

Archived Information

II. STUDENT CHARACTERISTICS

**Characteristics of Children and Families Entering Early
Intervention**

Preschoolers Served Under IDEA

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Characteristics of Children and Families Entering Early Intervention

In 1999-2000, 205,769 children and their families in the United States received early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). This figure represents 1.8 percent of the nation's infants and toddlers, according to July 2000 population estimates from the U.S. Census Bureau. What do we know about these children and their families?

To answer this question, the Office of Special Education Programs (OSEP) commissioned the National Early Intervention Longitudinal Study (NEILS). NEILS is following a nationally representative sample of 3,338 infants and toddlers who received early intervention services for the first time between September 1997 and November 1998. Information is being collected repeatedly on these children and their families throughout the early intervention years and then again when the children enter kindergarten. Data from NEILS will play a key role in efforts to improve early intervention services and results for infants and toddlers with disabilities.

Some descriptive information about the characteristics of children and families receiving early intervention was presented in the 22nd *Annual Report to Congress*. Briefly, these initial findings indicated that the average age of the child at the time of the first individualized family service plan (IFSP) was 17.1 months.¹ Most children (64 percent) were eligible for early intervention because of a developmental delay, and these children were most likely to begin early intervention after 21 months of age.

One of the primary reasons for eligibility for service among the youngest children were reasons related to their birth histories. Around 40 percent of the children who began early intervention at 12 months of age or less needed services for reasons related to prenatal/perinatal abnormalities. Among older children, a speech or communication problem was the most frequent reason for receipt of early intervention services.

NEILS data indicate that boys made up 61 percent of the early intervention population and 65 percent of those with developmental delays. The largest racial/ethnic group in the early intervention population was white (56 percent),

¹ All data presented here are weighted to represent the national population of infants and toddlers entering early intervention.

followed by black (21 percent), Hispanic (15 percent), and Asian/Pacific Islander (5 percent). These figures differ somewhat from the State-reported data for 1999-2000, which are reported in table AH7. States reported that 60.7 percent of the Part C population was white, 18.0 percent was black, 16.5 percent was Hispanic, 3.6 percent was Asian/Pacific Islander, and 1.2 percent was American Indian/Alaska Native.² NEILS data also suggest that children in foster care were substantially overrepresented among those in early intervention. Seven percent of the children entering early intervention were in foster care, a rate about 10 times greater than that of the general population (U.S. Department of Health and Human Services, 1998).

This module provides a more detailed description of the children in early intervention based on new data available from NEILS. The module includes data describing the nature of these children's disabilities and their birth histories, health status, and behaviors. The text also includes descriptive demographic data on the children and their families, including family size, structure, and socioeconomic status. The data presented in this report are based on a telephone interview ($N=3,000$) which was conducted with a family member³ within the first few months after the child and family started early intervention services.

Child Characteristics

Child Functioning

To further explore the nature of the abilities and disabilities of children receiving early intervention services, parents were asked a series of questions about various aspects of their child's functioning, including vision, hearing, mobility, and communication. These results are shown in table II-1. Very few parents reported that their child had a lot of trouble seeing or hearing (8 percent and 9 percent, respectively). A hearing aid or other hearing device had been prescribed for 2 percent, and glasses had been prescribed for 2 percent. One-fourth of the children in early intervention were reported as having at least some difficulty with their hands and arms; 7 percent had a lot of trouble or no use of their hands and arms. Similarly, 26 percent of the children in early intervention were reported as having at least some

² For a number of reasons, the State-reported data are expected to differ from the NEILS data. Because collection of race/ethnicity data at the State level has taken place only for the past 2 years and several States have missing data, the race/ethnicity figures must be interpreted with caution. In addition, NEILS is a sample survey, and the sample was not drawn from all 50 States. The States report population data rather than sample data.

³ The adult best able to talk about each child and his/her early intervention experiences was the respondent for the telephone interview; the vast majority were the child's biological, adoptive, or foster mother (90 percent), and respondents are referred to as parents here.

Table II-1
Functional Characteristics of Children Entering Early Intervention
as Reported by Caregivers

	Percent
Diagnosed hearing problem	
Yes	9
No	91
Diagnosed vision problem	
Yes	8
No	92
Use of arms and hands	
Uses both normally	75
Has a little trouble	18
Has a lot of trouble	6
No use of one or both	1
Use of legs and feet	
Uses both normally	73
Has a little trouble	19
Has a lot of trouble	7
No use of one or both	1
How well does child make needs known	
Communicates just as well as other children	30
Has a little trouble communicating	41
Has a lot of trouble communicating	25
Doesn't communicate at all	4
When child talks to people s/he doesn't know, child is*	
Very easy to understand	12
Fairly easy to understand	22
Somewhat hard to understand	38
Very hard to understand	28

Note: Only asked if child used words to communicate.

Source: National Early Intervention Longitudinal Study.

trouble with their legs or feet, while 8 percent had a lot of trouble or no use of one or both legs or feet. Eleven percent of those with a lot of trouble or no use of their legs or feet entered early intervention using some kind of equipment to help them get around.

Substantially greater numbers of infants and toddlers were reported as having trouble communicating. Only 30 percent of the children were seen as communicating their needs as well as other children, and 41 percent were reported to have a little trouble communicating. One-fourth of the children were reported as having a lot of trouble

with communication, and 4 percent did not communicate at all. Parents were also asked about how easy the child is to understand when talking to people he or she doesn't know. Two-thirds of the children were described as somewhat or very hard to understand.

The parent reports were consistent with provider reports on the reasons children were eligible for early intervention. Many different conditions, delays, and disabilities were represented among the population of children entering early intervention, with any one particular difficulty being reported for only a small proportion of the children. The notable exception was difficulty in the area of speech and communication, which characterized a fairly large proportion of those entering early intervention. This was especially true of those over 24 months of age. Children with communication delays might be those who respond well to early intervention and require few or no services in future years. Alternatively, communication delays could be an early marker of other serious developmental problems such as cognitive delays. Additional NEILS data in forthcoming years will provide information on the results these children experience.

Birth History

Because low birth weight⁴ is often associated with developmental difficulties, it is not surprising to find that a substantial portion of children in early intervention were not of normal birth weight. Nearly one-third of the children in early intervention (32 percent) were low birth weight (see table II-2), compared with 7.5 percent of the general population. One in six children (17 percent) receiving early intervention were very low birth weight, compared with 1 percent of the general population (Ventura, Martin, Curtin, & Matthews, 1999).

Very low birth weight places an infant at even greater risk of serious medical and developmental problems (Botting, Powls, Cooke, & Marlow, 1998). Among the children receiving early intervention there was a high incidence of children of very low birth weight in all racial/ethnic groups, but the proportions differed by race/ethnicity. Black infants were most likely to be of very low birth weight; 31 percent of black babies in early intervention were very low birth weight.

Black babies are also more likely to be low birth weight in the general population. The ratio of black to white infants of low birth weight is similar for both the general and early intervention populations; slightly more than 2.5 times as many black babies

⁴ Children who are born weighing less than 2,500 grams are termed "low birth weight," and those weighing less than 1,500 grams are referred to as "very low birth weight."

Table II-2
Birth Histories of Children Entering Early Intervention

	Percent
Birth weight	
Less than 1000 grams	10
1000 to 1499 grams	7
1500 to 2499 grams	15
2500 grams or more	68
Percentage of babies from each ethnic group under 1500 grams	
White	12
Black	31
Hispanic	16
Asian/Pacific Islander	13
Mixed or Other	18
Stayed in neonatal intensive care unit after birth	
Yes	37
No	59
Don't know	4
Stayed in hospital after birth because of medical problems	
No	55
1 to 4 days	6
5 to 14 days	12
15 to 30 days	7
31 or more	19

Source: National Early Intervention Longitudinal Study.

as white babies were born of low birth weight in both groups (2.6 for those in early intervention vs. 2.8 for the general population). Hispanic babies in early intervention were 1.3 times more likely than white infants to be very low birth weight, comparable to the ratio of 1.1 in the general population.

Another important indicator of birth problems and possible later difficulties is whether the child was hospitalized in the neonatal intensive care unit after birth. A sizable proportion of the early intervention population—37 percent—was in neonatal intensive care (see table II-2). Consistent with the findings for low birth weight, race/ethnicity was related to use of neonatal intensive care. Black infants were in intensive care most frequently relative to other groups; nearly half of the black children in early intervention had been in intensive care after they were born.

One last indicator of difficulties at birth is whether the baby stayed at the hospital after birth for a medical reason. Forty-four percent of the children entering early intervention were required to stay in the hospital after birth. Eighteen percent stayed

2 weeks or less. At the other extreme, 19 percent stayed in the hospital for more than a month. Parent-reported data on these children's birth histories indicate that a relatively high percentage of children in early intervention had difficulties at birth, especially prematurity and low birth weight. This finding is consistent with provider information about the relatively high proportions of children who entered early intervention in the first year of life because of prenatal and perinatal abnormalities.

General Health and Health Care

Parents were asked several questions regarding their child's current health, health care, and health insurance status. Although some children receive early intervention for disabling conditions related to their health, many children are eligible for services because of developmental problems rather than health per se. Most parents (84 percent) reported their children's health to be good, very good, or excellent (see table II-3). This is a lower figure, however, than reported for the general population. Figure II-1 shows the distribution of responses on health status for both the early intervention and general population. Nearly all parents in the general population (98 percent) report their children to be in good, very good, or excellent health.⁵

Consistent with the ratings of overall health, 26 percent of the children in early intervention were reported to be taking prescription medication for a chronic condition. Sixteen percent were reported to be using a medical device of some sort, with the most common medical devices being respirators, breathing monitors, and nebulizers. Over a third (34 percent) had been hospitalized at least 1 night since coming home from the hospital, with 7 percent hospitalized for 15 or more days.

With regard to health care, families of nearly all children in early intervention (97 percent) reported that their children had a place to go for regular medical care. Similarly, nearly all children (95 percent) were covered by health insurance. Health insurance can be a powerful determinant of whether children have access to routine health care and even to treatment in the event of illness. Slightly less than half (44 percent) of children were insured through a government insurance program. Last, about one in five families (19 percent) reported that their insurance company had refused to pay for something they tried to get for their child.

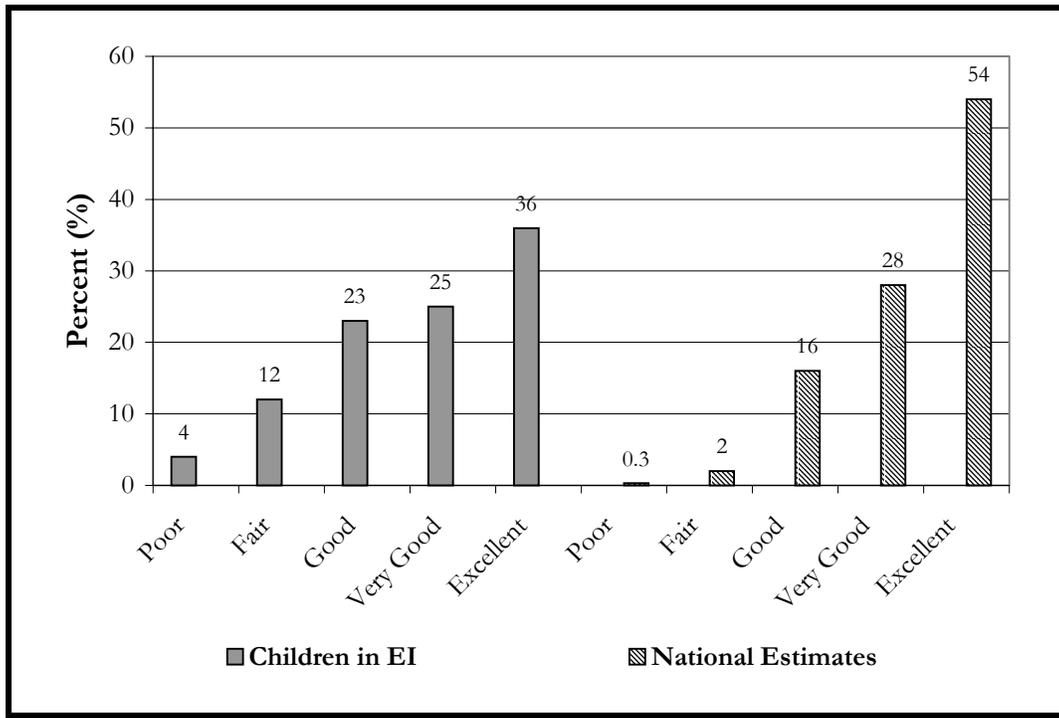
⁵ The national data are for children under age 5. For this reason, some of the differences between the national data and the early intervention data could be due to the older children included in the national data.

Table II-3
Health Status of Children Entering Early Intervention

	Percent
Health Status	
Excellent	36
Very good	25
Good	23
Fair	12
Poor	4
Regularly taking any prescription medication for a specific condition or problem	
Yes	26
No	74
Uses any kind of medical device like an oxygen tank, catheter, or a breathing monitor	
Yes	16
No	84
Hospitalized since coming home from hospital after birth	
No	66
1 to 4 days	16
5 to 14 days	11
15 or more	7
Has a place to go for regular medical care	
Yes	97
No	3
Covered by any health insurance	
Yes	95
No	5
Covered by government-assisted health insurance	
Yes	44
No	56
Ever tried to get insurance to pay for something for child that it wouldn't pay for	
Yes	19
No	81

Source: National Early Intervention Longitudinal Study.

Figure II-1
Distribution of General Health Status Rating of Children in Early Intervention Versus Children Under 5 General Population



Source: Adams, P.F. et al., 1996; National Early Intervention Longitudinal Study.

Behavior

Children vary in temperament and personality style from a very early age. The importance of some of these differences is not readily apparent. Does a 2-year-old who pays attention for a long period of time become the child who stays focused in first grade? Does the aggressive toddler become the 5-year-old with behavior problems? Part of the significance of the NEILS behavioral data rests in their stability or the extent to which early behavior serves as a predictor of later behavior. Across many different behavior items, the same pattern emerged (see table II-4). Some children, usually about half, were reported by their caregiver to have no trouble with a given behavior. Another third of the children were reported as having some difficulty, and 10 to 40 percent of the early intervention children are described as having behavioral challenges. For example, 19 percent of parents reported that it was not like their child to pay attention and stay focused; 25 percent reported that their child was easily startled; 39 percent reported their child was very active and excitable; 11 percent reported their child was often aggressive with other children;

Table II-4
Behaviors of Children Entering Early Intervention as Reported
by Their Caregivers

	Percent
Does things on own even if hard	
Very much like this child	53
A little like this child	32
Not like this child	14
Pays attention and stays focused	
Very much like this child	43
A little like this child	38
Not like this child	19
Jumpy and easily startled	
Very much like this child	25
A little like this child	30
Not like this child	45
Very active and excitable	
Very much like this child	39
A little like this child	31
Not like this child	29
Trouble playing with other children	
No trouble	56
Some trouble	32
A lot of trouble	10
Not around other children	2
Aggressive with other children	
Not at all	39
Sometimes	50
Often	11
Child has sleep trouble	
Rarely or never	53
Sometimes	28
Often	19
How easy is it to take child to the store or an appointment	
Easier than other children his/her age	23
Just as easy	45
A little harder	21
Much harder	11

Source: National Early Intervention Longitudinal Study.

and 19 percent reported that their child has sleep problems. About 1 in 10 parents (11 percent) reported that their child was much harder to take to the store or to an appointment than other children the same age. This could be because of the child's behavior or because the child has medical or other problems which might require special care. These are not all the same children having difficulties in different behavioral areas; rather the findings suggest that there are numerous ways for young children to present challenges within their families, and a minority of early intervention children present each of these challenges. Longitudinal data will reveal whether these challenges persist over time and thus their importance for future growth and development.

Family Characteristics

The family characteristics of young children are extremely powerful predictors of how these children will develop (National Research Council/Institute of Medicine, 2000). In addition to issues related to birth history, health, and health care, there are other factors that constitute risks or facilitators to development. One of the most powerful factors is poverty. The impacts of poverty begin prenatally and accumulate throughout childhood. The following sections present information on family structure and family socioeconomic characteristics. Both of these relate to the issue of resources, human and fiscal, that are available to the child. A well-educated mother of moderate to high income has many resources available to assist with child-rearing, while a poor, uneducated, single mother continually faces new challenges around the type of environment she is able to provide for her children. These differences might be especially significant for a young child with a delay or disability who might need more caregiving than a typically developing infant.

Family Structure

The number of adults in the child's household reveals an interesting picture (see table II-5). Two-thirds of the children entering early intervention were living with two adults in the household. Fifteen percent were living with only one adult, and 18 percent lived in households with three or more adults. The other adult(s) in the household was not necessarily the child's other parent. Recent population data indicate that 23 percent of the birth to 4 population live with a single parent, and 74 percent live with two parents (Federal Interagency Forum on Child and Family Statistics, 2001). Whereas most children entering early intervention (91 percent) were living with their biological or adoptive mother, only 66 percent were in households with their biological or adoptive father. Given that these are children under the age of 3, the percentage of them living with their biological fathers will almost certainly decrease over time.

Table II-5
Family Structure of Children Entering Early Intervention

	Percent
Number of adults in household	
One	15
Two	67
Three	11
Four or More	7
Number of children in household	
One	30
Two	36
Three	19
Four or More	15
Other children in household with special needs	
None	80
One	16
Two	3
Three or More	1
Living with biological or adoptive parent	
Mother	91
Father	66
Age of biological mother at birth of child	
13 to 18	4
18 to 22	16
22 to 30	37
30 to 35	25
35 to 40	14
40 and above	4

Source: National Early Intervention Longitudinal Study.

The data on other children in the household show that 30 percent of those in early intervention had no siblings or other children in their households, and 36 percent were living with only one other child. One-third of the children in early intervention were from households with three or more children. In 20 percent of the households, there was another child with special needs and sometimes more than one. The biological mothers of the children in early intervention were a wide range of ages at the time the child was born. Four percent were born to teenage mothers and another 4 percent were born to mothers over 40, with all of the age groups in between well-represented.

Socioeconomic Characteristics

The level of education of the primary caregiver is also a powerful predictor of a child's development. Many studies have shown a marked difference between children of less-well-educated and educated mothers (Furstenberg, Brooks-Gunn, & Morgan, 1987; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987; Werner & Smith, 1992). Primary caregivers of the children, most of whom were the child's biological mother, in early intervention came from a variety of education levels. About half had a high school diploma or less; 16 percent had not finished high school. One-fourth of the caregivers had finished college. Hispanic and black children receiving early intervention services were more likely than children from other racial/ethnic groups to have caregivers with less than a high school education, 29 and 25 percent respectively. Fathers were slightly better educated than mothers, with 32 percent of the fathers having graduated from college.

A little more than one-half the mothers were not working, and only 22 percent were working full time. Nearly all the fathers (90 percent) were employed, and most of them were working full time. The data on household income show that more families in the Part C early intervention program tend to be low income than in the general population. Forty-one percent of the families of children in the early intervention system reported family incomes of less than \$25,000 a year. Another 29 percent had incomes between \$25,000 and \$50,000. Although data on families of children ages birth to 3 are not available for the general population, data on families with children 18 and under highlight the extent of poverty among the population served by the Part C program. Only 20 percent of families with children 18 and under in the general population report household incomes of less than \$25,000. Some of the difference in income could be due to the presumably greater work experience of the parents in households with 18-year-old children versus those with infants and toddlers. The differences are so large, however, that age of parent or work force history is not likely to explain the entire difference in income. Another indicator of the relative poverty of families of children in early intervention was the high proportion of families, one in three, who had received welfare or food stamps some time during the past year. A small proportion of families had received Supplemental Security Income (SSI) payments for their child. Despite the relatively low income levels of families in early intervention, slightly more than half reported that they own their home.

Conclusion

The data on the characteristics of children and families receiving early intervention through the Part C program are diverse but do include a few trends. Children are

Table II-6
Socioeconomic Characteristics of Families of Children Entering
Early Intervention

	Percent
Education level of mother/female caregiver	
Less than high school	16
High school diploma/GED	32
Some college	28
BA, BS or higher	24
Education level of father/male caregiver	
Less than high school	11
High school diploma/GED	34
Some college	23
BA, BS or higher	32
Employment status of mother/female caregiver	
Not employed	56
Part time	21
Full time	22
Employment status of father/male caregiver	
Not employed	10
Part time	6
Full time	84
Family Income	
Less than \$25,000	41
\$25 – 50,000	29
\$50 – 75,000	17
Over \$75,000	13
Received welfare or food stamps in the past year	
Yes	32
No	68
Ever received SSI payments for the child	
Yes	15
No	85
Type of Housing	
Own	54
Rent	36
Public housing	8
Other	2

Source: National Early Intervention Longitudinal Study.

eligible for early intervention for a large number of different conditions. When viewed from the perspective of children's functional skills, the data show a small proportion of children who have significant difficulties with hearing, vision, use of arms and hands, or use of legs and feet. A much larger proportion have difficulty communicating. A substantial portion of children in early intervention have poor birth histories, especially black children. Some children in early intervention are in good health, but compared to the general population, higher percentages of early intervention children are reported to be in poor or fair health. Some children in early intervention also present challenging behaviors, while others do not.

The families of children in early intervention are equally diverse. Relatively high proportions of them are low income, even though almost all of their fathers and nearly half of their mothers were employed. Nearly one in three early intervention families had received welfare or food stamps in the past year. However, some families of children in early intervention reported moderate to high education and income levels. In sum, both the children and families in early intervention represent a wide cross-section of all characteristics examined. These child and family characteristics will be examined in future NEELS analyses to see how they relate to outcomes in early intervention and kindergarten.

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Preschoolers Served Under IDEA

The Individuals with Disabilities Education Act (IDEA) requires States to have in effect policies and procedures to ensure the provision of a free appropriate public education (FAPE) to all 3- through 5-year-olds with disabilities in order to be eligible for funds under the Preschool Grants Program and other IDEA funds targeted to children ages 3 through 5 with disabilities. States may also, at their discretion, serve 2-year-olds who will turn 3 during the school year. In addition, IDEA requires States to report data regarding their progress in providing special education and related services to preschoolers with disabilities. This module presents State-reported data on preschoolers served under IDEA for the 1999-2000 school year.

The Number of Preschool Children Served Under Part B of IDEA

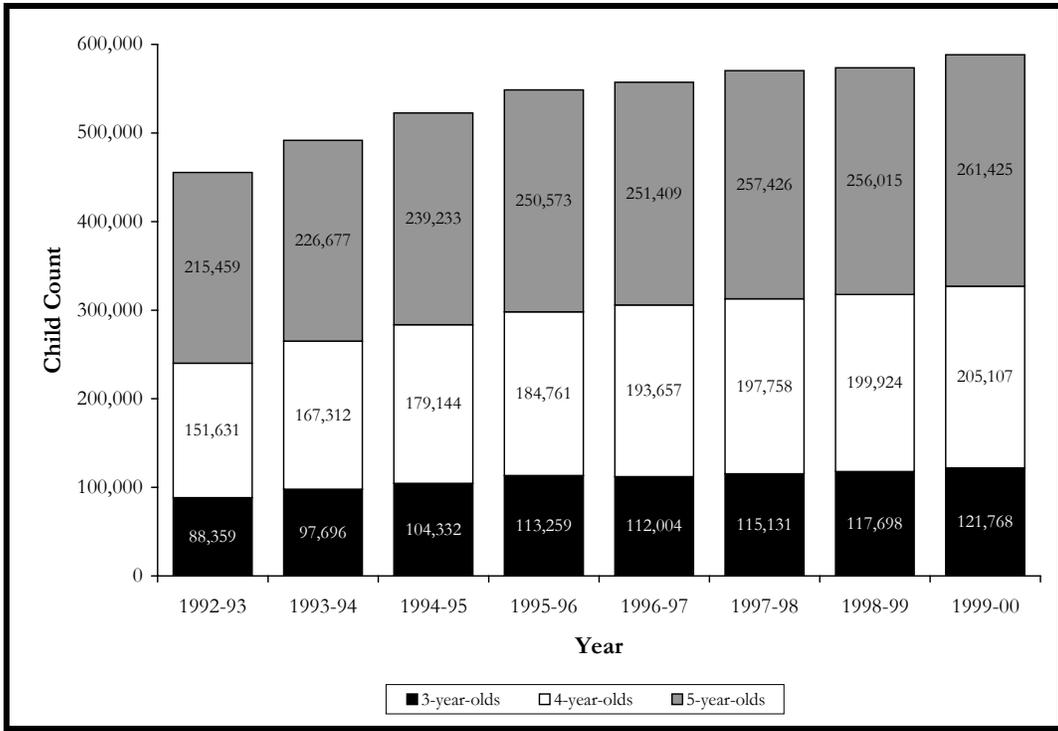
States reported serving 588,300 preschool children with disabilities during the 1999-2000 school year (see table AA1). This number represents approximately 5 percent of all preschoolers who lived in the United States and its Outlying Areas during the year (see table AA8).

Special education enrollment rates continued to vary by State. As in 1998-99, Arkansas, Kentucky, Maine, West Virginia, and Wyoming reported that more than 8 percent of their preschool populations were receiving services. The national average for the percentage of preschoolers receiving services was 5 percent.

At the other end of the continuum, Arizona, California, the District of Columbia, Hawaii, Puerto Rico, and Texas reported serving fewer than 4 percent of their preschool-aged children. These data are consistent with the 1998-99 school year, with the addition of Arizona in the group of States serving fewer than 4 percent of their preschoolers. Outlying Areas continued to report serving comparatively fewer preschoolers with disabilities under IDEA. The Virgin Islands reported serving 2.5 percent, American Samoa reported serving 1 percent, Guam 1.6 percent, and the Northern Marianas 1.3 percent of their preschool population (see table AA8).

Examining the number of children served by discrete age groups suggests that States continued to make progress in identifying younger children and providing services. States reported serving more children within each age group, and the percentage of 3-year-olds receiving services continued to increase at a faster rate than the

Figure II-2
Preschoolers Receiving Services Under Part B 1992-93 – 1999-2000



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

percentage of 4- and 5-year-olds (see table AA9). Of the total number of preschoolers receiving services in the 1999-2000 school year, 20.7 percent (121,768) were 3 years old, 34.9 percent (205,107) were 4 years old, and 44.4 percent (261,425) were 5 years old. Compared with 1998-99, States served 3.5 percent more 3-year-olds, 2.6 percent more 4-year-olds, and 2.1 percent more 5-year-olds. That States continue each year to serve more 3-year-olds reflects their efforts to identify children with disabilities early and to ease the transition process for eligible children and families who move from Part C to Part B. Figure II-2 shows the number of 3-year-olds, 4-year-olds, and 5-year-olds receiving services under Part B from 1992-93 to 1999-2000.

Overall, States reported that they continued to serve more preschoolers with disabilities under Part B of IDEA in 1999-2000 than in the previous year. Only 12 of the 57 States and Outlying Areas reported a decrease in the number of preschoolers served, and all of those declines were less than 1 percent. The rate of change also increased this year. In 1999-2000, the number of preschoolers served rose 2.5 percent, compared with a 0.6 percent increase between 1997-98 and 1998-99. The

increase in the number of preschoolers reported as receiving services was particularly notable given the 1.2 percent decrease in the general preschool population during the same period.¹

Race/Ethnicity of Preschoolers Served Under IDEA

The 1999-2000 school year was the second year that States were required to report data on the race/ethnicity of children receiving special education and related services. This section of the module compares the racial/ethnic distribution of preschoolers in special education to that of the general preschool population. The section also compares 1999-2000 race/ethnicity data with those reported for 1998-99. Comparisons should be interpreted cautiously, however, as 2 years of data are insufficient to reveal trends, and States may be new to data collection procedures for race/ethnicity.

State-reported data for 1999-2000 indicate that 67.3 percent of preschoolers who received services under IDEA were white (non-Hispanic), 15.7 percent were black (non-Hispanic), 13.7 percent were Hispanic, 2.1 percent were Asian/Pacific Islander, and 1.2 percent were American Indian/Alaska Native (see table AA13). U.S. Census Bureau population estimates indicate that 61.8 percent of children ages 3 through 5 were white (non-Hispanic), 13.7 percent were black (non-Hispanic), 19.3 percent were Hispanic, 4.3 percent were Asian/Pacific Islander, and 0.9 percent were American Indian/Alaska Native. Although these percentages are roughly comparable, they do suggest underrepresentation of Hispanic children and overrepresentation of white children in the Part B preschool population. To a lesser extent, black children appeared to be overrepresented, and Asian/Pacific Islander children appeared to be underrepresented. Table II-7 shows the differences between race/ethnicity representation in the Part B and general preschool populations for 1999-2000.

The racial distribution of preschool children served under IDEA was generally comparable between 1998-99 and 1999-2000. There were slight differences in the race/ethnicity categories of white (non-Hispanic) and Hispanic. From 1998-99 to 1999-2000, the proportion of Hispanic preschoolers served grew by 1.7 percent, and the proportion of white preschoolers served declined by 1.6 percent.

The racial distribution of preschoolers served under IDEA varied by State. Four States—Alaska, Arizona, New Mexico, and Oklahoma—reported serving 40 percent

¹ Population data are based on July 1999 estimates by the U.S. Census Bureau.

Table II-7
Comparison of Race/Ethnicity Representation in the Part B and General
Preschool Populations for 1999-2000

	Percentage in Part B Population, Ages 3-5	Percentage in General Population, Ages 3-5	Difference
White	67.3	61.8	+5.5
Black	15.7	13.7	+2.0
Hispanic	13.7	19.3	-5.6
Asian/Pacific Islander	2.1	4.3	-2.2
American Indian/Alaska Native	1.2	0.9	+0.3

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

of the total number of American Indian/Alaska Native preschoolers served in 1999-2000. California and Hawaii served 42 percent of the total number of Asian/Pacific Islander preschoolers, and California and Texas served 47 percent of the total number of Hispanic preschoolers.

Summary

State-reported data for 1999-2000 show a continued increase in the number of preschool children served under Part B of IDEA, although States continue to vary in the percentage of population served. In this second year of race/ethnicity data collection, comparisons of preschoolers receiving services with the racial/ethnic distribution of the general population suggest that white (non-Hispanic) children were served in numbers that exceeded their representation in the general population. To a lesser extent, this was also true for black preschoolers. In contrast, Hispanic children appeared to be underrepresented in the preschool population. Asian/Pacific Islander children also appeared to be slightly underrepresented among preschoolers receiving special education and related services.

Students Ages 6 Through 21 Served Under IDEA

Since the 1975 passage of the Education for All Handicapped Children Act (EHA, P.L. 94-142), the Department of Education has collected data on the number of children served under the law. Early collections of data on the number of children with disabilities served under Part B of IDEA used nine disability categories. Through the subsequent years and multiple reauthorizations of the Act, the disability categories have been expanded to 13 and revised, and new data collections have been required.

In 1997, the law was reauthorized with several major revisions (IDEA Amendments of 1997; P.L. 105-17). One revision was the requirement that data be collected on the number of children served by race/ethnicity. The reauthorization also allowed States the option of reporting children ages 6 through 9 under the developmental delay category.

This module presents changes in the number of students ages 6 through 21 served, the age distribution of students served, disability distribution across age groups, and disability distribution by race/ethnicity.

Changes in Numbers of Students Served

The number of students ages 6 through 21 with disabilities served under Part B of IDEA reached 5,683,707 in 1999-2000, a 2.6 percent increase over the 1998-99 school year. The number of children served has increased steadily since 1990-91, when a total of 4,361,751 students were served. By 1999-2000, the total number of students ages 6 through 21 served had grown by 30.3 percent (see table AA12).¹

Children served under Part B constituted 8.3 percent of the estimated resident population in 1999-2000 (see table AA8)², a similar percentage to that served in 1998-99 (8.8 percent). The number of students ages 6 through 17 with disabilities

¹ Data for 1990-91 include children with disabilities served under Chapter 1 of the Elementary and Secondary Education Act (ESEA, SOP). Prior to October 1994, children and youth with disabilities were served under IDEA, Part B, and Chapter 1 of ESEA. Beginning in 1994-95, services to children and youth with disabilities were provided only through Parts B and C of IDEA.

² Resident population data from the Population Estimate Program, Population Division, are July 1999 estimates from the U.S. Census Bureau and are included in the U.S. Department of Education, Office of Special Education Programs Data Analysis System (DANS). Population data for Puerto Rico and the Outlying Areas are projections from the Bureau of Census, International Programs Center.

served comprised 11.4 percent of the estimated student enrollment for that age group (see table AA11), which was also comparable to the previous year (11.2 percent).³ However, the 30.3 percent growth in the number of children ages 6 through 21 with disabilities served under Part B of IDEA for the past 9 years exceeded the growth rate both in the resident population and in school enrollment for the same age group. The resident population of students ages 6 through 21 grew 12.2 percent between 1990-91 and 1999-2000, from 57,104,549 to 64,096,040. And pre-kindergarten through 12th grade school enrollment increased by 13.7 percent, from 41,737,639 to 47,459,994.

Students Served by Disability Category

States and Outlying Areas report data on students served in 13 disability categories: specific learning disabilities, speech or language impairments, mental retardation, emotional disturbance, multiple disabilities, hearing impairments, orthopedic impairments, other health impairments, visual impairments, autism, deaf-blindness, traumatic brain injury, and developmental delay. Developmental delay, the most recently added disability category, is applicable only to children ages 3 through 9, and its use for students ages 6 through 9 is optional for States and local educational agencies (LEAs). In 1999-2000, 22 States used the developmental delay category for children ages 6 through 9.

The relative distribution of students with disabilities across the 13 disability categories did not change significantly from 1998-99 to 1999-2000. Specific learning disabilities continued to be the most prevalent disability, representing half of the students with disabilities served under IDEA (2,871,966, or 50.5 percent). Speech or language impairments (1,089,964, or 19.2 percent), mental retardation (614,433, or 10.8 percent), and emotional disturbance (470,111, or 8.3 percent) were the next most used disability categories. Almost 9 out of 10 students ages 6 through 21 served under IDEA were classified under one of these four disability categories (see table AA2).

Among low-incidence disabilities,⁴ the developmental delay category showed the largest increase over last year: 62.1 percent. The increase, from 11,907 students in 1998-99 to 19,304 in 1999-2000, may in part be a reflection of the newness of the category. In addition, Minnesota, Nebraska, New Hampshire, and the District of Columbia used the developmental delay category for the first time in 1999-2000. The

³ Percentage of children served is based on enrollment counts from NCES. These counts include individuals with and without disabilities, in pre-kindergarten through grade 12.

⁴ Low-incidence disabilities are defined as those that occur in fewer than 100,000 persons.

Table II-8
Changes in Number of Students Ages 6 Through 21 Served Under IDEA
by Disability Category, 1990-1991 and 1999-2000

	1990-91	1999-2000	Difference	Change (%)
Specific Learning Disabilities	2,144,017	2,871,966	727,949	34.0
Speech or Language Impairments	987,778	1,089,964	102,186	10.3
Mental Retardation	551,457	614,433	62,976	11.4
Emotional Disturbance	390,764	470,111	79,347	20.3
Multiple Disabilities	97,629	112,993	15,364	15.7
Hearing Impairments	59,211	71,671	12,460	21.0
Orthopedic Impairments	49,340	71,422	22,082	44.8
Other Health Impairments	56,349	254,110	197,761	351.0
Visual Impairments	23,682	26,590	2,908	12.3
Autism	.	65,424	.	<u>a/</u>
Deaf-Blindness	1,524	1,845	321	21.1
Traumatic Brain Injury	.	13,874	.	<u>a/</u>
Developmental Delay	.	19,304	.	<u>b/</u>
All Disabilities	4,361,751	5,683,707	1,321,956	30.3

a/ Reporting on autism and traumatic brain injury was first required in 1992-93.

b/ Optional reporting on developmental delay for students ages 3 through 7 was first allowed in the 1997-98 school year.

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

next largest increase among low-incidence disabilities was in the autism category. The number of students reported under this category rose 21.0 percent, from 54,062 in 1998-99 to 65,424 in 1999-2000. There was a 14.5 percent increase in the number of students reported in the deaf-blindness category, from 1,612 to 1,845, and a 6.9 percent increase in the traumatic brain injury (TBI) category. The number of students with TBI rose to 13,874 in 1999-2000, up from 12,976 in the previous year.

Table II-8 shows the percentage change of students served by disability category between 1990-91 and 1999-2000 (see table AA12). The most noticeable growth took place in the other health impairments category, which showed a 351.0 percent increase during this period. Beginning in 1992, the number of children reported under this category rose at a significantly greater rate than that of children served under other categories. This may be due in part to a 1991 memorandum from the Office of Special Education and Rehabilitative Services (OSERS), which clarified

that students with attention deficit disorder (ADD) or attention deficit-hyperactivity disorder (ADHD) are eligible for services under the other health impairments category when the disorder is a chronic or acute health problem that results in limited alertness that in turn adversely affects educational performance (U.S. Department of Education, 1999). Twelve States reported to OSEP that their reported increases in services to students with other health impairments were due to increases in the identification and inclusion of students with ADD/ADHD.

From 1990-91 through 1999-2000, growth in the number of students reported with specific learning disabilities, orthopedic impairments, and other health impairments exceeded the growth rate for all disabilities among students ages 6 through 21 served under Part B of IDEA.

Age-Group Distribution

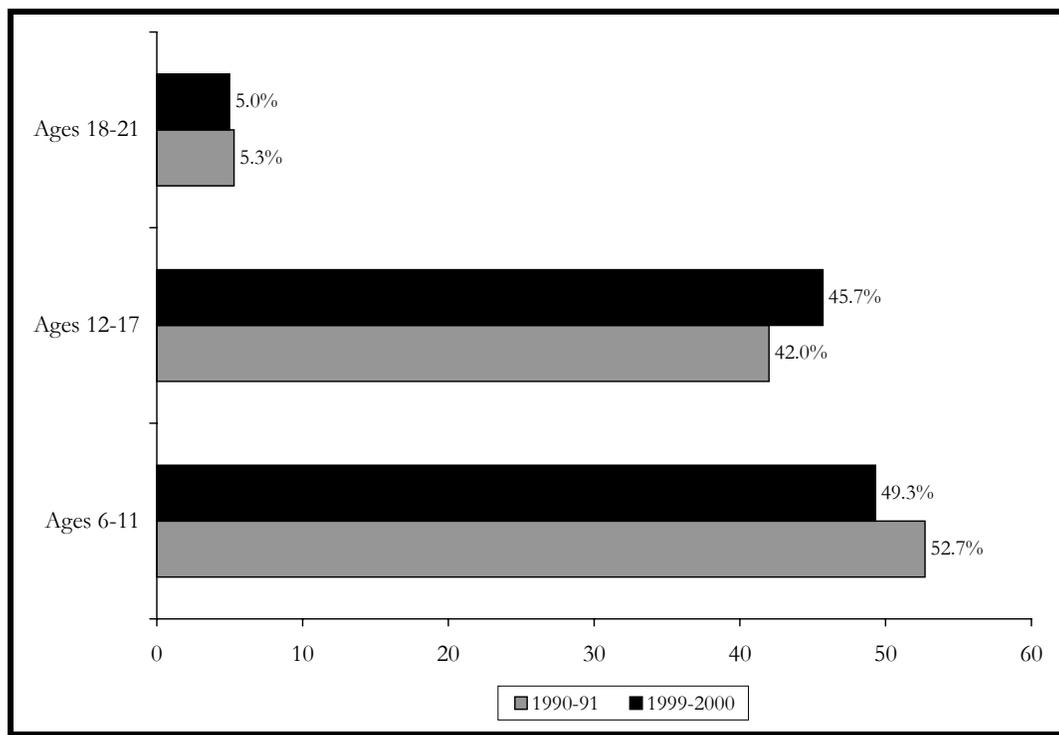
Table AA12 shows the number of students served since 1990-91 by three age groups: 6 through 11, 12 through 17, and 18 through 21. The data show that, for the past 9 years, the number of students ages 6 through 11 with disabilities grew by 21.9 percent, or 502,907 students; the number of students ages 12 through 17 with disabilities increased by 41.8 percent, or 765,266; and the number of students ages 18 through 21 with disabilities increased by 23.3 percent, or 53,783.

Figure II-3 compares the age group composition of students with disabilities served in 1990-91 and 1999-2000 (see table AA12). The relative composition of each age group compared with the total number of 6- through 21-year-old students served under Part B has remained relatively steady from 1990-91 through 1999-2000.

Specific learning disabilities, speech or language impairments, mental retardation, and emotional disturbance have consistently been the most prevalent disabilities. However, their percentage distributions within each age group diverge from that of the entire population of students with disabilities ages 6 through 21, as illustrated in table II-9.

For the 6- through 11-year-old age group, specific learning disabilities (39.9 percent) and speech or language impairments (34.2 percent) were the most prevalent disabilities, comprising more than 70 percent of the students served in this age group. However, only 4.9 percent of students ages 12 through 17 were reported in the speech or language impairments category, whereas the percentage of 12- through 17-year-old students with mental retardation and emotional disturbance increased to

Figure II-3
Percentage of Students with Disabilities Served Under Part B of IDEA by
Age Group, 1990-91 and 1999-2000



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

11.9 percent and 10.9 percent, respectively. The largest percentage of students in this age group—61.9 percent—was reported under the specific learning disabilities category.

Among students ages 18 through 21, specific learning disabilities accounted for 51.1 percent of the students receiving services in 1999-2000. Mental retardation was the second most prevalent disability, comprising 23.5 percent of the students in this age group. Speech or language impairments comprised only 1.8 percent of this population, and emotional disturbance accounted for 9.3 percent of the students reported.

The distribution of low-incidence disabilities appeared to be relatively stable across the three age groups. This balance of disability distribution within each age group has remained consistent over the past 9 years (see table AA12).

Table II-9

Percentage and Number of Children Served Under IDEA by Disability and Age Group During the 1999-2000 School Year: High-Incidence Disabilities

	Ages 6-11		Ages 12-17		Ages 18-21	
	Number	Percentage	Number	Percentage	Number	Percentage
Specific Learning Disabilities	1,118,152	39.9	1,608,645	61.9	145,169	51.1
Speech or Language Impairments	958,182	34.2	126,724	4.9	5,058	1.8
Mental Retardation	238,714	8.5	308,802	11.9	66,917	23.5
Emotional Disturbance	159,879	5.7	283,934	10.9	26,298	9.3
Multiple Disabilities	51,312	1.8	47,010	1.8	14,671	5.2
All Disabilities	2,802,385	100.0	2,597,134	100.0	284,188	100.0

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

Race/Ethnicity of Students with Disabilities

This section of the module examines the racial/ethnic distribution of students with disabilities in 1999-2000 and compares those data with the 1998-99 data.

The 1999-2000 racial/ethnic distributions for each disability category presented in table II-10 were very similar to the 1998-99 distributions. The racial/ethnic distribution of students served under IDEA appears to differ from that of the resident population of 6- through 21-year-olds.

Although Asian/Pacific Islander students constituted only 1.8 percent of the students served under IDEA in 1999-2000, they made up 3.8 percent of the resident population of children ages 6 through 21. However, these students' representation in three disability categories, hearing impairments (4.6 percent), autism (4.8 percent), and deaf-blindness (7.5 percent), exceeded their representation in the estimated resident population. Not surprisingly, California and Hawaii accounted for large percentages of Asian children with disabilities: 30.0 percent and 15.9 percent, respectively (see table AA14).

American Indian/Alaska Native students with disabilities comprised 1.3 percent of the students served under IDEA in 1999-2000 and 1.0 percent of the resident population. In all disability categories, with the exceptions of orthopedic

Table II-10
Percentage of Students Ages 6 Through 21 Served by Disability and
Race/Ethnicity, 1999-2000 School Year^{a/,b/,c/}

Disability	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (non-Hispanic)	Hispanic	White (non-Hispanic)
Specific Learning Disabilities	1.4	1.6	18.4	16.6	62.1
Speech or Language Impairments	1.2	2.4	16.1	12.7	67.6
Mental Retardation	1.1	1.8	34.2	9.1	53.8
Emotional Disturbance	1.1	1.2	27.3	8.9	61.5
Multiple Disabilities	1.5	2.3	20.0	11.5	64.8
Hearing Impairments	1.3	4.6	16.4	17.9	59.8
Orthopedic Impairments	0.8	3.0	14.7	14.8	66.8
Other Health Impairments	1.1	1.4	14.9	8.0	74.7
Visual Impairments	1.1	3.5	18.6	14.0	62.9
Autism	0.7	4.8	20.5	9.2	64.9
Deaf-Blindness	2.0	7.5	24.7	11.2	54.6
Traumatic Brain Injury	1.6	2.4	16.9	10.5	68.5
Developmental Delay	0.9	0.8	30.5	4.1	63.7
All Disabilities	1.3	1.8	20.3	13.7	62.9
Resident Population	1.0	3.8	14.5	16.2	64.5

^{a/} Due to rounding, rows may not sum to 100 percent.

^{b/} Race/ethnicity distributions exclude Outlying Areas because current population estimates by race/ethnicity were not available for those areas.

^{c/} Population counts are July 1999 estimates from the U.S. Census Bureau.

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

impairments (0.8 percent), autism (0.7 percent), and developmental delay (0.9 percent), the proportion of American Indian/Alaska Native students exceeded their representation among the resident population. Deaf-blindness showed the highest percentage of American Indian/Alaska Native students (2.0 percent), followed by traumatic brain injury (1.6 percent).

All black (non-Hispanic) students with disabilities (20.3 percent) exceeded their representation among the resident population (14.5 percent). While their representation in all 13 disability categories exceeded their national resident population estimates, the most striking disparities were in the mental retardation (34.2 percent) and developmental delay (30.5 percent) categories. Hispanic students

were underrepresented among students served under IDEA: 16.2 percent of the resident student population was Hispanic, versus 13.7 percent of the Part B population.

White (non-Hispanic) students were slightly underrepresented among students with disabilities versus the resident population (62.9 percent versus 64.5 percent). However, in eight disability categories, white (non-Hispanic) students with disabilities exceeded their representation in the resident population. Most notable was the finding that white students constituted 74.7 percent of students classified as having other health impairments.

Summary

In 1999-2000, the number of students ages 6 through 21 served under Part B of IDEA continued to grow at a rate more than twice that of both the resident population and school enrollment estimates. Specific learning disabilities continued to be the largest disability category, accounting for half of all students with disabilities. Other health impairments, with a 350.1 percent increase, demonstrated the greatest growth over the past 9 years. In general, however, low-incidence disabilities showed more rapid growth than did high-incidence disabilities.

Among the three age groups, the largest increase for the past 9 years was seen for 12-through 17-year-olds. The disability distribution within each age varied from that of the entire population of students ages 6 through 21 with disabilities. Among 18-through 21-year-olds, fewer students were served under the speech or language impairments category, while the prevalence of mental retardation was higher than for the younger age groups. Low-incidence disabilities appeared to be relatively stable across the three age groups.

Data suggest that the racial/ethnic distribution of students in special education essentially remained unchanged from the 1998-99 school year. Asian/Pacific Islander students were again underrepresented among the students served under IDEA. Hispanic students and, to a lesser extent, white (non-Hispanic) students overall were also underrepresented compared to their relative representation in the estimated resident population. Black students, however, continued to be overrepresented in special education across all disability categories. In addition, the representation of American Indian/Alaska Native students with disabilities slightly exceeded their representation in the resident population in most disability categories.

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Limited English Proficient Students with Disabilities

Although estimates of the total school-aged limited English proficient (LEP) population vary widely, it is clear that the number of LEP students in the United States continues to grow. In the 1990 Census, foreign-born residents accounted for approximately 7.9 percent of the total U.S. population of 249 million (Rumbaut, 1996). By 1997, that figure had risen to 9.7 percent of the population (Schmidley & Gibson, 1999).

This module presents descriptive information about the school-aged LEP population in the United States, with a particular emphasis on LEP students with disabilities. The first section discusses the number of LEP students and the subset of LEP students who have a disability. The second describes characteristics that may be shared by many LEP students, and the final section addresses issues related to the identification and assessment of LEP students with disabilities.

The School-Aged LEP Population

As defined in *Title VII of the Improving America's Schools Act of 1994* (IASA; P.L. 103-382), a student is limited English proficient if he/she “has sufficient difficulty speaking, reading, writing, or understanding the English language and whose difficulties may deny such individual the opportunity to learn successfully in classrooms where the language of instruction is English or to participate fully in our society due to one or more of the following reasons:

- was not born in the United States or whose native language is a language other than English and comes from an environment where a language other than English is dominant;
- is a Native American or Alaska Native or who is a native resident of the Outlying Areas and comes from an environment where a language other than English has had significant impact on such individual's level of English language proficiency; or
- is migratory and whose native language is other than English and comes from an environment where a language other than English is dominant” (§7501).

Differing approaches (e.g., school-based reports vs. Census counts) and State and local differences in the definition of “limited English proficient” have contributed to considerable variation in estimates of the school-aged LEP population (Anstrom, 1996).

For example, one study put the total number of LEP students at 2,430,712 in 1992. This estimate was based on an Office of Bilingual Education and Minority Languages Affairs (OBEMLA) survey of State educational agencies (SEAs) funded under Title VII of IASA. The study did not include Arkansas, Pennsylvania, Virginia, and West Virginia, as those States were not Title VII grantees (Henderson, Abbot, & Strang, 1993). A more recent study of Title VII grantees estimated the total number of LEP students at 3,452,073 in 1996-97. The latter figure represented 7.4 percent of the total U.S. student population in 1996-97 (Macías, 1998).

The Department of Education’s Office for Civil Rights (OCR) develops estimates of the school-aged LEP population through compilation of the data contained in Elementary and Secondary School Compliance Reports. OCR estimated that 2,936,554 students were in need of LEP services in 1997. A slightly smaller number of students, 2,637,883, was reported as enrolled in LEP services in 1997 (U.S. Department of Education, 1999).

The differences in estimates notwithstanding, there appears to be consensus that the LEP student population has continued to grow. The number of students with disabilities, as reported by the U.S. Department of Education (2000), has also continued to increase. It is reasonable, then, to assume that the future will show proportionate growth in the number of LEP students with disabilities.

Estimates of the Number of LEP Students with Disabilities

OCR estimated that in 1997, 174,530 students with disabilities needed services for limited English proficiency. This figure accounted for 5.9 percent of all students in need of LEP services. In addition, OCR reported that 5.5 percent ($n = 145,604$) of all students enrolled in LEP services also had a disability (U.S. Department of Education, 1999).

In addition to the number of students with disabilities in need of or enrolled in LEP services, the OCR report included estimates of the number of LEP students in three disability categories: mental retardation (MR), emotional disturbance, and specific learning disabilities (SLD). While LEP students represented 5.5 percent of the students identified as having SLD, they represented just 3.7 percent of students

identified with MR and 1.9 percent of students identified as having emotional disturbance (U.S. Department of Education, 1999).

Characteristics of the LEP Student Population

Native Language

Although LEP students in the United States come from a variety of national, cultural, and linguistic backgrounds, the majority are from Spanish-speaking homes. One study found that Spanish was the first language of almost 73 percent of LEP students; the other languages reported most frequently were Vietnamese (3.9 percent), Hmong (1.8 percent), Cantonese (1.7 percent), Cambodian (1.6 percent), and Korean (1.6 percent). Students speaking one of 29 different Native American languages comprised another 2.5 percent of the sample (Fleischman & Hopstock, 1993). This diversity in the language backgrounds of LEP students has major implications for the provision of special language services.

Race/Ethnicity

Perhaps the best estimates of the race and ethnicity of LEP students are provided by OCR's 1997 Elementary and Secondary School Civil Rights Compliance Report, which contains national projections of the number of students in need of and enrolled in LEP services during 1997 (see table II-11). Among students identified as being in need of LEP services, 77.3 percent were Hispanic, 13.1 percent were Asian/Pacific Islander, 5.5 percent were white, 2.2 percent were black, and 1.9 percent were American Indian/Alaska Native. Of those students reported to be enrolled in LEP programs, 77 percent were Hispanic. Asian/Pacific Islander students accounted for 13.2 percent of LEP enrollment, white students for 5.6 percent, black students for 2.4 percent, and American Indian/Alaska Native students for 1.8 percent (U.S. Department of Education, 1999).

Socioeconomic Status

Socioeconomic status has frequently been demonstrated to have a relationship to parent and student participation in school and to overall educational attainment. Fleischman and Hopstock (1993) found that the socioeconomic status of LEP students was lower than that of the general school population, as measured by their eligibility for free or reduced-price school lunches. Overall, 77 percent of LEP students were eligible for free or reduced-price lunches vs. 38 percent of all students.

Table II-11
Students in Need of and Enrolled in LEP Services by Race/Ethnicity 1997

Race/Ethnicity	In Need of LEP Services	Enrolled in LEP Services
American Indian		
Number	54,718	47,764
Percent	1.9	1.8
Asian/Pacific Islander		
Number	385,714	349,163
Percent	13.1	13.2
Hispanic		
Number	2,270,130	2,030,913
Percent	77.3	77.0
Black		
Number	65,829	62,175
Percent	2.2	2.4
White		
Number	160,163	147,868
Percent	5.5	5.6
Total	2,936,554	2,637,883

Source: OCR Elementary and Secondary School Civil Rights Compliance Report, 1997.

Student Achievement

The information available regarding the achievement of LEP students on large-scale assessments suggests that LEP students do not achieve on the same level as their English-proficient peers. For example, a 1998 report published by the Texas Education Agency compared the academic performance of LEP and non-LEP students who entered the first grade in Texas public schools during the 1992-93 school year. LEP students did not perform as well as their non-LEP peers on the Texas Assessment of Academic Skills (TAAS). LEP students were also found to experience a relatively higher incidence of poverty, of attending schools with higher concentrations of economically disadvantaged students, and of attending schools that performed more poorly on the TAAS (Texas Education Agency, 1998).

Historically, LEP students have dropped out of school at higher rates than their English-proficient peers. This has been particularly true for Hispanic students (e.g., see Lockwood, 1996). Higher dropout rates among Hispanic students have been associated with a number of factors in addition to limited English proficiency, including recent arrival in the United States, family poverty, low academic achievement, and being retained in grade (Lockwood, 1996).

Geographic Distribution

Two research studies (Fleischman & Hopstock, 1993; Hopstock & Bucaro, 1993) identified major sources of information about the geographic distribution of LEP students: the 1990 Census and Title VII SEA survey responses on the number of LEP students in their States.

Although the number of LEP students reported in these two data sources varied, both sources found that California had the largest LEP student population, followed by Texas, New York, Florida, and Illinois (Hopstock & Bucaro, 1993). The data further suggested that although LEP students were spread across the country, they were concentrated in a relatively limited number of school districts. Approximately 6,400 of the 15,000 local educational agencies (LEAs) reported serving LEP students. Almost half of the districts with LEP students served populations in which fewer than 2 percent of the students were limited English proficient. In contrast, 6 percent of districts served a student population that was composed of at least 40 percent LEP students (Fleischman & Hopstock, 1993).

These descriptive findings provide some information about the general population of LEP students and provide a backdrop against which the smaller subset of LEP students with disabilities may be viewed. The remaining sections of this module will focus on LEP students with disabilities, beginning with a discussion of identification and assessment among this population. The module will also examine the influences of language, culture, socioeconomic status, parent involvement, and other factors on the assessment process and on the provision of special education services.

Identification and Assessment of LEP Students with Disabilities

Assessment is particularly important for LEP students, since research suggests that it is extremely difficult to distinguish between a genuine disability and a student's lack of understanding of the majority culture and language (U.S. Department of Education, 1993). LEP students differ from native English speakers not only in terms of language but culturally and socially as well. Assessment is a subjective process that is highly influenced by the sociopolitical, cultural, and linguistic context within which it takes place; therefore, practitioners must realize that cultural background will affect every aspect of the assessment process (Collier & Hoover, 1987). This section of the module discusses the influences of language and of culture on the assessment and identification process.

The Influence of Language on Assessment

To limit assessment bias due to cultural and linguistic variables, IDEA stipulates that testing and evaluation procedures should be nondiscriminatory and requires that children be fairly assessed in their native language (§612(a)(6)(B)). Meeting this Federal mandate may be a challenge, however, particularly in regard to students whose first language is neither English nor Spanish.

For LEP students, assessment begins with language. The first step in the process is identification as having limited English proficiency and thus being eligible for special language-related services. Although Title VII of IASA includes a Federal definition of limited English proficiency, the definition is considered ambiguous (Anstrom, 1996). In some States, therefore, State law mandates a particular definition of LEP status. In others, the SEA establishes a policy describing the linguistic characteristics of LEP students. Some States permit the LEA to determine this definition. Although limited English proficiency alone is not sufficient reason for referring a student for special education assessment, research has shown that LEP students are often assessed and inappropriately placed within special education, where they are more likely to receive low-level instruction and less challenging content (Zehler, Hopstock, Fleischman, & Greniuk, 1994). Cummins (1984) noted that one of the most serious problems with the assessment of LEP students who are referred for special education testing is that they frequently are not identified as limited English proficient prior to the assessment.

In spite of research that shows that LEP students are often assessed and inappropriately placed within special education, information provided on the OCR 1997 Elementary and Secondary School Civil Rights Compliance Report indicates that disproportionately fewer LEP children receive special education compared to their enrollment in schools. This may suggest that many LEP children who are in need of special education services are not being assessed and appropriately provided special education.

The Influence of Culture on Assessment

The cultural context of the interactions that comprise assessment is also an important aspect of the assessment process. By definition, culturally or linguistically diverse students “belong to a recognized ethnic group . . . whose values, customs, patterns of thought, and/or language are significantly different from those of the majority of the society in which they live” (Sattler, 1990, p. 565). Chamberlain and Madeiros-Landurand (1991) identified a number of difficulties that may occur between members of different cultural groups.

First, there may be misperceptions between the student and the teacher or evaluator. This may result in the two parties having different understandings regarding their roles and expectations in a specific situation, which in turn may lead to actual poorer performance or the perception of poorer performance in the testing situation or classroom (Chamberlain & Madeiros-Landurand, 1991).

A second problem that may occur is cross-cultural stereotyping. This difficulty develops when, due to a lack of awareness of intra-group cultural differences, certain groups are stereotyped as possessing particular intrinsic traits when they merely exhibit behavioral differences (Ishii-Jordan, 1997; Poon-McBrayer & Garcia, 2000). Assessment bias may also result from not taking potential cultural differences into account when assessing culturally diverse students. Tests used in the American public schools are generally written by middle-class individuals and reflect mainstream cultural experiences (Chamberlain & Madeiros-Landurand, 1991; Ishii-Jordan, 1997). Students who have not had those cultural experiences are at a serious disadvantage in taking standardized tests. Therefore, appropriate interpretation of test performance is particularly critical for culturally or linguistically different students. The assessor must examine possible reasons for the student's low score to determine whether the student was unfamiliar with the testing context, lacked the skills needed to take the test, or had values that conflicted with those implied in the test items (Chamberlain & Madeiros-Landurand, 1991).

In addition to item bias, most tests used in the United States are normed on the mainstream population. Even when test developers claim to have included culturally and ethnically diverse populations in their standardization procedures, those populations are included in such small ratios that the results are insignificant. Assessors need to be aware of this problem when interpreting a student's performance in the context of norms (Chamberlain & Madeiros-Landurand, 1991).

Differentiating Between Disabilities and Limited English Proficiency

The critical question regarding the referral of LEP students for special education assessment is whether their current academic and/or emotional difficulties are a function of some type of genuine disability or are due to inadequately developed English language skills or to cultural differences. LEP students may be inappropriately referred to special education by caring teachers who are not equipped to provide effective and appropriate language enrichment and content instruction to meet their needs. For these teachers, special education may be seen as a program that will provide second-language students the academic foundations necessary for future scholastic success (Colorado Department of Education (CDE), 1999). The converse of this situation is the possibility that some students who are genuinely in need of specialized services may not be referred to special education due to a fear of

misidentifying their educational needs. School staff may also be hesitant to provide duplicative services to students with multiple needs because they question whether these services support or supplant the student's primary educational program (CDE, 1999).

To determine whether a LEP student qualifies for special education, it is necessary to gather information about how the student functions in the areas of cognition, communication, social-emotional status, physical status, academic performance, and transition/life skills/adaptive behavior. To gather this information, educators typically use standardized assessment instruments. However, as discussed above, standardized assessments often prove to be invalid predictors of a LEP student's true functioning levels. Thus, the tests may become a measure of the student's English language proficiency and knowledge of mainstream culture rather than a measure of academic potential (CDE, 1999).

Accurate descriptions of a student's communicative competence in both languages are essential to determine if a perceived problem or difficulty in English is a true language disability. Students who are able to engage in oral and written communication in their primary language do not have a language disability. Evidence of language difficulties only in the student's second language is an indication of a language difference, not a disability. Therefore, assessment processes in the speech/language area must be designed to provide detailed descriptions of the student's ability to use his or her primary language in addition to English. Only after documenting problematic behaviors in the primary language and in English, and eliminating extrinsic variables as the cause of these problems, should the possibility of the presence of a language/learning disability be considered (Rice & Ortiz, as cited in CDE, 1999).

Summary

Over the past three decades, rapid growth in the number of persons immigrating to the United States and changes in immigration patterns have substantially altered the demographic characteristics of the U.S. population. By extension, the number of LEP students in American schools has increased, creating a significant challenge for educators. Research suggests that in the absence of appropriate supports, LEP students are at risk of experiencing serious educational difficulties. A significant number of LEP students also have a concomitant disability; those students are at even greater risk for negative educational outcomes.

Differences in learning, behavior, culture, and language, either separately or in combination, may exacerbate educational problems caused by disabilities. In addition, some researchers believe that culturally and linguistically diverse students

may be disadvantaged in the assessment and evaluation process. These researchers have called for further efforts to incorporate cultural and linguistic sensitivity into the assessment and identification process.

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