harmful behaviors, he or she may be referred for evaluation and placement in special education. Of course, not all disruptive and misbehaving children require assessment and placement. There are no straightforward, one-to-one relationships among past, present, and future behavior. Behavior is highly context-specific and may not generalize over time or across settings. Nevertheless, many behaviors do become consolidated into a pattern over time, and students with recurrent behavior problems are at risk for later delinquency or criminality. As Sprague, Walker, and Stieber (2001) observed, the relationship between disciplinary referrals and delinquency or criminality has predictive power.

Disciplinary referrals require disciplinary policies and procedures. For example, some suggest that punishment stimulates avoidance and does little to abrogate the conditions that elicit bad conduct (e.g., Walker et al., 1999). Similarly, social skills training programs have had limited success in reducing aggressive behavior (Cairns & Cairns, 1997; Gresham, Sugai, & Horner, 2001). Social skills interventions attempt to reduce deviance and aggressiveness through training designed to improve social competence, which recipients presumably lack. A drawback to these deficit-focus models is that lack of social skills may not be a characteristic of students who engage in deviant behaviors (Giordano, Cernkovich, & Pugh, 1986; Rodkin, Farmer, Pearl, & Van Acker, 2000). Deficit models often fail to account for the adaptive functions of some problem behaviors, for example, gang participation (Cairns, Cadwallader, Estell, & Neckerman, 1997).

Behavior is strongly influenced by social and contextual conditions. Deviant and aggressive children are often both “architect and victim” of circumstances that limit positive, productive interactions with others (Patterson, 1976). But social interactions are only one piece of the puzzle. Correlated conditions that constrain behavior include peer social networks, the presence or absence of parental monitoring, poverty, and school performance. Comprehensive understanding of the sources and consequences of behavior, and the conditions that lead to lasting behavioral modification, demands a theoretical model that attends to what is present, as well as absent, in the social lives of children. Longitudinal research is a vital component of that model (Walker & Sprague, 1999).

The importance of behavior itself as an outcome, as well as its role as a mediating factor in many other important outcome domains, made it a priority area to address in OSEP's national assessment, including the Special Education Elementary Longitudinal Study (SEELS). One fundamental goal of SEELS is to follow over time the developmental pathways of children receiving special education. Therefore, the social development of students was emphasized when SEELS instruments were being designed. As a result, SEELS is well equipped to track the social progress of these youth as they transition from elementary school to middle and high school. The SEELS sample was drawn to be nationally representative. SEELS includes sources of information related to both social development and problem behavior. Social skills and social adaptation were described by the parents of SEELS students. Teachers also rated students' social skills and provided information about problem behaviors. Finally, parents detailed the disciplinary referrals of special education students through reports of suspensions and expulsions. The initial SEELS findings regarding social skills and adaptation are presented next.

Social Skills and Social Adaptation

The importance of childhood social interactions to positive child development is well established. Empirical research supports the common sense view that competence in social exchanges is a key factor in engagement at school and academic success. In the alternative, problems in social functioning usually indicate difficulties in multiple domains. Students receiving special education include a disproportionate number of students who are at high risk for delays or difficulties in social development, particularly students with autism and emotional disturbance (Cadwallader, Cameto, Blackorby, Giacalone, & Wagner, 2002). Parents reported that many students from other disability categories had difficulties in social development as secondary conditions. Students with these kinds of disabilities are most likely to be targeted for functional behavioral assessment and behavioral intervention plans.

Social Skills of Students With Disabilities

The social skills of students with disabilities were assessed through parent and teacher responses to items drawn from the Social Skills Rating System (SSRS), Teacher and Parent Forms (Gresham & Elliott, 1990).¹ Teachers responded to 17 questions about students, and parents answered 11 questions about their children. These items addressed three areas of social ability:

¹ SEELS teacher data were collected in spring 2001 by written survey from teachers who provided language arts instruction to SEELS students. Parent reports were obtained by telephone interview and written survey from summer 2000 through winter 2001.

- **Assertion**—a student’s ability and willingness to become involved in social activities (e.g., joins groups without being told).
- **Self-control**—a students’ ability to cope with frustration and to deal with conflict (e.g., ends disagreements calmly).
- **Cooperation**—a student’s ability to cooperate and stay on task (e.g., cooperates with family members without being asked to do so).

There are good reasons for collecting and reporting data from both parents and teachers. From a practical point of view, the different perspectives of the raters themselves may be of interest. Agreements and differences in teacher and parent ratings of SEELS students are detailed below.

Differences in Social Skills by Disability Category

There are reasons to expect that the impact of a disability on a student’s social skills might vary by type of disability. For example, we might expect that students with severe cognitive or speech-language impairments could have problems with social functioning because of communication difficulties. Expressing personal intentions and expectations and recognizing the intentions of others are key ingredients in social relationships. Difficulties in expressing oneself or understanding others frequently undermine the development of prosocial behavior and self-identity through social interactions. Social functioning difficulties resulting from perceptual or expressive limitations also may lead to frustration and withdrawal from social interchanges. And children who cannot easily or do not engage in social contact have limited exposure to the reciprocity that guides much of our intra- and interpersonal development.

Table III-3 shows teacher and parent ratings of overall social skills. The social skills of students with disabilities were assessed using questions to caregivers that were drawn from the Social Skills Rating System, Parent Form (Gresham & Elliott, 1990). Parents and teachers responded to a number of questions about their children that addressed the three areas of social ability discussed above: assertion, self-control, and cooperation:

A scale was created to measure each of these areas of social ability. The assertion and self-control scales range from 0 to 8 and have a mean score of 5. The cooperation scale ranges from 0 to 6 and has a mean of 4. A fourth scale was created by summing these three scales to create a broad measure of general social skills; it ranges from 0 to 22 and has a mean of 14. Ratings are categorized as high (greater than one

Table III-3
Social Skills Ratings of Students With Disabilities

	Teachers	Parents
Percentage with overall social skills rated:		
High	22.2	20.5
Medium	59.7	68.2
Low	18.2	11.4
Percentage with assertion skills rated:		
High	22.3	33.8
Medium	66.6	58.7
Low	11.1	7.4
Percentage with self-control skills rated:		
High	16.7	17.8
Medium	64.5	71.2
Low	18.9	10.9
Percentage with cooperation skills rated:		
High	20.6	16.0
Medium	64.9	71.0
Low	14.5	13.0
Sample size	4,541	4,466

Note: Ratings are based on a point system, where Low=1, Medium=2, and High=3.

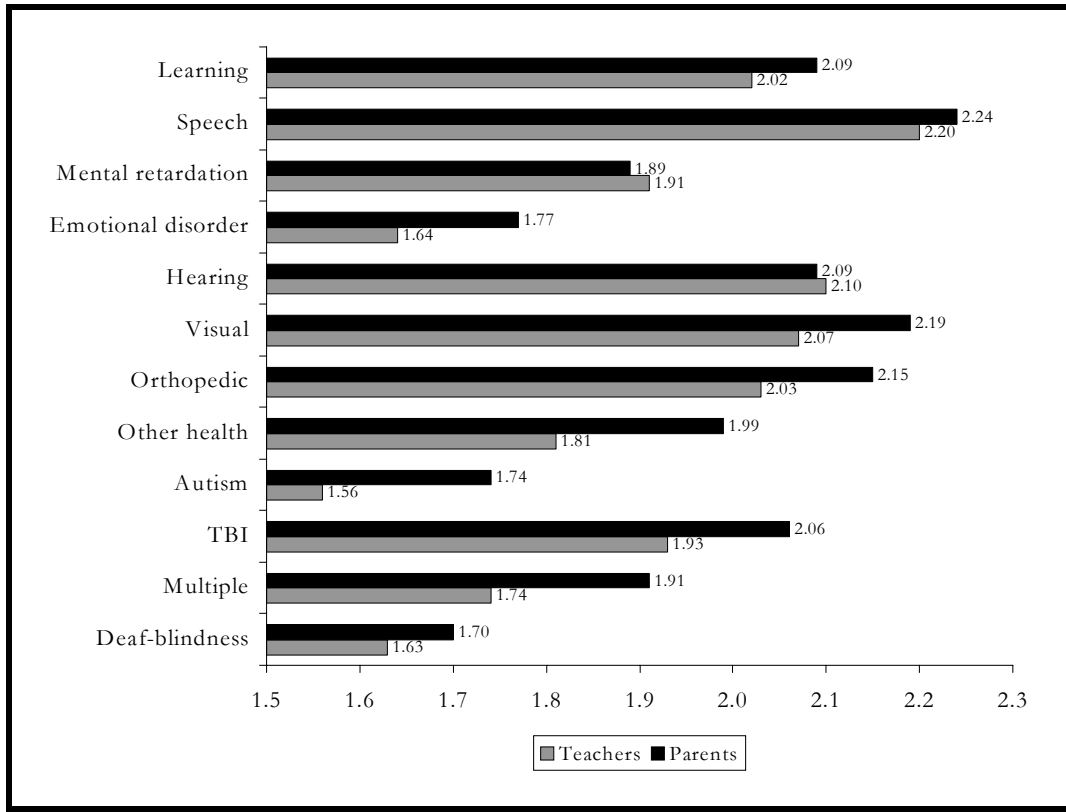
Source: SEELS.

standard deviation above the mean), median (within one standard deviation of the mean), and low (more than one standard deviation below the mean). It is worth noting that teachers and parents rate most students receiving special education as having medium to high social skills. Parents rated 89% of such students as medium to high on social skills, broadly defined. Teachers gave medium-to-high overall ratings to 82% of students.

Students got the highest scores for assertiveness, with over one third of students scoring high, and 93% being rated medium or high by parents. Teachers placed almost a quarter of these youth high on the assertion scale and ranked 89% medium to high for assertiveness. About one in six students scored in the high range on both parent and teacher ratings of cooperation. Teachers gave 81% and parents gave 89% of students medium to high marks for self-control.

Figure III-3 depicts total scale ratings by parents and teachers for students with different primary disabilities. Parents gave higher ratings than teachers in most domains, and differences between the two varied by the student's disability category.

Figure III-3
Comparison of Teacher and Parent Ratings of Social Skills, by
Disability/Impairment Category



Note: The figure presents mean ratings for students in each disability category, based on a point system where Low=1, Medium=2, and High=3.

Source: SEELS.

Students with learning, speech, hearing, vision, and orthopedic impairments had overall social skills that were ranked by parents and teachers at or above the mean for special education students.

Figure III-3 does not break down ratings by the three social skills subscales of assertiveness, self-control, and cooperation. However, the data showed that students with learning, speech, hearing, vision, and orthopedic impairments received positive marks from parents and teachers across all three subscales. Teachers and parents gave students with speech impairments the highest marks on each of the three social ability measures. Parents and teachers generally agreed in their assessment of students with mental retardation, giving these students lower ratings on the self-control scale than on the assertion and cooperation scales. The greatest differences

Social Adaptation and Problem Behaviors of Elementary and Middle School Students Receiving Special Education

between teachers and parents were in their assessment of students with emotional/behavioral disorders, other health impairments, autism, and multiple disabilities. Notably, three of those four categories include students with significant behavioral problems (attention deficit hyperactivity disorder (ADHD) is most often included in the category of other health impairments). In every instance of significant disagreement between teacher and parents, parents gave more positive ratings than teachers.

Certain differences between teacher and parent ratings were striking. For example, parents said that 89% of the youth with multiple disabilities had medium to high levels of self-control. Teachers gave that same rating to only 69% of the students with multiple disabilities. On the self-control scale, parents described 84% of the children with autism as having medium to high skills. Teachers gave similar ratings to only 61% of the students with autism. These differences in ratings were not consistent from scale to scale. In general, teacher and parent ratings were more closely aligned on the cooperation scale than on the assertion and self-control scales. Parents and teachers agreed that 77% of the students with autism had medium to high scores for cooperation. They disagreed on the assertion scale; parents gave medium to high ratings to 63% of the children with autism, while teachers rated only 48% as medium to high on that dimension.

Difficulty in social situations is one of the diagnostic criteria for children with autism and emotional/behavioral disabilities, and social skills ratings for these students were low. Nevertheless, teachers and parents did not fully agree on the social skills of students with emotional disorders (ED). Teachers said that 79% of the students with ED had medium to high assertion skills. Parents gave medium to high ratings to 89% of the children with ED. Teachers and parents both described students with ED as having low self-control. Parents gave low self-control ratings to 32% of the population with ED, while teachers rated 46% of those students as low on self-control. As above, teachers and parents were more consistent on the cooperation scale. Teachers described 76% of the students with emotional/behavioral disorders as medium to highly cooperative. Parents gave medium to high ratings to 75% of the students with ED.

Compared to parents, teachers consistently rank fewer youth in the high range for social skills and rate more students in the low range. Presumably, teachers have a greater range of student behaviors as a frame of reference—they work with large numbers of students and a continuum of behaviors.

Table III-4
Students' Social Skills, by Age and Gender

	Age		Gender		
	6 to 9	10 to 12	Boys	Girls	
Percentage with overall social skills rated:					
High	Teacher	23.4	17.7	19.3	28.2
	Parent	22.4	18.3	19.2	22.8
Medium	Teacher	60.6	62.3	59.6	59.4
	Parent	66.4	70.0	68.5	67.6
Low	Teacher	16.0	20.0	21.1	12.3
	Parent	11.2	11.6	12.3	9.5
Percentage with assertion skills rated:					
High	Teacher	25.0	20.0	21.3	24.4
	Parent	38.7	29.1	32.2	37.2
Medium	Teacher	65.3	67.1	67.2	65.1
	Parent	54.0	63.3	59.9	56.2
Low	Teacher	9.7	13.0	11.4	10.5
	Parent	7.3	7.7	7.8	6.6
Percentage with self-control skills rated:					
High	Teacher	16.6	15.3	14.2	21.9
	Parent	18.4	17.2	17.1	19.1
Medium	Teacher	64.6	65.2	63.7	66.2
	Parent	70.9	71.4	72.0	70.2
Low	Teacher	18.8	19.5	22.1	12.0
	Parent	10.7	11.4	10.9	10.7
Percentage with cooperation skills rated:					
High	Teacher	21.8	16.9	18.3	25.5
	Parent	17.3	14.1	14.9	17.9
Medium	Teacher	65.4	65.7	65.0	64.5
	Parent	70.4	71.9	71.4	70.4
Low	Teacher	12.8	17.5	16.7	10.0
	Parent	12.3	14.0	13.7	11.7
Sample size—Teacher		3,106	2,362	2,955	1,536
Sample size—Parent		2,467	1,882	2,911	1,507

Source: SEELS.

Demographic Differences in Social Skills

Age. As Table III-4 illustrates, as age increased there was a downward trend in overall social skills ratings. There are at least two possible reasons for this phenomenon. First, the tendency of parents to give lower ratings to older students may reflect the changing mix of disabilities represented by the different age cohorts; students with greater difficulties were more likely to have continued receiving special education as they got older. Also, significant emotional issues were just emerging for some students in the late elementary years, causing an influx of more students with

ED. Further, students may have been held to different standards of conduct as they got older. For example, hitting is tolerated more among kindergartners than it is among middle school students.

Gender. Teachers and parents alike identified slightly higher social skills ratings for girls compared with boys. Differences between boys and girls were relatively small, while differences between parent and teacher ratings were somewhat greater. Compared with parents, teachers gave higher ratings to girls and lower ratings to boys, particularly in the areas of assertion and self-control. Teachers identified more students at the top of the cooperation scale, while parents put more students in the medium category. It is important to recall, however, that boys substantially outnumber girls among the students who receive special education, and that is also represented in the sample for this study.

Overall differences based on gender for students with disabilities were consistent with those found among the general population of students at this age (Ruble & Martin, 1998). Differences in social characteristics of boys and girls may be expected to increase with age. The interests and activities of boys and girls have been shown to differ as they enter adolescence. In general, boys prefer group and competitive activities, while girls seek more intimate, cooperative activities involving just two people (Berndt & Savin-Williams, 1992). Girls also tend to desist in the use of physical aggression at a younger age than boys and turn to more subtle forms of social influence as they approach puberty (Xie, Cairns, & Cairns, 1999).

Household income. There was a consistent relationship between income and social skills ratings. Table III-5 shows that ratings of assertion, self-control, and cooperation were higher among higher income groups. Children from upper income households (more than \$50,000/year) were described by their parents as highly assertive, while teachers identified students from those homes as having good cooperation skills. Increases from one income level to the next were reliable across the three social skills areas.

Race/ethnicity. Levels of agreement varied between parents and teachers in weighted estimates of social skills based on race or ethnicity. Table III-5 shows that parents of White, African American, Hispanic, and Asian students rated 85% to 90% of their children in the medium to high range for overall social skills. Teachers gave similar ratings to White and Hispanic students. Teachers identified 94% of Asian/Pacific Islander students as having medium to high social skills. Parents gave Asian/Pacific Islander youth lower ratings than those given by teachers for self-control and cooperation.

Table III-5
Students' Social Skills, by Income and Race/Ethnicity

	Income			Race/ethnicity				
	<= \$25,000	\$25,001 to \$50,000	More than \$50,000	White	African American	Hispanic	Asian/Pacific Islander	American Indian/Alaska Native
Percentage with overall social skills rated:								
High Teacher	13.0	22.4	30.1	23.9	13.2	17.1	5.6	5.5
Parent	13.9	21.9	27.2	21.7	16.2	14.9	7.8	57.7
Medium Teacher	61.8	61.8	56.9	60.5	61.4	65.3	88.7	57.2
Parent	70.0	67.0	67.0	66.8	71.9	75.1	77.0	39.0
Low Teacher	25.1	15.8	13.0	15.6	25.4	17.6	5.7	37.3
Parent	16.1	11.0	5.8	11.5	11.9	10.0	15.2	3.3
Percentage with assertion skills rated:								
High Teacher	17.6	22.7	26.7	22.8	22.0	22.7	13.3	1.2
Parent	23.4	35.2	42.4	36.7	28.8	23.8	11.3	74.3
Medium Teacher	70.3	65.3	63.1	66.6	64.9	66.1	75.6	89.6
Parent	66.8	57.9	52.6	57.2	65.7	59.0	82.5	22.6
Low Teacher	12.2	12.0	10.2	10.6	13.1	11.2	11.1	9.2
Parent	9.8	6.9	5.0	6.1	5.5	17.3	6.2	3.1
Percentage with self-control skills rated:								
High Teacher	10.3	17.9	23.2	18.6	5.1	18.8	15.4	5.8
Parent	12.7	19.3	23.1	18.7	13.3	17.2	11.7	12.1
Medium Teacher	62.2	67.2	64.3	65.3	66.6	62.4	78.4	59.2
Parent	71.5	71.1	71.6	70.3	74.6	73.8	75.0	78.0
Low Teacher	27.5	15.0	12.6	16.1	28.3	18.8	6.2	35.0
Parent	15.8	9.5	5.3	11.0	12.1	9.0	13.3	9.9
Percentage with cooperation skills rated:								
High Teacher	14.6	17.8	29.1	22.5	13.3	16.7	7.1	2.0
Parent	17.1	15.2	16.4	14.2	18.2	21.3	13.5	12.6
Medium Teacher	66.5	67.7	61.9	64.4	64.4	70.0	84.8	64.4
Parent	64.2	72.5	77.2	73.8	65.7	63.6	68.3	81.1
Low Teacher	18.9	14.5	9.0	13.1	22.3	13.3	8.2	33.6
Parent	18.8	12.3	6.4	12.1	16.1	15.1	18.2	6.3
Sample size—Teacher	1,451	1,238	1,502	3,688	1,060	660	95	41
Sample size—Parent	1,446	1,233	1,495	3,021	789	514	76	31

Source: SEELS.

American youth were even greater. Parents of American Indians and Alaska Natives said that 97% of their children had medium to high social skills. Teachers gave that rating to only 63% of the same group.

The race/ethnicity data reported here were weighted to be nationally representative. However, caution is required when considering ethnic and racial differences on rating scales. There may have been real ethnic/racial differences in social skills among children. But there also may have been differences in interpretation of the questions, or there may have been cultural differences related to the importance or relevance of a particular domain. For example, it may be that White parents placed less emphasis on cooperation than they did on assertion or self-control, compared with African American or Hispanic parents. In addition, the sample included relatively few American Indian/Alaska Native students.

Problem Behaviors and Disciplinary Actions

The preceding discussion illustrates the diversity of social skills that students with disabilities bring to the educational setting and process. It is also noteworthy that the majority of students with disabilities received medium to high ratings from teachers and parents on measures of cooperation, assertion, and self-control. However, there is still significant interest among policymakers, teachers, and parents in the degree to which students with disabilities exhibit “problem behaviors” (GAO, 2001; Leone, Mayer, Malmgren, & Meisel, 2000; Katsiyannis & Maag, 1998).

SEELS’ approach to the measurement of problem behavior is guided by the conceptual framework of the Social Skills Rating System (SSRS), which organizes problem behavior into three distinct categories: hyperactivity, internalizing, and externalizing (Gresham & Elliott, 1990). Below we present teacher ratings of students with disabilities in these three categories, as well as parent reports of disciplinary actions imposed on students with disabilities. Parents did not rate problem behaviors.²

Hyperactivity Problem Behaviors

The ability to concentrate and persist in a learning activity for an extended period of time is a common requirement of virtually all approaches to teaching and learning. Hyperactivity is a class of problem behaviors that interfere with this essential

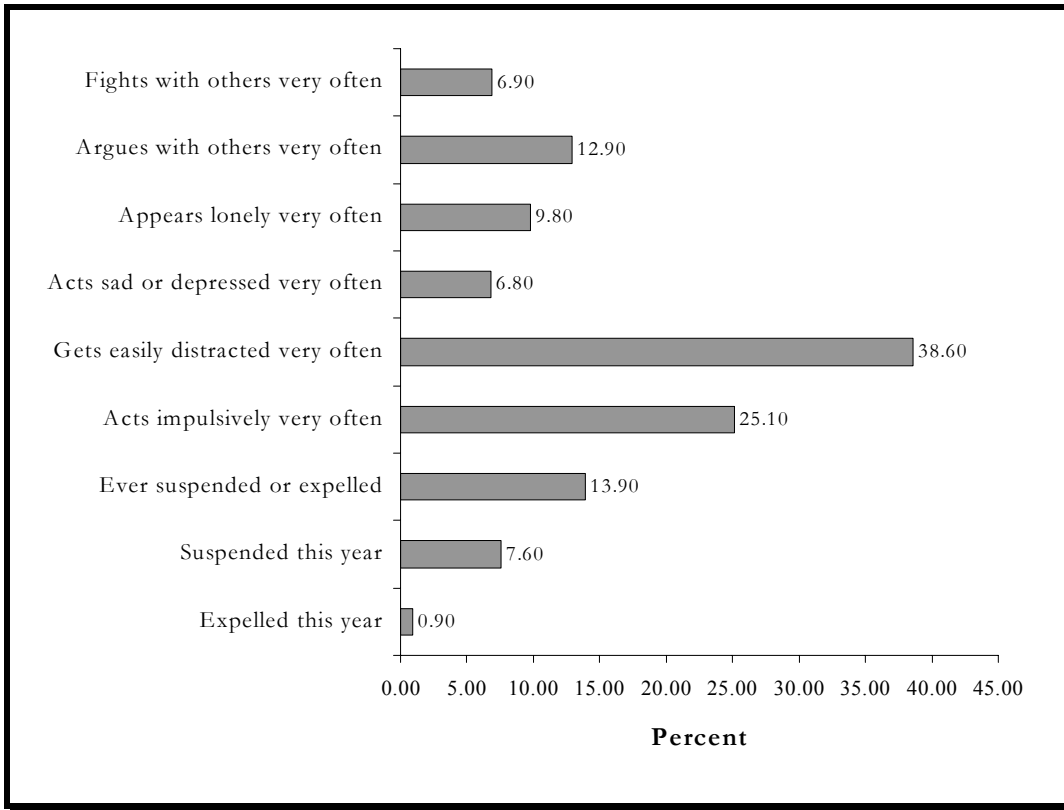
² Due to parental discomfort in responding to these items, they were discontinued to preserve the integrity of other parental responses and high levels of parental participation.

process. Such problem behaviors include excessive physical movements and difficulty in concentrating, listening to instructions, paying attention, staying on task, or completing activities. In each case, students who exhibit such behaviors are at risk for missing key components of instruction, whether in the context of individual or group work, which can limit their ability to learn and succeed. Of course, many of these behaviors are now associated with attention deficit disorder (ADD) and ADHD, which are included in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-IV, American Psychiatric Association, 1994). Some students diagnosed with these disorders receive educational services under Section 504 or IDEA in the category of other health impairment or other disability categories. Attention deficits and hyperactivity are increasingly recognized as problems faced by American school children, and many students may exhibit some level of hyperactivity, even if they are not identified to receive services for hyperactivity. Figure III-4 shows that characteristics of hyperactivity are indeed quite common among students with disabilities. Nearly 40% of elementary and middle school students with disabilities were reported by their teachers to be “easily distracted” on a frequent basis. Similarly, 25% were reported to frequently “act impulsively.” Direct comparisons to the general population of students are not available. Nonetheless, this suggests that problems resulting from distractibility and/or impulsivity may affect the learning of many students with disabilities, regardless of their primary disability designation, which also suggests that interventions focused on hyperactivity should be considered in developing their educational programming.

Internalizing Problem Behaviors

Not every problem behavior that adversely affects student functioning is attention-getting, easily or frequently observed, or directly affects other students in class or school settings. Problem behaviors that primarily affect the individual student are referred to as internalizing problem behaviors. Examples of such behaviors are loneliness, depression, and chronic sadness. Because these behaviors may not disrupt classroom activities, or other students, they may not be noticed by school staff or receive attention. In the long run, internalizing behaviors interfere with learning and social development and thus can be just as limiting as other types of problem behaviors. For example, children who are lonely as students are at risk for loneliness, social isolation, or rejection as adults (Asher, Hymel, & Renshaw, 1984). Other internalizing behaviors, such as extreme shyness, anxieties, and phobias, may inhibit the student’s ability to function in social situations or cause a child to behave in ways that are perceived as odd, selfish, or arrogant. Behaviors perceived as odd and/or avoidant can set the stage for lasting difficulties in social adaptation. Figure III-4 shows that 10% of elementary and middle school students with disabilities nationally were reported to be “lonely” on a frequent basis. Seven percent were reported by

Figure III-4
Teacher Reports of Problem Behaviors, Suspensions, and Expulsions
Among Students Receiving Special Education



their teachers to be frequently “sad.” While far less common than problems related to hyperactivity, internalizing problem behaviors affect a significant number of students with disabilities.

Externalizing Problem Behaviors

Externalizing problem behaviors are those that are most observable and receive the greatest amount of attention from school personnel and the general public. This is because externalizing problem behaviors often present the greatest immediate risk for an individual student, as well as to others in the class or the school. Examples of externalizing problem behaviors include fighting, threatening, defiance, bullying, excessive anger, arguing, theft, vandalism, or drug use. Some externalizing behaviors are considered generally disruptive to the educational process and may lead to referral for special education services, particularly if they are indicative of emotional

disturbance. Other types of externalizing behaviors refer to specific incidents or patterns of incidents that lead to disciplinary actions (discussed below). Over the long term, externalizing problem behaviors are linked to a range of undesirable outcomes such as social maladjustment, school failure, school dropout, and even incarceration. Figure III-4 shows that externalizing problem behaviors are relatively uncommon. Thirteen percent of students with disabilities in elementary and middle school were reported by their teachers to frequently “argue with others,” and 7% were reported to frequently “fight with others.” While not a common characteristic among students with disabilities, externalizing problem behaviors remain an important issue because of their disruptive potential.

Disruptive conduct takes on added significance when coupled with low academic achievement. Poor school performance together with high levels of externalizing behavior and aggressiveness are strongly related to school dropout and other negative outcomes. Cairns and Cairns (1994) identified a group of children who were extremely disruptive and performing poorly in the seventh grade. Eighty-two percent of the males in that group failed to complete the 11th grade. Boys who were extreme on one dimension but not on the other (i.e., high aggression or low academic performance) were much more likely to stay in school than those who exhibited both characteristics. These authors emphasize that it is the configuration of characteristics (i.e., low school performance plus aggressive behavior), and not single variables (e.g., socioeconomic status or popularity) that lend predictive power to analyses of social behavior.

Disciplinary Actions

Effective behavior management is considered an essential ingredient of effective schools and teaching, but it is a challenge for many American schools (Bos & Vaughn, 1994; Leone et al., 2000). The characteristics of effective behavior management include a school-wide approach with clear expectations, policies, and behavior management practices. In the classroom, teachers use a variety of approaches to direct and shape behavior, such as classroom rules, token economies, and seating arrangements (Epanchin, Townsend, & Stoddard, 1994; Kameenui & Darch, 1995; Walker & Horner, 1996; Woolery, Bailey, & Sugai, 1988). When incidents occur outside the classroom, misconduct can be addressed through parent conferences, behavior contracts, functional behavioral assessments, and behavior management plans. However, in cases where events or behaviors are considered serious violations, schools use the mechanisms of “in school” and “out of school” suspensions to seek improved behavior. In cases of extreme violations, schools expel students. In the case of students with disabilities, there has been a long-standing tension between the school’s efforts to maintain school safety and discipline and the student’s right to appropriate, free public education under IDEA. In general, IDEA limits the use of suspensions to 10 consecutive days in a school year. To exceed the

10-day suspension limit, an IEP team meeting must first be held to determine if the behavior was disability related, and an evaluation of any proposed change in placement must be conducted.

According to parents, 14% of students with disabilities in elementary and middle school had been expelled or suspended at some point in their school careers. In addition, 8% had been suspended during the most recent school year. The U.S. General Accounting Office (2001) reports that special education students have more than three times the number of serious misconduct incidents per 1,000 students than the proportion reported for students in general education. Most of the students who engage in serious misconduct face out-of-school suspension (GAO, 2001).

Differences in Problem Behaviors and Disciplinary Actions by Disability Category

Table III-6 depicts teacher ratings of problem behaviors by student disability category. There is diversity across disability categories, and a number of students in each category are reported to engage in each of the problem behaviors in the “very often” category. However, it is reasonable to expect problem behaviors to be more common among students whose disabilities include behavior as a diagnostic and eligibility criterion. Table III-6 illustrates that students with ED indeed stand out in comparison to peers with other disabilities. While this general relationship is not surprising, the magnitude is cause for concern. Students with ED were reported more likely to frequently engage in externalizing problem behaviors (fighting-24%, arguing-40%) than other students. By contrast, fewer than 10% of students in all other disability categories were reported to “fight with others” frequently, and fewer than 18% were reported to frequently “argue with others.” This is consistent with the association of such externalizing behavior with ED. However, students with ED also stand apart from their peers in both internalizing and hyperactivity problem behaviors. For example, 18% of students with ED were reported to be “lonely” or “sad and depressed.” Rates for these behaviors were lower for students in all other categories. For example, reports of frequent “sadness or depression” ranged from 8% (students with multiple disabilities) to 3% (students with visual impairments). A similar pattern is evident among hyperactivity-related problem behaviors: 60% of students with ED were reported to be “easily distracted” on a frequent basis, and 50% were reported to frequently “act impulsively.” Students with autism were reported to have similar rates of hyperactivity-related problem behaviors. Rates for students in other disability categories were also high, ranging from 27% to 40% for “distractibility” and 19% to 30% for “impulsivity.” This illustrates that problem behaviors of all types affect students across the disability spectrum, but that they are

Table III-6
Teacher Ratings of Problem Behaviors, by Disability Category

	Specific learning disability	Speech/ language impairment	Mental retardation	Emotional disturbance	Hearing impairment	Visual impairment	Orthopedic impairment	Other health impairment	Autism	Traumatic brain injury	Multiple disabilities	Deaf-blindness
Fights with others												
Never	55.5	62.0	47.7	21.5	59.2	57.2	69.6	53.5	57.0	54.8	47.2	100.0
Sometimes	39.4	32.6	43.9	55.0	35.2	38.0	25.0	37.9	37.1	36.0	44.3	
Very Often	5.1	5.5	8.4	23.5	5.6	4.8	5.4	8.6	6.0	9.2	8.5	
Argues with others												
Never	36.6	44.2	28.8	11.0	36.2	41.0	48.6	35.6	39.6	37.2	34.1	58.4
Sometimes	51.8	47.4	54.2	48.8	53.8	48.7	38.9	50.2	49.8	49.6	51.8	28.2
Very Often	11.6	8.4	17.0	40.2	9.9	10.3	12.5	14.2	10.6	13.3	14.1	13.3
Appears lonely												
Never	56.2	56.4	46.4	28.2	50.2	49.0	51.4	39.7	42.4	43.1	48.2	59.4
Sometimes	34.8	34.5	44.5	53.5	42.7	43.9	39.4	47.7	43.8	50.6	43.5	28.8
Very Often	9.0	9.1	9.1	18.3	7.1	7.1	9.1	12.6	13.8	6.4	8.3	11.9
Acts sad or depressed												
Never	58.2	60.6	46.2	23.7	54.4	57.8	54.9	47.0	46.1	46.4	44.4	56.3
Sometimes	36.1	33.0	46.8	58.2	41.7	39.2	41.5	45.9	50.9	47.1	47.8	43.7
Very Often	5.8	6.4	7.0	18.1	3.9	3.0	3.6	7.1	3.1	6.5	7.8	0
Gets easily distracted												
Never	8.2	17.1	5.1	3.1	16.2	18.9	13.1	6.4	2.2	10.3	2.9	13.5
Sometimes	53.3	54.8	46.0	37.4	50.8	53.9	46.1	41.4	35.1	41.9	38.4	43.1
Very Often	38.6	28.1	48.9	59.5	32.9	27.2	40.9	52.1	62.7	47.8	58.8	43.5
Acts impulsively												
Never	34.9	41.9	23.3	12.6	38.6	35.2	37.8	24.0	14.4	25.6	21.3	59.9
Sometimes	42.4	38.7	44.5	37.9	37.7	44.2	42.0	45.2	40.5	34.2	39.4	17.4
Very Often	22.6	19.5	32.2	49.5	23.7	20.6	20.2	30.8	45.2	40.2	39.3	22.7
Unweighted N	664	550	588	496	511	428	563	457	646	207	392	13

particularly acute for students with ED. This is expected since the criteria for ED include these types of behaviors and stipulate that the student's impairment must not be due to other factors (see 34 CFR 300.7).

Table III-7 reveals a similar pattern of parent reports of disciplinary actions by student disability. While students in all categories are suspended, students with ED are suspended far more frequently. For example, nearly 50% of students with ED in elementary and middle school had been suspended or expelled at some time in their school careers. Students with learning disabilities (16%), mental retardation (17%), other health impairments (17%) and traumatic brain injuries (15%) all had been suspended at rates above the general population but still far below that of peers with emotional disturbance. Similarly, nearly 31% of students with ED were reported to have been suspended in their most recent school year—nearly three times the rates of the next most common category (other health impairments).

It is important to evaluate the long-term effects of these disciplinary actions in the domains of achievement, social development, and school completion. SEELS, as well as other OSEP longitudinal studies, will be able to provide information to address this important question.

Differences in Problem Behaviors and Disciplinary Actions by Demographics

Age. Several trends emerge in preliminary analyses across age groups (see Tables III-8 and III-9). It appears that externalizing behaviors, such as fighting and arguing, increase with age, while internalizing behaviors, such as feeling lonely or sad, decline somewhat across age groups. Somewhat surprisingly, distractibility appears to increase with age. Age has a clear impact on suspensions and expulsions, with substantial increases observed on these measures based on age of the student. Two caveats need to be kept in mind about these analyses. First, the data are cross-sectional and not longitudinal. To clearly establish age trends and to identify the persistence of conduct over time, sequential data are required. SEELS is designed to provide such data, which will be available in later reports. Second, there are potential differences in the age at which students are identified for special education, and youth with behavioral problems (ED) as a primary diagnosis tend to be older than children with other disabilities. It will be interesting to follow these students into adolescence and explore further the relationship of age to social functioning and problem behaviors.

Table III-7
Parent Reports of Suspensions and Expulsions, by Disability Category

	Specific learning disability	Speech/language impairment	Mental retardation	Emotional disturbance	Hearing impairment	Visual impairment	Orthopedic impairment	Other health impairment	Autism	Traumatic brain injury	Multiple disabilities	Deaf-blindness
Ever Suspended/expelled	15.5	5.3	16.9	48.6	7.9	4.7	6.5	17.2	6.7	15.4	13.8	3.8
Unweighted <i>N</i>	1,041	831	858	858	1,019	802	977	922	1,096	359	837	49
Suspended this year	8.1	2.4	10.2	30.6	4.5	3.0	3.5	12.1	4.7	9.6	9.0	3.8
Unweighted <i>N</i>	1,004	818	827	779	1,001	796	963	918	1,095	352	836	49
Expelled this year	0.7	0.4	1.8	3.0	0.0	0.0	0.7	1.3	0.6	0.8	1.1	0.0
Unweighted <i>N</i>	1,033	829	850	840	1,016	801	972	921	1,095	359	837	49

Source: SEELS.

Table III-8
Teacher Ratings of Problem Behaviors, by Age and Gender

	Age		Gender	
	6 to 9	10 to 12	Male	Female
Fights with others				
Never	55.6	54.2	52.2	62.3
Sometimes	37.4	39.2	40.3	32.6
Very Often	7.1	6.6	7.5	5.1
Argues with others				
Never	38.3	35.5	36.0	40.7
Sometimes	49.9	50.9	49.0	50.4
Very Often	11.8	13.6	15.0	8.9
Appears lonely				
Never	53.9	50.8	53.6	50.1
Sometimes	36.8	38.6	35.9	41.6
Very Often	9.4	10.7	10.5	8.3
Acts sad or depressed				
Never	55.3	53.8	57.1	49.2
Sometimes	38.1	39.1	35.7	44.5
Very Often	6.7	7.2	7.2	6.3
Gets easily distracted				
Never	11.5	9.6	8.1	15.1
Sometimes	49.6	52.4	47.9	56.2
Very Often	38.9	38.0	44.0	28.7
Acts impulsively				
Never	34.4	33.6	27.4	46.2
Sometimes	39.9	42.4	43.3	37.8
Very Often	25.7	23.9	29.3	15.9
Unweighted N	3,036	2,304	2,887	1,489

Gender. Gender is an important variable in social behavior and development. It is related both to the types and frequencies of behaviors exhibited at particular development stages. Importantly, there is evidence of different behavioral expectations for boys and girls. In regard to problem behaviors, previous research suggests that males are more likely to engage in externalizing and hyperactivity-related problem behaviors, while girls are more likely to be “sad or depressed” (Clark, Hanno, & Kellam, 2000; Morgan, 1991; Ruble & Martin, 1998; Versi, 1995). Table III-8 generally suggests that this pattern applies to students with disabilities as well. However, the differences are not as large as one might expect. While boys are more likely to often “argue with others” and to “fight with others,” the differences are modest.

Table III-9
Parent Ratings of Suspensions and Expulsions, by Age and Gender

	Age		Gender	
	6 to 9	10 to 12	Male	Female
Ever Suspended/expelled	6.7	16.6	17.7	6.0
Unweighted N	2,493	1,900	6,290	3,237
Suspended this year	3.5	10.3	10.0	3.3
Unweighted N	2,474	1,844	6,129	3,211
Expelled this year	.1	1.4	1.0	0.7
Unweighted N	2,490	1,887	6,249	3,235

Source: SEELS.

Household income. Education-related research frequently finds that family background, particularly socioeconomic status, is related to a host of important outcomes such as achievement, school completion, etc. (Cairns & Cairns, 1994). Child health, family stability, in-home support for learning, high expectations, and the stresses of poverty are among the reasons cited for these findings. Table III-10 shows that this relationship applies for all three categories of problem behaviors, as well as for disciplinary actions. For example, students from families with incomes of less than \$25,000 were significantly more likely “to fight with others” frequently (11% vs. 3%) and “to argue with others” (18% vs. 10%) in comparison to peers from families whose incomes exceeded \$50,000. The income pattern also applies to “loneliness,” “distractibility,” and “impulsivity.” The size of this discrepancy is even larger in reported disciplinary actions. Twenty-one percent of students with disabilities from lower income households had been suspended or expelled at some point in their school careers, compared to just 7% of students from higher income households.

Race/ethnicity. Student ethnic background has been an important policy issue in special education for decades. These debates have focused on a number of issues, including the overrepresentation of minority students in specific disability categories, validity of assessments, culturally sensitive and informed instruction, as well as differences in outcomes achieved across ethnic groups. Table III-10 illustrates that there is considerable variation in reports of problem behaviors across ethnic groups. African American students and Native American students were reported to engage more frequently in externalizing and hyperactivity-related problem behaviors. For example, 13% of African American students with disabilities were reported “to fight with others” frequently in comparison to 0.5% of Asian students and 5% of Hispanic students. There are also significant differences in the rates at which students from different ethnic groups receive disciplinary actions, according to their

Table III-10
Teacher Ratings of Problem Behaviors, Suspensions, and Expulsions, by Income and Ethnicity

	Income			Race/ethnicity				
	<= \$25,000	\$25,001 to \$50,000	> \$50,000	White	African American	Hispanic	Asian/Pacific Islander	American Indian/Alaska Native
Fights with others								
Never	42.4	58.8	66.9	59.2	40.0	57.7	56.3	42.5
Sometimes	47.1	36.9	29.6	35.3	47.3	36.9	43.1	45.2
Very Often	10.5	4.3	3.4	5.6	12.7	5.3	0.5	12.3
Argues with others								
Never	27.0	41.3	47.2	40.8	19.7	43.2	50.6	32.3
Sometimes	54.6	49.0	43.3	48.5	58.6	47.4	45.6	45.6
Very Often	18.4	9.7	9.5	10.8	21.7	9.4	3.8	22.1
Appears lonely								
Never	45.6	54.0	57.7	52.6	51.9	55.0	34.4	61.4
Sometimes	44.2	33.8	34.9	37.5	36.8	39.1	52.2	33.6
Very Often	10.1	12.2	7.4	9.9	11.3	5.9	13.5	5.0
Acts sad or depressed								
Never	44.9	57.8	62.2	57.7	45.1	57.3	23.5	57.9
Sometimes	45.7	35.6	35.4	36.5	45.4	36.1	65.7	35.5
Very Often	9.4	6.6	2.4	5.8	9.5	6.6	10.9	6.6
Gets easily distracted								
Never	7.4	10.3	16.2	11.6	4.9	13.1	10.8	6.1
Sometimes	46.5	50.7	53.2	52.2	46.7	51.3	62.7	49.1
Very Often	46.1	39.0	30.6	36.3	48.3	35.7	26.5	44.7
Acts impulsively								
Never	29.6	38.2	38.0	35.0	24.3	42.9	20.5	28.2
Sometimes	38.0	40.0	43.5	42.4	41.8	32.1	64.8	41.6
Very Often	32.4	21.8	18.5	22.6	33.9	25.0	14.7	30.1
Unweighted N	1,417	1,199	1,461	3,596	1,025	636	94	41
Ever Suspended/expelled								
Unweighted N	21.1	9.5	6.7	10.0	28.1	12.5	0.6	21.9
Unweighted N	3,439	2,449	2,972	6,043	2,035	1,205	205	61
Suspended this year								
Unweighted N	10.9	7.5	4.4	5.5	15.9	7.0	0.3	2.6
Unweighted N	3,326	2,447	2,944	5,921	1,969	1,186	205	58
Expelled this year								
Unweighted N	1.6	0.3	0.5	0.5	2.4	0.1	0.0	0.0
Unweighted N	3,412	2,448	2,969	6,013	2,020	1,204	205	60

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Source: SEELS.

teachers. For example, 28% of African American elementary and middle school students with disabilities had been suspended or expelled at some point during their school careers, and 16% had been suspended in their most recent school year. These rates are significantly higher than those for White students (10%), Hispanic students (13%), and Asian students (0.6%). Unfortunately, SEELS does not have data on the specific reasons for these disciplinary actions, which would allow further evaluation of these numbers. However, the finding of highly elevated suspension rates parallels reports for African American students in the general population (NCES, 1997).

Conclusion

Social development is a key outcome for many students with disabilities, and concerns about school safety and discipline generally have been increasing in recent years. Parent and teacher reports on social adjustment and problem behaviors from SEELS Wave 1 illustrate considerable diversity of these complex phenomena. Teachers and parents concur that the majority of students with disabilities have average to above average social skills. However, many students with disabilities also engage in problem behaviors, particularly related to hyperactivity. Attention-getting, problem-externalizing behaviors were relatively uncommon for students with disabilities as a whole, but these behaviors were more commonly reported for African American students, students with ED, or those with lower family incomes. These students were also far more likely than other students with disabilities to receive disciplinary actions such as suspensions. While generally consistent with other reports, the size of the discrepancy in disciplinary actions between students with ED and other students with disabilities was unexpectedly large and represents elevated risk for poor outcomes as these students mature. It will be particularly informative to learn about the continued social development of SEELS students as they enter middle and high school and to explore the relationship of prosocial and problem behavior to other indices of student success.

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Educational Environments for Students With Disabilities

The Individuals with Disabilities Education Act (IDEA) mandates that all students with disabilities be served in the least restrictive environment (LRE). The Act requires that “to the maximum extent appropriate, children with disabilities . . . are educated with children who are not disabled; and . . . removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily” (§612(a)(5)(A)). This goal has been accomplished in part by the continuum of placements available to students with disabilities. These provisions for LRE and a continuum of placements are sometimes a source of contention among parents and educators.

Students with disabilities receive services in a variety of educational settings. While some students spend the majority of the school day in regular education classrooms with their nondisabled peers, others are served in separate classrooms or facilities that serve only students with disabilities. Some advocacy organizations, such as the Association for Persons With Severe Handicaps (TASH) and Schools Are For Everyone (SAFE), advocate serving all children with disabilities in the regular classroom. Others, including the Council for Exceptional Children and the Learning Disabilities Association of America, encourage schools to provide a continuum of placements. For example, “many leaders in the field of serious emotional disturbance recommend a full continuum of services to help students who exhibit violent or aggressive behaviors” (*The Discipline Problem*, 2001).

Advocates often suggest that students with a wide range of disabilities, not just those with behavior problems, may benefit from separate classrooms or facilities. For example, some advocacy groups within the deaf community have expressed concerns about whether a fully inclusive classroom in a public school is truly the most appropriate setting for students who have hearing impairments. Their rationale is that the distinct cultural aspects of being educated in separate schools with similar students may offer more benefits than classrooms with nondisabled peers. A study of deaf students suggests that these students benefit from exposure to both types of environments (Wilson, 1997). Research also suggests that a combination of service environments may be beneficial to students with other types of disabilities. For example, Marston (1996) found greater increases in reading achievement among students who received services in both an inclusive classroom and a resource room, compared to students served exclusively in one setting or the other.

This module presents state-reported data on the educational environments in which students receive services and examines the extent to which students with disabilities are educated in settings with their nondisabled peers. The module will explore trends and factors associated with different educational placements, such as age, race or ethnicity, and disability category.

Trends in the Data

In 1999-2000, 95.9% of students with disabilities were served in regular school buildings; of those students, 47.3% were served outside of the regular classroom for less than 21% of the school day. Approximately 3% of students were served in separate facilities; 0.7% of students were served in residential facilities; and 0.5% of students were served in home or hospital settings (see Table AB2). Between 1990-91 and 1999-2000, the number of students receiving special education and related services rose 29.8%. During the same period, the percentage change within each educational environment has varied considerably. The number of students served outside of the regular classroom for less than 21% of the school day increased 87.1%, while the number of students served in public separate facilities and public residential facilities decreased 15.3% and 10.1%, respectively, suggesting a trend toward inclusive environments.

Factors Associated With Different Educational Environments

Age

While progress in serving students in less restrictive settings has continued across all age groups, elementary-aged students are more likely than older students to be served in the regular classroom, with supplementary aids and support services. During the 1999-2000 school year, 56.8% of all students ages 6 through 11 were served outside of the regular classroom for less than 21% of the school day, compared to 38.7% of students ages 12 through 17 and 32.6% of students ages 18 through 21. In some states and outlying areas, the disparity is more pronounced in other environments. For example, more than 20% of students ages 18 through 21 in Michigan, Minnesota, and Utah are served in separate public facilities. In these same states, less than 7% of students ages 6 through 11 and students ages 12 through 17 are served in such environments (see Tables AB3, AB4, and AB5).

Table III-11
**Percentage of Students Ages 6 Through 21 With Disabilities by Race/
 Ethnicity Served in Different Educational Environments: 1999-2000**

Served outside the regular class	American Indian/ Alaska Native	Asian/ Pacific Islander	Black	Hispanic	White
<21% of the day	47.8	46.7	35.3	41.1	52.9
21 to 60% of the day	33.6	26.5	28.4	28.5	28.0
>60% of the day	15.7	22.1	31.0	26.9	15.3
Separate school	1.8	4.1	3.8	2.5	2.8
Residential facility	0.8	0.5	1.0	0.5	0.6
Home/hospital	0.4	0.5	0.5	0.6	0.5

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Race/Ethnicity

During the 1998-99 school year, the Office of Special Education Programs (OSEP) required states and outlying areas to collect data on educational environments by race/ethnicity for the first time. From 1998-99 to 1999-2000, the percentage of students of various racial and ethnic backgrounds served within each environment remained constant. Fifty-three percent of White students, 41.1% of Hispanic students, 35.3% of Black students, 46.7% of Asian or Pacific Islander students, and 47.8% of American Indian or Alaska Native students were served outside the regular classroom less than 21% of the school day. Thirty-one percent of Black students were served outside the regular classroom for more than 60% of the school day, compared to 15.3% of White students and 26.9% of Hispanic students. Approximately 3% of American Indian or Alaska Native students were served outside of the regular school building (see Table III-11). It is possible that the differences in placement by race/ethnicity may reflect the disproportional representation of some minority groups in disability categories that are predominantly served in more restrictive settings. Future examination of race/ethnicity data in both child count and educational environments may provide more information on this trend.

Another way to examine the data on educational environments by race/ethnicity is to compare the racial/ethnic distribution of students in each educational environment to the racial/ethnic distribution of all students with disabilities. Sixty-two percent of all students with disabilities are White (non-Hispanic), 20% are Black

(non-Hispanic), 14.4% are Hispanic, 1.8% are Asian or Pacific Islander, and 1.4% are American Indian or Alaska Native (see Table AB10). While this distribution is similar to the racial/ethnic distribution of students served outside the regular classroom 21 to 60% of the school day, the racial/ethnic distributions of other educational environments differ considerably.

For example, of the students served in parent-initiated private school placements, 81.6% were White, 9.8% were Black, 5.9% were Hispanic, 2.3% were Asian or Pacific Islander, and 0.3% were American Indian or Alaska Native. Forty-six percent of the students served in correctional facilities were Black, 35.4% were White, 15.4% were Hispanic, 1.6% were American Indian or Alaska Native, and 1.2% were Asian or Pacific Islander (see Table AB10).

Disability Category

The number of students placed in particular educational environments continues to vary by disability category. Students with low-incidence disabilities are less likely to spend the majority of their school day in the regular classroom, while the majority of students with learning disabilities and speech language impairments are served in the regular classroom. In 1999-2000, 87.5% of students with speech or language impairments, 45.3% of students with specific learning disabilities, 25.8% of students with emotional disturbance, 14.1% of students with mental retardation, and 11.2% of students with multiple disabilities were served outside the regular classroom less than 21% of the school day (see Table AB2).

The percentage of students with a specific disability within each placement category can also be compared to their representation in the total population of students with disabilities. For example, although students with emotional disturbance represented 8.2% of all students with disabilities in 1999-2000, they represented 4.5% of students placed in the regular classroom and 32.9% of the students placed in public separate facilities (see Table III-12). In contrast, the proportion of students with other health impairments in the total population of students with disabilities is reflected more consistently across the educational environments.

Table III-12
Percentage of Students Ages 6 Through 21 With Disabilities Served in
Different Educational Environments: 1999-2000

Disabilities	1999-2000 school year				
	All students with disabilities	Served outside the regular class			Public separate facility
		<21% of the day	21-60% of the day	>60% of the day	
Specific learning disabilities	50.4	48.3	67.4	39.2	9.9
Speech or language impairments	19.2	35.5	4.6	5.0	2.5
Mental retardation	10.8	3.2	11.3	26.9	23.3
Emotional disturbance	8.2	4.5	6.8	13.3	32.9
Multiple disabilities	2.1	0.5	1.4	4.5	16.8
Hearing impairments	1.3	1.1	0.9	1.5	3.6
Orthopedic impairment	1.3	1.2	1.0	1.7	2.3
Other health impairments	4.5	4.2	5.2	3.8	2.1
Visual impairments	0.5	0.5	0.3	0.4	1.1
Autism	1.2	0.5	0.6	2.9	4.9
Deaf-blindness	0.02	0.01	0.01	0.05	0.2
Traumatic brain injury	0.2	0.2	0.2	0.4	0.3

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Summary

Overall, students with disabilities continue to be served in less restrictive environments, although variation in placement by age, race/ethnicity, and disability continues to occur. Elementary students are more likely to be served in the regular classroom than are secondary students. Students served in separate public facilities are most likely to be those with emotional disturbance, mental retardation, or multiple disabilities.

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Study of State and Local Implementation and Impact of the Individuals With Disabilities Education Act: A View From the Field of District Implementation

Introduction

In 1997, Congress made significant changes to the Individuals with Disabilities Education Act (IDEA), the landmark law that ensured educational equity for children with disabilities. With access to public schools already guaranteed for 6.4 million children with disabilities, the 1997 reauthorization of IDEA set educators' and policymakers' sights on setting higher expectations and improving achievement for these students, as well as on ensuring positive transitions to work or postsecondary education after graduation.

As part of the reauthorization, Congress instructed the Office of Special Education Programs (OSEP) to conduct a national assessment to “examine how well schools, local education agencies, states and other recipients of assistance” were meeting the requirements of the law. OSEP responded by designing two sets of studies: child-outcome longitudinal studies and topic-specific studies. One of the topic-specific studies is a longitudinal policy study, known as the Study of State and Local Implementation and Impact of IDEA (SLIIDEA).

The SLIIDEA study is collecting data over a 5-year period by means of mail surveys at the state, district, and school levels and through focus studies of the implementation of IDEA in selected school districts. The study is designed to combine the strengths of qualitative and quantitative data and to ensure that the data can be generalized to other schools and districts across the country.

This module describes the results of Focus Study I, a qualitative study of district implementation of IDEA with a particular focus on how districts are addressing behavioral issues of children. We present the design and analytic framework for the focus study as well as a summary of focus study findings. The summary of findings is followed by a discussion of demographic and contextual factors affecting implementation.

The Analytic Design of Focus Study I

SLIIDEA's charge is to understand both the implementation and impact of policy changes made in the IDEA Amendments of 1997 at the state, district, and school levels. Implementation research has become especially important in the context of impact evaluation. Program evaluators quickly realized that they could not understand how or why certain results occurred without first understanding how the programs had been implemented. This realization led, in the 1980s and 1990s, to more common coordination between implementation and impact studies over the last 2 decades. SLIIDEA is gathering descriptive data and is using these data to describe and interpret variations in how states and localities have used policies, resources, and practices to achieve the legislative goals.

The Evaluation Questions

The SLIIDEA focus studies were specifically designed to address two goals: (a) to describe IDEA policy implementation over time, and in particular, examine how states, districts, and schools reached the current state of practice with the use of policies and resources (longitudinal component) and (b) to expand and provide in-depth information about one of the congressional issues (topical component). In combination with the state, district, and school surveys, the longitudinal component of the focus studies will address a series of congressionally mandated evaluation questions, looking at how well schools, local education agencies, and states are making progress toward:

- Improving the performance of children with disabilities in general scholastic activities and assessments as compared to nondisabled children;
- Providing for the participation of children with disabilities in the general curriculum;
- Helping children with disabilities make effective transitions from early intervention to preschool, preschool to school, and school to adult life;
- Placing and serving children with disabilities, including minority children, in the least restrictive environment appropriate;
- Preventing children with disabilities, especially those with emotional disturbance or specific learning disabilities, from dropping out of school;
- Addressing behavioral problems of children with disabilities as compared to nondisabled children;

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- Coordinating services provided under IDEA with other educational and pupil services, including preschool and health and social services funded from other sources;
- Providing for the participation of parents in the education of their children with disabilities; and
- Resolving disagreements between education personnel and parents through activities such as mediation.

To study implementation for each of the congressional issues, as well as the expanded topical issue, OSEP developed a set of implementation questions. Two sources of data contribute to answering the questions—surveys and focus studies. These evaluation questions on implementation and impact include:

- How do states, districts, and schools use policies, practices, and resources to serve children and youth with disabilities? What factors influence the use of these policies, practices, and resources? To what extent are states, districts, and schools making progress toward achieving academic outcomes?
- What is the relationship between state policy and practice and district and school policy and practice? Do state policies affect district and school practices, policies, and resources or the process of local change, and if so, how?
- What are the critical and emerging issues in states, districts, and schools?

Design and Data Collection

In Focus Study I, three criteria directed the selection of focus study sites. First, districts were nested in states to understand the relationships between states' policies and resources and local policies and practices. Five states were selected to represent geographic region and diversity of school populations. Up to four districts for each of the five states were recruited into the study. Second, the sampling frame consisted of districts from the full survey sample, excluding districts that had formally declined to participate. And last, the sample was also selected to represent districts that had made little progress toward implementing the 1997 Amendments of IDEA as well as those that had made considerable progress. By studying a range of districts, information about barriers and facilitators to implementation could be examined.

Data were collected via interviews and focus groups with district and school administrators, regular and special education teachers, and parents of students with

and without disabilities. Following each round of site visits, data collectors wrote case study reports, authored jointly and checked for accuracy. All case study reports were imported and indexed using QSR NUD*IST 5.0, a software package designed to facilitate the organization and management of qualitative data.

Analysis Framework

Preliminary coding schemes were developed for each of the nine congressional questions, designed to focus analysis specifically on the key elements of implementation—the policies, practices, and resources used by districts to implement IDEA. “Policies” were defined as legislation, rules and procedures; “practices” as the activities carried out to implement the policy or an activity already implemented by the state or locality; and “resources” as the staff, materials, and training used to implement policies and practices. The coding schemes also took into account the *comprehensiveness* of implementation, analyzing whether policies, resources and practices were in place, and the *consistency* of implementation, analyzing whether the various stakeholders shared similar perspectives on understanding the use of the policies, resources, and practices in use by the state or locality.

In the process of analyzing the site visit data, districts were classified into three categories of implementation. The features of the three categories of implementation follow.

- **Category I:** These districts showed minimal or no evidence of use of implementation tools, inconsistencies between stated policies and actions taken, limited or minimal understanding of policy tools among stakeholder groups, stakeholder frustration or dissatisfaction.
- **Category II:** These districts showed evidence of use of a wider range of implementation tools, inconsistencies between stated policies and activities, inconsistencies across stakeholders on the necessary knowledge base and skills required for implementation, stakeholder frustration or dissatisfaction.
- **Category III:** These districts showed evidence of use of a comprehensive range of implementation tools, consistent relationship between stated policies and activities, consistency across stakeholders on the necessary knowledge base and skills required for implementation, stakeholder satisfaction.

Analysts worked in pairs to score each site on the nine congressional issues as Category I, Category II, or Category III, as well as to provide brief justification for scores. Any discrepancies were resolved via consensus. After scoring, districts *within*

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each category of implementation were compared with respect to contextual and demographic characteristics to determine if any common features might explain observed patterns within an implementation category.

The Limitations

Focus Study I was not designed to collect outcome data on the specific indicators for each congressional question. Rather, the surveys were designed to collect and report on school outcomes.¹ Also, Focus Study I was not designed to collect data on indicators of quality for each of the issues addressed by the congressional questions. The research literature is too fragmented to define such indicators, and guiding principles have not been developed to define model programs, such as with school reform models. Thus, the analysis falls short of establishing a normative standard against which to judge how well districts are performing, beyond characterizing the extent of district implementation.

And last, these three categories of implementation are anticipated to shift over time. As districts continue to address the legislative changes, fewer or more categories may emerge for each of the issues addressed by the congressional questions.

Focus Study I Results

This section describes the results of Focus Study I. It begins with the Focus Study I topical issue, addressing student behavior, and continues by describing results related to six congressional questions.²

Addressing Student Behavior

The 1997 reauthorization of IDEA broadened the authority of school personnel to remove a child with a disability from school for a serious disciplinary violation. Importantly, the 1997 reauthorization moved beyond a narrow focus on discipline by (a) requiring that after certain disciplinary action is taken, if the local education

¹ In traditional impact studies, child and family outcomes are measured. SLIIDEA collects only data on organizational process and outcomes. Thus, SLIIDEA reports on the process of policy implementation of states, districts, and schools. We can describe these standards of practices and profile the variation observed.

² Insufficient data, particularly with respect to consistency across stakeholder perspectives, prevented categorization of districts on the three congressional issues of early childhood transition, secondary transition, and drop-out prevention, and these three issues are not described here.

agency (LEA) did not conduct a functional behavioral assessment and implement a behavioral intervention plan for the child before the behavior that resulted in the disciplinary action, the LEA must convene an individualized education program (IEP) meeting to develop an assessment plan to address the behavior, or if the child already has a behavioral intervention plan, the IEP team must review the plan and modify it as necessary and (b) describing how to determine whether the behavior was a manifestation of the child's disability. If a child with a disability has behavior problems that interfere with his or her learning or the learning of others, the IEP team must consider whether strategies, including positive behavioral interventions and functional behavioral assessments, are needed to address the behavior.

Types and Ranges of Implementation Tools Observed

In analyzing the implementation data for all 17 districts, analysts identified the policies, practices, and resources each district used to address behavioral issues of students with and without disabilities. These implementation tools are described below.

Policies

Both formal and informal policies were available for addressing proactive and reactive approaches to behavioral issues of children. In general, these types of policies focused on the use of positive behavioral supports (PBS)³ and discipline for all students, as well as the use of behavioral IEP goals for students with disabilities. Most often, when districts wrote *proactive* policies for addressing behavioral issues, the districts had established behavioral expectations for the children in the system with the intent of also teaching them the expected behaviors. Proactive policies included the use of character education programs,⁴ use of behavioral assessments, and development of behavioral IEP goals. By setting proactive policies on behavior,

³ In our visits with school districts, we found that the districts and schools used varying principles of Positive Behavioral Interventions and Supports (PBIS), but did not embody the specific model articulated by the OSEP Technical Assistance Center on PBIS. In our report, we use the descriptions used by district and school personnel when describing their behavioral programs, and when available, we describe the principles associated with the behavioral program. Thus, our use of the term, positive behavioral supports (PBS) may be considered imprecise by readers familiar with the PBIS Center.

⁴ Character education programs are designed to help students grow as moral beings and to equip them with the internal resources to act effectively on that desire. Educators need to help them develop a deep regard for themselves and for others, an abiding commitment to the core values of justice and caring, and the resolve to live by and speak up for what they believe while also hearing, understanding, and accommodating the beliefs of others (Schaps, Schaeffer, & McDonnell, 2001).

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the districts had established how they expected children to conduct themselves with the goal of preventing behavior problems. Most often, when districts developed *reactive* approaches to behavior, the policies focused on responses to behavioral issues and inappropriate behaviors exhibited by children. In particular, districts established consequences for inappropriate behaviors. Reactive policies included codes of conduct and suspension and expulsion procedures.

Practices

Districts reported district-wide, school-wide, and classroom-wide practices that were usually, but not always, consistent with existing policies. As with policies, the practices included both proactive and reactive approaches to addressing behavioral issues. More specifically, districts reported on the use of positive behavioral strategies, the incorporation of behavioral goals in the child's IEP, and use of functional assessments. These proactive practices included a variety of behavior management strategies for supporting desirable behaviors, including teaching appropriate behaviors, teaching replacement strategies for children who consistently display inappropriate behaviors, using consequences for inappropriate behaviors, and supporting collaborative planning for teachers. Typical examples included character development programs such as "Make My Day" and "Caught Being Good" targeting specific age groups, rewards for appropriate behavior, anger management classes for select students, and the use of a functional behavioral assessment to identify the source of students' problem behaviors. In addition, districts also reacted to behavioral issues and put in place reactive procedures and practices, such as the use of specific intervention for a crisis and use of in-school and out-of school suspensions and Saturday detentions.

Resources

Resources primarily included training opportunities for school personnel and the hiring of skilled staff, often with specialized training in behavior management. Other resources included written materials offering guidance and opportunities for teachers to collaborate with one another.

Distribution of Sites Across Implementation Categories

With regard to the Focus Study I topical issue of addressing student behavior, analysts categorized the 17 districts into three implementation categories described above. Based upon the comprehensiveness of the district's use of the implementation tools and consistency of perspectives across the stakeholders, three

districts were categorized as Category I, 11 were categorized as Category II, and three were categorized as Category III.

The Category I districts generally took a reactive approach to behavioral management that relied on discipline rather than positive behavioral supports. The response to discipline infractions was toward an individual student and not a plan for the system. These districts did not use or they misunderstood such proactive behavioral measures as PBS and functional behavioral assessments, and few resources were available to support staff development.

Category II districts used a wider range of practices to manage and prevent behavior problems. This range included some schools implementing school behavioral programs, characterized as “character education” programs, as well as districts establishing discipline policies. Individual teachers reported frequently using behavioral management systems as a strategy for classroom management. Some staff development was available to support proactive behavioral measures, yet few staff specialists were consistently available for school staff to access.

Category III districts had a comprehensive range of policies and practices to prevent and manage behavior problems, including codes of conduct and safety plans, handbooks on discipline, and guidelines for conducting functional behavioral assessments. Character development programs also were in evidence. Multiple staff development opportunities and resources, including behavioral experts, were available.

Parent Participation

The changes to IDEA reflect a strengthening of the longstanding Federal commitment to parent involvement in the education of their child with a disability. With the 1997 amendments, Congress has attempted to move this involvement further toward parents and school working together to meet the needs of the child. Changes in the law represent an effort to ensure that school officials consider parents as decision-making partners in providing special education and related services to their child. Congress also has required that parents be more responsive to the public agencies by notifying the agencies about their concerns and intentions.

Types and Ranges of Implementation Tools Observed

Analysts reviewed the policies, practices, resources, and evaluation tools used by districts to encourage parents’ participation in their children’s education. Across all 17 districts, we observed the following:

Policies

Districts reported a range of both formal and informal policies, some that mirrored the procedures spelled out in IDEA and some that went beyond the requirements by offering more explicit guidance on how to encourage parent participation. For example, a district that regularly notified parents of their children's educational progress or of matters related to the scheduling of their IEP conferences was procedurally complying with the law. But a district that required teachers to monitor and record parent contact with phone logs showed how districts can engage parents more aggressively in educational decision making.

Practices

A wide range of practices were available across districts, some targeting all parents and some specifically targeting the parents of children with disabilities. Practices targeting all parents included parent/school communication (such as phone calls, report cards, parent/teacher conferences and "Friday Folders"), volunteer opportunities (such as fundraising or volunteering in the classroom), school functions (such as back-to-school nights and holiday parties), workshops, and opportunities to contribute to school and district-wide decision making. Practices targeting parents of students with disabilities included parent/school communication, involvement in the IEP process, workshops, support networks (including Special Education Parent Advisory Councils and parents of students with disabilities who have received training on how to help other parents understand their rights in IEP meetings), and the opportunity to participate in parent advisory committees.

Resources

Resources available across districts included workshops targeting either parents or educational personnel, printed materials such as handbooks and pamphlets, and funds to support accommodations such as transportation to parent/teacher conferences or scheduling of alternate meeting times to fit parent work or childcare needs. Evaluation tools included surveys of parent satisfaction and tools to monitor parent/school contact.

Distribution of Sites Across Implementation Categories

On the basis of the data collected through the focus study, we can describe three categories of district implementation of the legislative requirements for parent

participation. Six districts were categorized as Category I, six districts were categorized as Category II, and five districts were categorized as Category III.

Most Category I districts had no formal policies to encourage parent participation, either for parents with or without children with disabilities. Nevertheless, teachers reported regular communications with parents on their children's educational progress through report cards or regular notes home. Few opportunities were available for higher level participation, including workshops or district-level decision making. Resources to support parental participation were minimal.

Most Category II districts had informal goals to increase parent participation, and some did not distinguish between parents of children with or without disabilities. The districts often had interactive communications with parents that invited feedback on student progress. The role of parents in the IEP process ranged from superficial to very involved. Workshops and printed material offering guidance to parents of children with disabilities were widely used.

Category III districts were the most aggressive in engaging parents in their children's education. Parents of students with and without disabilities participated in educational workshops and in shared decision-making bodies at the school or district level. Parents of students with disabilities often participated in support and advocacy groups.

Curricular Access and Placement in the Least Restrictive Environment

P.L. 94-142 required students with disabilities to be educated with their nondisabled peers to the maximum extent appropriate and prohibited the removal of students with disabilities from regular education environments except when the nature or severity of the disability was such that education in the regular classes could not be achieved satisfactorily. With the reauthorization of IDEA in 1997, the law maintained its commitment to educating students with disabilities in the least restrictive environment, particularly for minority students.

In addition, however, the law now required that students with disabilities be provided access to the general education curriculum, with a particular emphasis on supplementary aids and services. In the regulations finalized by the U.S. Department of Education in 1998 at 34 CFR 300.347(a)(1)(i), the general education curriculum is defined as "the same curriculum as for nondisabled children" (p. 98). Thus, students with disabilities continued to be educated alongside their nondisabled peers when appropriate, but they were also taught the same material and held to the same

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standards as their nondisabled peers, whether or not they were being educated in the same setting.

Types and Ranges of Implementation Tools Observed

Among the 17 districts, a variety of policies, practices, and resources were identified to support access to the general education curriculum by students with disabilities. Respondents did not distinguish between least restrictive environment and curricular access, and thus the findings combine the two congressional interests.

Policies

The policy elements described by districts were: (a) a commitment to providing students with disabilities access to the general education curriculum, most often defined as teaching the general education content and using the same materials; (b) having the IEP team determine the modifications needed to make curricular access possible for individual students; (c) having the same expectations for academic achievement for students with and without disabilities; and (d) using the state content standards as the general curriculum.

Practices

Districts described a range of practices reflecting their efforts to provide students with disabilities access to the general curriculum and placement in the least restrictive environment. Practices included the following: providing a range of placement options, teaching students with and without disabilities the same content and using the same materials, providing instructional modifications as needed, encouraging and supporting collaboration among teachers in general education and special education, and improving the abilities of all teachers to address the individual needs of students.

Resources

The resources used most frequently were professional development activities for administrators and teachers and additional support staff such as instructional aides. SEAs and districts provided the professional development activities, which were attended by both general and special education staff. Topics relative to curricular access and LRE included co-teaching, differentiated instruction, and teaching heterogeneous groups.

Distribution of Sites Across Implementation Categories

On the basis of the data collected through the focus study, we defined three categories of district implementation of the legislative requirements for access to the general education curriculum and LRE. Among the 17 districts, three were categorized as Category I, nine as Category II, and five as Category III.

Category I districts offered either (1) a continuum of services, but with placement options that were generally restrictive, or (2) full inclusion with a restrictive range of placements. Policies on access to the general education curriculum were generally not clear or did not offer individualized means for students with disabilities to gain curricular access. Usually students with disabilities were not expected to meet the same academic standards as students without disabilities.

Category II districts offered a continuum of least restrictive environment (LRE) placements for students with disabilities. These students usually were taught the same content as students without disabilities and were provided with instructional modifications if necessary. Professional development was available for special education and general education staff. Few policies or range of resources were made available to schools.

Category III districts provided a continuum of LRE placement options for students, with IEP teams determining the best placement. The districts taught the same content to students with and without disabilities and provided instructional supports and modifications as determined by the IEP team. Expectations were the same for all students. Teachers had assistance from support staff, including school psychologists and instructional aides.

Including Children With Disabilities in Accountability Systems

The IDEA Amendments of 1997 require states to establish goals for the academic performance of children with disabilities and develop indicators to judge children's progress. The goals and indicators must be consistent, to the maximum extent appropriate, with the goals and standards for all children in the state. In addition, every 2 years the state must report to the Department of Education and to the public on progress toward meeting the established goals.

The amendments also address, for the first time, the inclusion of children with disabilities in state, local, and school accountability measures. Students with disabilities are to be included in general state and district-wide assessment programs with necessary accommodations, although some students with significant disabilities

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may participate in alternate assessments. Parents of students with disabilities must receive school reports on their child's progress at the same rate as their nondisabled peers. Finally, the IEP team must consider assessment results when developing each child's IEP, and states, districts, and schools must report on the participation and scholastic performance of students with disabilities on state and district-wide assessments.

Types and Ranges of Implementation Tools Observed

The following implementation tools were identified based on a review of the descriptions of implementation from all 17 districts.

Policies

The core policy elements regarding participation of students with disabilities in assessments were, first and most important, that students with disabilities were expected to participate in the same assessments as students without disabilities. Additional policy elements supported providing assessment accommodations and alternate assessments as needed and reporting achievement scores of students with disabilities in disaggregated form even if they were also reported in aggregated form. While most districts did not describe formal policies concerning assessments, the described practices revealed implicit policies.

Practices

Specific practices paralleled the policy elements and included full participation of students with disabilities in assessments, provision of accommodations, provision of alternate assessments and disaggregated reporting of scores.

Resources

Resources, when described, most often consisted of training activities and availability of support staff.

Distribution of Sites Across Implementation Categories

On the basis of the data collected through the focus study, we could define three categories of district implementation of the legislative requirements for inclusion of

students with disabilities in accountability measures. Among the 17 districts, six were categorized as Category I, eight as Category II, and three as Category III.

All Category I districts provided a range of assessment accommodations to students with disabilities such as setting, timing/scheduling, presentation, and response accommodations. The districts, however, did not use alternate assessments for students with more severe disabilities. Reported scores were not disaggregated for students with disabilities.

Category II districts required students with disabilities to participate in assessments. Students were supported by accommodations and alternate assessments; staff was supported by professional development and by assistants with expertise.

Category III districts ensured that all students were included in state and district assessments. The students received a full range of accommodations as determined by the IEP team. Alternate assessments were available for those students with severe disabilities.

Factors Affecting the Progress of District Implementation

Certain themes were apparent among districts within each implementation category. In general, similarities were most apparent on socio-economic and demographic factors for Category I and III districts. These districts also appeared to be influenced by state and historical influences. Fewer similarities were apparent in contextual factors among Category II districts. Examples of the demographic and contextual factors contributing to the progress of the Category I and III districts are presented below.

Category I Districts

Minority Students and Poverty

Two of the demographic similarities evident in the Category I districts were minority status and poverty. In the districts that most often were classified Category I across the issues studied, medium to high percentages of students were minorities. Similarly, medium to high percentages of students also received free and reduced-price lunches.

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Serving high percentages of students who are minorities and living in poverty places demands on districts (National Research Council, 2002). As noted below, just as Category III districts were able to focus on instructional goals without the distractions of coping with students who had outside pressures, Category I districts had less time to focus on instructional goals. Students living in poverty often come to school with more educational, social, and emotional needs. They may present more challenges to districts because they often come from homes where one or both parents are not present, or they may be distracted from learning because they come to school hungry. Also, reaching out to parents of these students presents additional challenges to districts because the parents are working two or more jobs, or possibly had endured unsatisfactory schooling experiences.

State Support

Category I district administrators reported general dissatisfaction with state support across all the issues we studied. In the area of access, all the Category I districts indicated dissatisfaction with state support; four of the six districts indicated dissatisfaction on state support for parent participation issues; and two of three districts indicated dissatisfaction with support with behavior issues. It was apparent that these districts were waiting for direction from the state, and their schools were waiting for direction from them.

Category III Districts

Poverty

All the districts classified as Category III on behavior, parent participation, access to the general education curriculum, and accountability had few students living in poverty.

It is likely that students from higher income families in these districts had fewer social challenges than students living in poverty, and therefore they may present fewer significant behavior problems to schools. Therefore, the Category III districts, which were consistent about preventing behavioral issues, may have been the ones that had the most time to concentrate on providing these services because they were least challenged on a day-to-day basis.

Wealthier Category III districts may also have had better access to resources that allowed them to be more consistent about applying policy tools that benefited students with disabilities. Their property tax base was higher, so these districts could

afford to offer better salaries and professional development activities for teachers and staff. Better trained staff had access to newer methods and more time to keep up with research. As a consequence, there was more evidence in these districts of all the things that allow them to offer a coherent approach to policy implementation.

In addition, parent participation in Category III districts could have been influenced by parents' income levels. Parents from higher income brackets, for example, typically have had better lifelong experiences with schools and therefore are more motivated and better equipped to play a role in their children's education. The converse is that low-income parents are typically more intimidated by schools—sometimes because they do not receive the same attention and respect from school officials as higher income parents.

Size

All of the districts classified as Category III on the issues of access, parent participation, accountability, and behavior were small, each with fewer than 10,000 students. It is possible that these districts were more consistently using implementation tools benefiting students with disabilities because their attention was less fragmented. Perhaps these districts could attend more effectively to use of a comprehensive set of implementation tools because they were less overwhelmed than districts serving large numbers of students.

The data also suggest that their small size gave these districts the ability to individualize services. With time to familiarize themselves with student needs, district educators might have had more incentive to use the full range of implementation tools available to them.

Suburban

Although all but two of the districts in the study sample were classified suburban rather than urban, it might nevertheless be noteworthy that in virtually every issue area, all the Category III schools were suburban. The only exception was an urban district that was classified as Category III on parent participation.

Role of the State

In each of the areas of interest, most of the Category III districts were in the Northeast. Specifically, every district classified as Category III in assessment, access,

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and behavior was in the Northeast as were four of the five districts in parent participation.

The pattern could suggest that states with historic commitments to implementation efforts for educating students with disabilities have had an important influence on the comprehensiveness of district policies, practices, and resources.

The first of these two states passed legislation concerning the education of students with disabilities in 1972; their law served as a model for the Federal Education for the Handicapped Act (EHA) passed in 1975. Since the 1970s, then, this state has required districts to educate students with disabilities in the least restrictive environment, which was often a general education classroom. In 1993, the state's comprehensive education reform act went further and emphasized that special education must be consistent with curriculum frameworks and that children with disabilities would continue to be integrated into the general education curriculum.

The second of these two states does not have a long history of special education reform, but its longtime commitment to high-stakes statewide testing seems to have had an impact on more recent state education reforms on access issues. The state has administered statewide tests for over 100 years, and since 1977, students have been required to take the statewide tests as a condition for high school graduation. So, the state has had a culture that accepts high-stakes testing as an expected and serious part of the school experience.

Summary

In sum, Category I districts were most likely to show similarities in race and poverty. These districts often had medium to high percentages of minority students and medium to high percentages of students living in poverty. Serving high percentages of students who are minorities and living in poverty places demands on districts, making it more difficult for them to focus on instructional issues.

Also, these districts registered less satisfaction than Category III districts with the state's leadership and support on issues relating to serving students with disabilities. It is likely that the districts' own weaknesses made them more dependent on state support than Category III districts, which were able to rely on their own internal resources and therefore were less dependent on state guidance.

Category III districts were more likely to have fewer students living in poverty, be smaller in size, and be suburban. Most also were located in the Northeast, where

there have been historic commitments to educating students with disabilities. The pattern could suggest that states with historic commitments to implementation efforts for educating students with disabilities have had an important influence on the comprehensiveness of district policies, practices, and resources.

The patterns observed in Category I and III district suggest intriguing possibilities for further research into the importance of demographic issues and the roles of states in determining the use and nature of districts' policies, practices, and resources relating to students with disabilities.

Reference

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