

# Data Notes for IDEA, Part B

These data notes contain information on the ways in which states collected and reported data differently from the OSEP data formats and instructions. The notes refer to the tables in volumes 1 and 2. In addition, the notes provide explanations of significant changes in the data from the previous year. The chart below summarizes differences in collecting and reporting data for 12 states. These variations affected the way data were reported for the IDEA, Part B child count and the educational environment, exiting, and discipline collections. Additional notes on how states reported data for specific data collections follow this table.

**Table 1 State Reporting Patterns for IDEA, Part B Child Count Data 2001, Other Data 2000-01**

States	Differences from OSEP reporting categories			
	Multiple disabilities	Other health impairments	Deaf-blindness	Traumatic brain injury
Colorado		O		
Delaware	P	O		
Florida	P			
Georgia	P			
Illinois <sup>1</sup>	P			
Michigan		O	H	R
Mississippi		O		
Minnesota <sup>1</sup>	P			
North Dakota	P			
Oregon	P			
West Virginia	P			
Wisconsin	P			

Note: Table numbers refer to tables in vol. 2 of this report.

## Tables AA1-AA17: Child Count

**Alabama**—The state attributed the increase in the number of children reported in the developmental delay category to a change in the state’s upper age limit for this category. The 2000 child count is the first year that children over age 6 were reported in this category.

**Alaska**—The state attributed the increase in the number of children ages 3 through 5 with developmental delay to a change in state policy. Until recently, the state did not have “defined and established eligibility criteria” for developmental delay. This is only the second year that Alaska has reported children in its child count using the developmental delay category. Students currently reported under developmental delay were previously reported in other categories.

**Arizona**—The state attributed the increase in the number of children ages 6 through 21 with other health impairments to an increase in the number of children diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD).

<sup>1</sup> Illinois and Minnesota reported children in the multiple disabilities category for the 2001 child count, but reported children according to primary disability for the 2000-01 educational environments, exiting, and discipline tables (see vol. 2).

The state attributed the increase in the number of children ages 6 through 21 with autism to an increased public awareness of the condition and improvements within school systems in identifying children with autism.

**California**—The state attributed the increase in the number of children ages 3 through 5 and 6 through 21 with autism to an improved awareness of the condition as well as to a steady increase in enrollment of special education students.

**Connecticut**—The state attributed the increase in the number of children ages 6 through 21 with autism to an increase in professional and parental awareness and the growth of professional organizations advocating services for children with autism. In addition, the state identifies students at a younger age so more children are reaching age 6 with the identification already in place. In some cases, the state is reclassifying older students with autism. Furthermore, children with autism are not exiting from special education to return to regular education.

**District of Columbia**—The District of Columbia attributed the increase in the number of children reported in many categories of the child count data to the addition of 528 students served in charter schools. This is the first year these students have been counted.

**Illinois**—The 2001 child count is the first time that the state reported children in the multiple disabilities category. In previous years, the state reported students with multiple disabilities according to their primary disability.

**Indiana**—The state attributed the increase in the number of children ages 3 through 5 with developmental delay to the fact that this is only the second year that Indiana reported students in this category. Most of the students who could have been reported with developmental delay in last year's child count were reported in other categories.

The state attributed the increase in the number of children ages 6 through 21 with autism to an increased awareness and identification of the condition.

**Iowa**—Iowa does not collect disability data for all 3- through 5-year-olds. In 2000, the state used the disability distribution among children for whom these data were known to assign disability to the count of children without a specific disability. In 2001, the state assigned disability based on incidence data collected several years ago. As a result of this change in methodology, the disability distribution changed substantially between 2000 and 2001. In particular, the reported count of children with speech or language impairments dramatically declined and the count of children with specific learning disabilities or mental retardation dramatically increased. The state is considering resubmitting their data. They have undertaken a study to update the incidence data they use to assign disability to the child count. New data based on the study will be available in future reports.

**Kentucky**—The state uses the developmental delay category to classify children ages 3 through 5 unless an alternative disability category is clearly more appropriate. The state attributed the high

number of students (compared to the national total) ages 6 through 9 with developmental delay to the high number of children identified during their preschool years. The number of students identified with developmental delay peaks at age 4 and declines thereafter, resulting in gradually decreasing counts as children matriculate through the system. In addition, the state increased the upper age limit for developmental delay from age 5 to age 8. This resulted in a greater number of children in this category.

**Maryland**—The state attributed the increase in the number of children ages 6 through 21 with autism to an increased awareness of the condition and to improvements within the school system in identifying children with autism. In addition, the increase may be due to families with autistic children moving into Maryland due to its exemplary programs and services for children with autism.

**Massachusetts**—The state is in the first year of a 3-year transition to a new data collection system. Disability counts in prior years were based on a formula. Beginning in 2001, the disability counts are based on actual individual student data. Because the identification of individual students by disability is not required until they either undergo an initial eligibility determination or a 3-year re-evaluation, some of the disability determinations for this school year were based on the professional judgment of the school districts providing the data, rather than representing an IEP team determination. Although this means that the 2001 child count does not fully reflect team decisionmaking, Massachusetts deems that these data are more accurate than the formula-based reporting used in the past.

Massachusetts attributed the high number of children (compared to the national total) ages 3 through 5 with traumatic brain injury (TBI), the high number of children ages 6 through 21 with TBI, and the high number of children ages 6 through 21 with deaf-blindness to changes in how the state tracks and counts children using individual data.

**Michigan**—The state attributed the decrease in the total number of Asian/Pacific Islanders served to correcting an error that was made in reporting these children in previous years. Several local districts erroneously were overreporting Asian/Pacific Islanders because of a coding error. The state is still working with some districts to correct this problem.

**Minnesota**—The 2001 child count is the first time that Minnesota reported children in the multiple disabilities category. In previous years, the state reported students with multiple disabilities according to their primary disability.

The state attributed the increase in the number of children ages 3 through 5 and 6 through 21 with autism to more staff resources, continued outreach programs, better diagnosis and identification of the disorder, and improved training methods and assessments.

**Missouri**—The state reported that the increase in the number of children ages 3 through 5 with speech and language impairments is due to a change in eligibility under the state plan. Districts now choose a categorical diagnosis for children ages 3 and 4 in addition to using the category “young child with a developmental delay.”

The state attributed the increase in the number of children ages 6 through 21 with autism to better diagnosis and identification of the disorder by school personnel.

**Montana**—The state changed its method of reporting disability categories for children ages 3 through 5. Montana has a state statute that allows school districts to identify children ages 3 through 5 under “child with disabilities” without specifying a disability category. Because federal reporting requirements now require states to report students ages 3 through 5 by disability, Montana encouraged school districts to report specific disability categories for this age group. This year about 40 percent of the students in this age group were reported by disability. The state imputed disability for the remaining 60 percent using the data reported for the 40 percent. In previous years, the state imputed disability for 3- to 5-year-olds using the disability distribution for 6-year-olds.

**Nevada**—The state attributed the increase in the number of children ages 6 through 21 with autism to a change in data collection methodology. Some students previously counted in the mental retardation category are now reported in the autism category. The state also attributed the increase to better diagnosis and identification of autism by school personnel and physicians and improved training methods and assessments.

**New Jersey**—In 1997-98, New Jersey changed its definition of neurologically impaired (NI). Students previously defined as NI were grandfathered into the TBI category until they could be re-evaluated. The state attributed the large number of children (compared to the national total) reported with TBI to the continuing reevaluation of the students who were reclassified from NI to TBI.

**New Mexico**—The state attributed the increase in the number of children ages 6 through 9 with developmental delay to a change in the state definition of this category 3 years ago. The change resulted in more children being reported in the developmental delay category.

**New York**—New York collects data on race/ethnicity of all school-age students with disabilities (ages 4-21) but does not separately collect race/ethnicity data for students with disabilities who are ages 6-21. The reported race/ethnicity for 6- to 21-year-olds was estimated using race/ethnicity data from students ages 4 through 21 with disabilities.

New York reported that it collects disability data only for 4- and 5-year-olds in school-age environments (e.g., kindergarten). The state does not collect disability data for 3- through 5-year-olds in preschool environments. Children with disabilities in preschool environments are all reported in the developmental delay category.

**North Dakota**—The state is currently piloting the category of developmental delay for children ages 6 through 9. Children reported in this category are representative of pilot projects only.

**Oregon**—The state noted that its age ranges are different from the OSEP definitions. Children who are 5 years old on September 1 are considered to be school age and are included in the counts of 6-through 21-year-olds rather than the count of 3- through 5-year-olds.

The state attributed the increase in the number of American Indian and Asian/Pacific Islanders ages 3 through 5 who were served under IDEA to the changing demographics of Oregon, a trend also observed in previous years.

**South Carolina**—In South Carolina, children ages 3 through 5 with disabilities are served noncategorically. When the state reported these children on the child count, 2,281 could not be categorized with a specific disability. The state reported these students in the other health impairments category, which led to an increase in the number of children ages 3 through 5 reported in this category.

The state has criteria for reporting developmental delay but has not fully implemented the developmental delay category into its data collection. For the past 2 years, the state collected the category under a pilot program. The results have not been stable.

**Texas**—The state attributed the relatively high number of children with other health impairments (compared to the national total) to the fact that Texas does not use the developmental delay category to describe young children with disabilities. Children who would otherwise be reported with developmental delay may be reported in other categories, including, but not limited to, other health impairments.

Texas attributed the high number of children ages 3 through 5 in the visual impairments category (compared to the national total) to three factors. First, the definition of visual impairments in Texas is a functional definition, based on educational need and not on an acuity number (e.g., some states include only children with acuities of 20/200 or less). Using a functional definition may lead to higher identification of students. Second, because it is the local school districts, in conjunction with the state's early intervention agency, that serve children with visual impairments from birth, these children are already part of the education system when they reach age 3. This may positively affect child-find efforts. Third, the state feels it has a strong networked service delivery system with effective technical assistance and training to districts in regard to identifying and serving young children with visual impairments. With this support, districts may be more able (and willing) to identify children with visual impairments.

**Utah**—The state attributed the decrease in the number of children ages 3 through 5 with visual impairments to the reclassification of many children previously reported in the visual impairments category as having multiple disabilities.

The state attributed the increase in the number of children ages 6 through 9 with developmental delay to the fact that the category has only been used by the state for 2 years, and it has not had time to stabilize.

The state attributed the increase in the number of children ages 6 through 21 with autism to better diagnosis and identification of the disorder by school personnel. In addition, the state hired an autism specialist who has extensively trained school personnel across the state. Each district now has a training team for autism.

**Washington**—The state attributed the increase in the number of children ages 6 through 21 with autism to continued outreach programs, better diagnosis and identification of the disorder by school personnel and physicians, and improved training methods and assessments.

The state attributed the increase in the number of children ages 6 through 9 with a developmental delay to an increase in the state's upper age limit for this category from age 6 to age 9.

**Wisconsin**—The state attributed the increase in the number of children ages 6 through 21 with autism to better diagnosis and identification of the disorder by school personnel and physicians and improved training methods and assessments.

## Tables AB1-AB10: Educational Environments

**Alabama**—The state attributed the increase in the number of children ages 3 through 5 served in the part-time early childhood/part-time early childhood special education category to district-level improvements in the transition of children from Part C to Part B.

The state attributed the decrease in the number of students ages 6 through 21 served in public residential facilities to a concerted effort to place students with disabilities in regular classrooms.

**California**—The state attributed the increase in the number of children ages 6 through 21 who received special education outside the regular class less than 21 percent of the day to an increase in the number of special education students being placed in less restrictive environments.

**Illinois**—The state noted that some of its definitions do not match federal definitions for time outside the regular classroom. Illinois tracks time outside the classroom in two categories: from 1 to 49 percent of the school day and more than 50 percent of the school day. Illinois did not provide a crosswalk of how they report these data.

**Kentucky**—The state attributed the decreases in both the early childhood setting and the early childhood special education setting and the increase in the part-time early childhood/part-time early childhood special education setting to district training on educational environments. Districts have been trained to report students who have any amount of time in both programs in the part-time early childhood/part-time early childhood special education category. Previously, many districts reported students as either full-time early childhood or full-time early childhood special education setting based on percentages similar to those used in the placement categories for students ages 6 through 21.

The state attributed the increase in the separate school environment to three specific districts, two of which had new special education directors.

**Missouri**—The state reported that the increase in part-time early childhood special education is due to a change in the crosswalk from the school-age educational environment categories to the early childhood categories used for kindergarten students.

**Montana**—The state has a statute that allows school districts to identify children ages 3 through 5 under the category “child with disabilities,” without specifying a disability category. This year about 72 percent of the students in this age group were reported by disability. The state used the reported disability for the 72 percent to impute disability for the remaining 28 percent. In previous years, the state imputed disability for 3- to 5-year-olds using the disability distribution for 6-year-olds.

Montana provided unduplicated, rather than duplicated, counts of children with disabilities served in correctional facilities and enrolled in private schools not placed or referred by public agencies. The state will correct this error for the 2001-02 educational environments data.

**Nebraska**—The state reported that 67 students served in private residential facilities were counted in other educational environments.

**New York**—The state reported that school-age (kindergarten) students with disabilities who are 4 to 5 years old are not reported on the educational environments table.

**North Carolina**—The state does not collect race/ethnicity data for children enrolled in private schools, not placed or referred by public agencies.

**Ohio**—The state increased the number of placement options from the 10 used during the 1999-2000 school year to 23 for the 2000-01 school year. The state attributed the changes in the number of children served in some of the educational environments for 6- through 21-year-olds to this change in reporting categories.

**Oregon**—The state considers children who are 5-years-old on September 1 to be school age and includes them in the count of 6- through 21-year-olds. The state counts children who turn 5 after September 1 in the 3-through-5 age group.

The state attributed the decrease in the number of children ages 3 through 5 in part-time early childhood/part-time early childhood special education settings to one program in the state that changed how it coded children. This program had 171 students in this category during the previous year, and none in the category for 2000-01. The program increased the number of children reported in early childhood special education. The state is providing additional training to all contractors to improve data quality in the upcoming year.

The state attributed the increase in the number of children ages 6 through 21 in public residential facilities to the expanded Youth Correction Education Program in Oregon. Within the past 3 years, five youth correctional facilities and one “boot camp” opened, bringing the state total to 13 facilities. The overall student population served in these facilities, previously capped at 513 students, was raised to around 1,100 statewide. The cap is increased gradually as facilities fill. Many students in Oregon Youth Authority have been previously determined IDEA eligible and were served while in public school (estimates range from 40 percent to 64 percent). In addition, the state reported that 73 students in this category were most likely miscoded by LEAs. The state is working with LEAs to correctly code students in the future.

**Puerto Rico**—The state attributed the changes in the number of students served in various educational environments to population growth and to the state’s special education policies. Educational environments are based on children’s individual needs and are reevaluated every year. Therefore, the same child may move in and out of different educational environments each year based on need.

**Texas**—The state noted that some of its definitions do not match federal definitions for the amount of time spent outside the regular classroom. When Texas cross-walked state categories into federal categories, many students were counted as spending more time outside the regular classroom than they actually did. The following categories were affected: (1) special education outside regular class less than 21 percent of day, (2) special education outside regular class at least 21 percent of day and no more than 60 percent of day, and (3) special education outside regular class more than 60 percent of day. The definition of the mainstream instructional arrangement in Texas includes only those students who receive their full instructional day in a general education setting with special education support. Specific data about students receiving “pull-out” services for less than 21 percent of the day are unavailable; therefore, many students who could be reported in category 1 were reported in category 2. The Texas definition of self-contained classroom includes students who spend 50 percent or more of their school day outside the regular classroom, whereas the federal definitions use 60 percent as the cutoff. Students in Texas who are outside the regular classroom for 50 percent to 60 percent of their instructional day were included in category 3. Texas revised its data collection system and will more accurately capture data related to federal categories for the 2001-02 school year.

Texas state law mandated a change in the collection of data in several environments. Three state categories—self-contained, separate campus, multidistrict class, and community class—were collapsed into one “off home campus” environment. Students served in these environments were previously reported in the public separate facility and separate class environments. In the 2000-01 count, these students were all reported to OSEP in the public separate facility category. As a result, the number of children reported in public separate facilities is higher than the number of students actually served in this environment.

The state does not collect race/ethnicity data for children enrolled in private schools, not placed or referred by public agencies.

**West Virginia**—The state attributed the decrease in the number of children ages 3 through 5 served in part-time early childhood/part-time early childhood special education environments to a change in data collection methodology. The 1999-2000 data collection was the first year that districts used the new definitions and codes for reporting children ages 3 through 5; however, some districts did not update the definitions and codes until 2000-01. The state believes that data collected this year are more accurate.

## Tables AC1-AC3: Personnel

**Alabama**—The state attributed the decrease in the number of counselors to a drop in school enrollment.

**Arizona**—The state attributed the increase in LEA supervisors/administrators to an increase in population at charter schools.

Arizona attributed the increase in the number of physical therapists to LEAs that contract with private companies to provide the service.

The state attributed the increase in the number of not fully certified interpreters to a shortage of fully certified interpreters. Due to the shortage, the state has hired more interpreters who are not fully certified.

**Arkansas**—The state counts personnel who provide speech services as special education teachers rather than related services personnel.

**California**—The state attributed the increase in nonprofessional staff to a change in the data collection. Recent state legislation has resulted in general policy changes in the state educational system and has changed the way some personnel data are collected and reported.

**Connecticut**—The state changed how it reports kindergarten personnel. For the 2000-01 educational environments table, it reported kindergarten teachers in the count of teachers serving children ages 3 through 5. Last year, the state reported kindergarten teachers in the count of teachers serving ages 6 through 21.

The state attributed the decrease in the number of teacher aides to a decrease in the special education population, budget cuts, and aides obtaining teaching certification.

Connecticut did not report physical education or vocational education teachers because it was unable to distinguish staff serving special education students from staff serving general education students. However, the state provided data for school psychologists and social workers serving both populations.

**Illinois**—This is the first year that the state reported school psychology interns as fully certified, based on state requirements.

Illinois does not collect personnel data for staff in nonpublic schools.

Illinois does not collect personnel data by ages served. Data reported for children ages 3 through 5 include personnel who only serve early childhood or preschool students. The state reported other personnel serving ages 3 through 5 as serving children ages 6 through 21.

Illinois does not collect full-time equivalency data for personnel working in home or hospital environments, and therefore these personnel have been omitted from the data. Local school districts reported 3,095 people working in home and hospital settings.

**Kentucky**—The state attributed the increase in the number of fully certified interpreters to a new certification credential rather than an increase in the number of interpreters.

The state attributed the increase in other professional staff to increased federal funds that provided districts the opportunity to enhance services in many areas and to employ greater numbers of certified professionals to deliver these services.

**Maine**—The state counts personnel who provide speech services as special education teachers rather than related services personnel. The decrease in the number of personnel who provide speech services is due to an error on last year's count, when the state double counted these personnel.

**Minnesota**—The state attributed the increase in the number of occupational therapists to a change in how the state counts Certified Occupational Therapy Assistants (COTAs). In 2000-01, COTAs were included in the occupational therapists category. Previously, they were counted in the other professionals category.

The state attributed the increase in the number of supervisors/administrators to districts counting coordinators and due process facilitators in this category. Previously, these personnel had been counted as lead teachers.

Minnesota noted an increase in the number of charter schools but reported a high level of noncompliance with reporting data for these schools.

**Missouri**—The state attributed the increase in the number of speech pathologists to a movement from speech/language therapists as the primary provider for early childhood special education to speech/language services being provided as a related service.

The state reported that the increase in other professional staff may be due to a change in the reporting method used to count full-time equivalents in the professional staff categories.

**New Mexico**—The state reported professional personnel from the New Mexico Department of Education for the first time in this year's personnel data.

The state reported that the New Mexico Department of Education is no longer the licensing authority for speech pathologists and audiologists. Data were not provided for these categories before data were finalized for the annual report to Congress.

**North Carolina**—The state attributed the decreases in many personnel categories to budget deficits during the 2000-01 school year. North Carolina school systems failed to fund a significant number of special education personnel. In addition, changes from the previous year's count in five categories (work study coordinators, recreation therapists, physical therapists, other professional staff, and nonprofessional staff) are due to a database error in last year's count.

The state attributed the increase in the number of physical therapists to contracts with school systems that have resulted in full-time positions across North Carolina.

North Carolina counts speech pathologists as special education teachers rather than related services personnel.

**Oregon**—Oregon was unable to explain the year-to-year increases in the number of physical education, occupational therapy, diagnostic and evaluation, and other professional staff on the personnel table but reported that they are consistent with preliminary data for 2001-02.

**Virgin Islands**—The Virgin Islands attributed the increase in the number of fully certified counselors in 2000-01 to an error in last year's table. Last year, St. Croix district counselors were erroneously omitted from the personnel table.

**Virginia**—The state reported speech pathologists only in the count of special education teachers. No speech pathologists were counted in the related services personnel count.

**Wyoming**—The state reported that data for the personnel count were from the October count. The previous year's data were from end-of-year counts.

## Tables AD1-AD4: Exiting

**Alabama**—The state attributed the increases in the number of students exiting special education in the moved, known to be continuing category and the decrease in the reached maximum age category to improvements in its data collection methodology (see vol. 2).

**Arizona**—The state attributed the increase in the number of students reported in the moved, not known to be continuing category to incorrect data. The state noted that it is difficult to collect and report clean data in this category but believes this will change in 1 to 2 years when the new student accountability information system is in place (see vol. 2).

Arizona does not use the exit category received a certificate-of-completion.

**California**—The state attributed the decrease in the number of children reported in the moved, not known to be continuing category to a change in the data collection methodology. The state is now forcing school districts to do a better job of tracking students in the two moved categories.

**Colorado**—Data reported for school year 2000-01 are actually data for students exiting between December 1999 and December 2000.

**Connecticut**—In the past few years, many students were counted in the no longer receives special education category because of a change in the state eligibility guidelines. This change meant that many students were no longer eligible for special education. These new eligibility guidelines particularly affected students with specific learning disabilities. This year, there was a decrease in the total number of students who left special education services, as well as a decrease in the number of students with specific learning disabilities who left special education services. The state believes this is because the data have begun to stabilize.

**District of Columbia**—The District of Columbia reported that it did not report any students in the no longer receives special education services exit category because it does not collect these data.

**Georgia**—The state attributed the increase in the number of students in the moved, known to be continuing category to better tracking of transient students in its database.

**Guam**—Guam does not use the exit category received a certificate-of-completion.

**Hawaii**—The state attributed the increase in the number of students with speech or language impairments who are no longer receiving special education services to better training of teachers regarding eligibility for this category under IDEA. As a result of this training, students were identified differently, and many were taken out of all special education services and are now served under Section 504. The state reported that the change in how students are identified also resulted in an overall increase in the number of students exiting special education and an increase in the number of Asian/Pacific Islanders exiting. Many of the students now served under 504 rather than IDEA are of Asian/Pacific Islander descent.

The state attributed the decrease in the number of students with specific learning disabilities who received a certificate to the large number of students from this category who exited special education due to state efforts to place students in the least restrictive environments or to mainstream them.

Hawaii reported that its data were captured from the Integrated Special Education Database (ISPED), a fairly new system. As improvements are made in ISPED, the state expects the data to become increasingly accurate. The Special Education Section also plans to resume the practice of verifying data with districts. This practice was curtailed this past year due to difficulties with matching information from different databases.

**Idaho**—Data reported for school year 2000-01 are actually data for students exiting between December 1999 and December 2000.

The state reported that it awards the same diploma to all students, regardless of whether the diploma is earned by meeting regular graduation requirements or IEP requirements.

**Kansas**—The state does not use the exit category received a certificate-of-completion.

**Massachusetts**—The state does not use the exit category received a certificate-of-completion.

**New Jersey**—The state does not use the exit category received a certificate-of-completion.

**Ohio**—The state noted that the number of children reported as reached maximum age is incorrect. Most of the students reported have clearly not reached maximum age pursuant to state law because they are under 21 years old.

The state does not use the exit category received a certificate-of-completion.

**Oklahoma**—The state does not use the exit category received a certificate-of-completion.

**Texas**—Each fall, the state collects exiting data for the previous year. Data reported for school year 2000-01 are actually for students exiting in 1999-2000. Due to a different timeframe for the

collection of disability data and exiting data, 5,912 records did not have disability data for exiting. Disability was imputed for these students using the disability distribution for known cases. Disability information for the entire school year will be available for the exiting report of 2000-01.

Texas does not use the exit category received a certificate-of-completion.

**Vermont**—Data reported for school year 2000-01 are actually data for students exiting between December 1999 and December 2000.

**Wisconsin**—Data reported for school year 2000-01 are actually data for students exiting between December 1999 and December 2000.

The state reported that the number of Asian/Pacific Islanders collected by one school district is incorrect.

## Tables AE1-AE4: Discipline

**Alabama**—The state attributed the increases in the unduplicated count of children and the number of children subject to unilateral removal by school personnel for drug and weapon offenses to improvements in data collection and reporting.

**California**—The state attributed the increase in the unduplicated count of children removed for any reason (subject to unilateral removal for drug or weapon offenses and/or removal by hearing officer determination regarding likely injury and/or long-term suspension/expulsion) to a coding error in the data reported last year (1999-2000 table). This error resulted in an undercount of children. The state made changes to the data system this year to correct the problem.

**Connecticut**—The state noted that there has been an overall increase in the reporting of short- and long-term suspensions for students in both regular and special education from 1999-2000 to 2000-01. The state attributed this increase to improved data reporting and accuracy and schools more consistently following state requirements for reporting disciplinary offense information.

**District of Columbia**—The state reported that it did not report any students in the removal based on a hearing officer determination of likely injury because it does not collect these data.

The District of Columbia also noted that its unduplicated count of children is incorrect. It is in the process of collecting the correct numbers and will resubmit a corrected revision in the near future.

**Georgia**—The state attributed this year's increase in the unduplicated count of students to errors in the 1999-2000 data.

The state attributed the decrease in the number of children subject to unilateral removal by school personnel to a change in disciplinary policy. The state makes a concerted effort to only remove students when the student's conduct calls for it.

**Idaho**—The state attributed the decrease in the number of acts pertaining to hearing officer removals to a change in data collection methodology. In the past, the data collection differed from the OSEP reporting instructions. This year, the state followed OSEP instructions and reported only the number of acts leading to the 11<sup>th</sup> day of suspension, rather than reporting all accumulated acts throughout the year (as some districts had in the previous year).

**Maine**—The state attributed the decrease in the number of children subject to unilateral removal by school personnel for drug and weapons offenses to an overall decline in offenses for the entire school population. Many schools in Maine now have police officers on duty during the school day. Drug and weapons checks are randomly conducted by police officers, police dogs, and school staff.

The state attributes the decline in the number of students removed by a hearing officer to a change in data collection methodology. The state has emphasized that only a hearing officer trained in special education law should remove a student. In addition, this is only the second year that the state has collected the data, and some of the LEAs are still confused by the form.

**Michigan**—The state reported that a new department, the Center for Educational Performance and Information, was responsible for collecting discipline data for the first time during 2000-01. Due to the transition to a new department, Michigan notes that it is now most likely underreporting suspension data.

**Minnesota**—The state attributed the increase in unduplicated count of students removed for any reason (subject to unilateral removal for drug or weapon offenses and/or removal by hearing officer regarding likely injury and/or long-term suspension/expulsion) to more accurate data and additional data checks of individual student records. Most of this increase was in the short-term suspension category.

**Missouri**—The state attributed the significant year-to-year decreases in several discipline categories to a change in reporting methods. This year, Missouri districts reported all suspensions and expulsions on an incident basis, and the data were then compiled at the state level. In the past, each district compiled its own data for the OSEP report.

**Montana**—The state attributed the substantial increase in the number of students subject to unilateral removal by school personnel for drug or weapons offenses to more accurate data collection and interpretation. The way the state analyzes and interprets the data was revised.

**Nevada**—The state attributed the increase in the number of students subject to long-term suspensions to districts increasingly adopting “zero tolerance” policies for student conduct. In addition, districts are becoming more knowledgeable about compliance with federal laws and regulations.

**New Jersey**—The state attributed the significant increases in many discipline categories from 1999-2000 to 2000-01 to a change to a new web-based application in 1999-2000. This year the data are more complete. Last year, the reporting districts were unfamiliar with the system. The state expects less variation from year to year in the future.

**Rhode Island**—The state was unable to report some disability information on the discipline table because of the way the state collects these data. Rhode Island uses separate databases for its child count and discipline data and does not have a unique student identification number that links the two. Disability information is not part of the discipline data collection system.

**Utah**—The state attributed the increases in the number of students subject to short-term suspensions and removals by school personnel for drug and weapons offenses to the state’s “zero tolerance” policies.

**Vermont**—The state reported that the unduplicated count of children removed for any reason (subject to unilateral removal for drug or weapon offenses and/or removal by hearing officer regarding likely injury and/or long-term suspension/expulsion) on the discipline table is incorrect. The state will be unable to provide a correct unduplicated count for this year.

**West Virginia**—The state attributed the decrease in the number of students subject to unilateral removal by school personnel for drug or weapons offenses to mistakes in last year’s data. In the past, districts reported students as unilaterally removed for drugs and weapons offenses when they were actually removed for other reasons. This was corrected on the 2000-01 report.

**Wisconsin**—The state noted that this was the first year that information on the number of acts pertaining to hearing officer removals was collected. Therefore, comparisons between this year’s data and last year’s data are meaningless.

# Data Notes for IDEA, Part C

Note: Table numbers given below refer to tables in vol. 2 of this report.

## Table AH1: Counts of Infants and Toddlers Served

**Alaska**—Race/ethnicity was imputed for 99 children. The child count for 2- to 3-year-olds includes 49 children over the age of 3.

**California**—Although the state serves at-risk children, it did not submit data on the number of at-risk children served in the 2001 child count. Due to the time lag between when a delay is identified and when this information is updated in the state's data system, the state is no longer able to distinguish the at-risk population from other Early Start consumers.

**Indiana**—The reported child count is not complete. The state expects to revise the count in the future.

**Iowa**—The state reported a 15 percent increase in the child count as a result of improved Child Find and improved data reporting as a result of modifications to the computerized information system.

**Nevada**—The state attributes the decrease in the number of children served to unfilled direct service positions and/or frozen positions for direct service personnel. These staff shortages have resulted in a waiting list. Nevada is unable to serve all of the children with disabilities that it has identified. In addition, as a result of a change in state policy, Nevada no longer serves children who are at-risk.

**New Hampshire**—The slight decline in the child count reflects a change in reporting methodology. Last year, the count was based on survey information that was not completely accurate. The state believes this year's data are correct.

**Rhode Island**—The state imputed race/ethnicity for 122 infants and toddlers using the known distribution. They also counted some children (2.6 percent of total count) who had turned age 3 in the 2-to-3 age category.

**Washington**—The state did not report race/ethnicity for 214 children whose race/ethnicity was unknown.

## Table AH3: Early Intervention Service Settings

**Alabama**—The decline in the number of infants and toddlers in programs designed for children with developmental delays or disabilities, the decline in the service provider location, and the increase in the number reported in the home setting category are the result of Alabama's move to serve children in more natural environments.

**Florida**—The change in the number of children reported in the settings categories for 2000 is a result of a change in how the state classifies a child who receives services in a variety of settings. Prior to 2000, Florida assigned the child's setting/location based on the initial service location data in the Florida Early Intervention Program data system. For the December 2000 data, each child's service setting was determined based on a hierarchy of settings.

**Illinois**—The increase in the number of children served in almost all the settings is the result of caseload growth during the 2000-01 reporting period. This was reflected in the 2000 child count. The state continued implementation of a new front-end data system, so the data are also clean.

**Kentucky**—Kentucky only determines whether the program setting is home or community based versus office or center based. Because all children may receive services in multiple settings, when the state reports data to OSEP it assigns the service provider location to all children not also served in the home or community setting.

**Missouri**—The decrease in the other settings category is a result of better identification of children's primary settings by the state. These improvements allow the state to assign the applicable OSEP settings category.

**New York**—The increase in children served primarily in the home environment is the result of the state's emphasis on the delivery of services in natural environments. This is also the explanation for the decrease in the number of children served in programs designed for children with developmental delays or disabilities.

The increase in the number of children served primarily at a service provider location or other setting is a result of guidance the state gave to counties regarding how to code specific settings into the OSEP data collection categories.

**Oklahoma**—The state attributes the increase in the other settings category to a mistake in the assignment of settings categories. Through technical assistance, the state encouraged data collectors to use the other settings category when serving children in natural environment settings other than the child's home or child care environments. The state is providing further assistance to data collectors so that they better understand each program settings category.

**Oregon**—The state reported that the bulk of the number of infants and toddlers served in the service provider location setting occurred in two regions of the state. These two regions account for most of the decrease in the number of children ( $N = -54$ ) in the programs for developmental delay category. According to Oregon, because of the similarity in the definitions of these two settings (either can serve a group of children with disabilities), they believe there was a clarification/interpretation made for these two sites. This accounted for the increase in the service provider location setting. They will train service providers in the accurate interpretation of these definitions this coming year.

**Rhode Island**—The state reported that the increase in the other settings category is related to how service settings are classified into this setting. In Rhode Island, the individualized family service plan (IFSP) form does not provide a space to define other locations. Providers define other on a service-rendered form (SRF) at the time the services are provided. However, the SRF has a different set of location codes that do not correspond with those on the IFSP. In the future, these codes will match, and providers will be asked to define other location on the IFSP. Until then, the other settings category is inflated (e.g., daycare was entered into an SRF under other location. It should be counted as a program designed for typically developing children). The location codes will be revisited and more clearly defined within the next 5 months. The state expects that the data for 2002 will be clearer.

### Table AH4: Early Intervention Program Exiting

**Alabama**—Because the state's definition of Part B eligibility does not match OSEP's definition, it was unable to distinguish between children determined to be Part B eligible with an IEP in place and children who had been referred to Part B. As a result, these children were reported in the eligibility not determined category.

The state also reports that the increase in the attempts to contact unsuccessful category is a result of more accurate reporting.

**Arizona**—Arizona has changed its data collection method for the information reported to OSEP. In previous years, the state retrospectively collected data for the previous year counts. Not all agencies collected the necessary information, or they were unable to submit data for the appropriate time period. Improved data collection efforts for reporting year 2000-01 resulted in better reporting of table counts.

**California**—The change in the number of children in the different basis of exit categories is the result of a revised consumer data system implemented in April 2000. California can now distinguish between children exiting early intervention because:

- the case was closed during eligibility determination (284);
- they moved out of state (147);
- they were withdrawn by parent (620); and
- attempts to contact were unsuccessful (583).

Previously, all of these reasons for exiting were counted in the completion of an IFSP prior to maximum age exit category.

The revised data system also reduces data reporting time lags and permits more comprehensive and timely identification of children exiting Early Start who are not Part B eligible and those who exit to other programs.

**Florida**—The increase in the number of children exiting from the Florida Part C program between 1999 and 2000 is the result of improvements in its reporting requirements beginning in 2000. The number of children reported as exiting Part C services in 1999 represents an underreporting of children. Now, because this information is a critical monitoring factor, the local agencies comply with the data reporting requirements.

**Idaho**—The decline in the number of children reported in the Part B eligibility not determined category is the result of Idaho's dedicating a considerable amount of the 2000 data collection year's effort to cleaning up this category.

Due to the lag time in paperwork catching up with the data entry process, the state reported that it will always have a small number of children whose exit status is undetermined. The state plans to keep that number down to 1 percent or 2 percent of the total exited count. It believes that the large number of children whose exit status is Part B eligibility not determined is an indication of a larger systemic problem concerning the child's transition process in the state.

**Missouri**—Missouri reports that the increase in the number of children exiting with no referral is because caseloads have increased. In addition, Part C personnel were not as successful in referring children ineligible for Part B to other programs.

**Nebraska**—Nebraska does not collect data for the following exit categories: not eligible for Part B, exit with no referrals, moved out of state, and attempts to contact unsuccessful.

**Nevada**—Nevada attributes the increase in the number of children in the Part B eligibility not determined category to the fact that no data tracking system accurately collects Part C to Part B transition information. The state's Part C program plans to provide technical assistance to programs to ensure correct coding for children transitioning to Part B.

**Pennsylvania**—The state attributes the increase in the category completion of IFSP prior to reaching maximum age to the state's now serving more children and increasing its public awareness program for early intervention.

It reports that the decrease in Part B eligibility not determined is a result of increased coordination efforts with the Part B program so that the state is able to establish eligibility earlier.

**Rhode Island**—When Rhode Island initiated a new data collection system in 2000, the discharge codes did not clearly reflect the OSEP reporting categories. Exit with referral and exit with no referral were not separate categories. As a result, all of these children were reported in the exit with no referral category. Late in 2000, the discharge codes were updated to break out the categories. Because Rhode Island mandates that all children exiting the system without completing IFSP goals must be referred, the state expects the number of exits with no referral to decline in the next reporting period.

## Table AH5: Early Intervention Services

**Arizona**—The state of Arizona changed its methods for collecting Part C data. In previous years, the state collected historical data from service agencies. Not all agencies could provide the information or they were unable to submit data for the appropriate time period. Revised data collection efforts for the reporting year 2000-01 resulted in better reporting of counts.

**Florida**—The change in the number and type of services provided to children reflects the variation in service needs of a cohort of children from year to year. The greatest change, in the other category, is a result of the state's including evaluations and assessments as services in 1999 and not including them as services in the count for 2000.

**Illinois**—The increase in the number of services provided in Illinois is the result of caseload growth during the 2000-01 reporting period. The state continued implementation of a new front-end data system, so the data are also cleaner.

**Minnesota**—The state does not collect services data by race/ethnicity.

**Missouri**—The state attributes the decrease in the family training category to improved staff training and to providing staff with a clearer definition of the service category. In the past, any informal directives or instruction provided to parents were counted under the family training category. Family training is now defined as a formal instructional course or training, and informal instruction to parents is no longer counted in the category.

There was also a change in the data reporting method for the 2000-01 data collection. An electronic collection was used, resulting in more timely and improved reporting. This in turn resulted in different and more accurate categorization of services. This is especially noticeable in the health services category, which shows a large decrease from last year. Services previously reported as health services are now reported in other categories.

The state no longer includes service coordination in the other services category as was incorrectly done in previous submissions. This accounts for the decrease in the other services category.

Changes have also been made to the methods of reimbursement for services provided in a natural environment. This change resulted in a decrease in reported transportation costs.

Vision services data have decreased because the state no longer counts vision screening services provided prior to Part C eligibility determination.

**Oklahoma**—In 2000, Oklahoma experienced a large increase in other early intervention services. This increase reflects a change in where the state reports child development specialists. In 1999, they were counted in the special instruction category. In 2000, they were counted in the other early intervention services category.

**Oregon**—Oregon reports that the increase in the number of other early intervention services provided is the result of collecting data on an increased range of other early intervention services for state use. Prior to 2000-01 the state reported relatively small numbers (approximately 20) of other early intervention services (e.g., orientation and mobility and autism services), and categories and definitions were changed. The 2000-01 data appear stable and represent an accurate count of other early intervention services from the state.

## **Table AH6: Early Intervention Personnel Employed**

**Alabama**—Alabama is unable to account for the decrease in total staff. These data are as reported from providers.

**Florida**—Changes in the number of providers enrolled in the Early Intervention Program reflect the changing array of individuals providing services to the birth through 3-year-old population. Overall, the Florida Early Intervention Program has made an effort to encourage and enroll more professionals as service providers.

**Illinois**—Illinois reported that the increase in the number of personnel employed is the result of caseload growth during the 2000-01 reporting period. The state also continued implementation of a new front-end data system, so the data are cleaner.

**Missouri**—The state reported that the decrease in number of other professional staff is a result of excluding service coordination from the count. In previous years, service coordinators were incorrectly included in the count of personnel.

**Nebraska**—Nebraska reports that the decline in the total number of full-time equivalent personnel reported by the state may be because they are now able to prorate the full-time equivalency based on caseload. This enables them to collect more accurate full-time equivalency data.

**New York**—The state explained that the increase in number of full-time equivalent personnel providing services is due to a change in the requirements for individuals providing services under contract to a provider agency. The New York City Early Intervention Program received approximately 6,500 applications from individuals for approval as an individual provider. If these individuals subcontract with or are employed by a provider agency, they may also be listed as a full-time equivalent on the agency's application or information updates.

**Ohio**—Ohio reported that the decline in the number of personnel is because these data are not representative of service providers across the state. Ohio is instituting a reporting tool to be used by all agencies/organizations providing services to the early intervention population. This survey will provide a more comprehensive report of personnel who provide services to early intervention children in Ohio.

**Oregon**—Oregon reported an increase in the number of paraprofessionals; the number of special educators and speech and language pathologists also increased. The state explained that the increases are not the result of a mistake or specific anomaly. However, they were unable to provide a specific explanation.

**South Dakota**—The state explained that the decrease in the total number of full-time-equivalent personnel employed is the result of newly established criteria for determining billable travel time. This change in criteria reduced the number of hours contracted and thereby reduced the number of full-time equivalents. The state is working on implementing changes to its data system that will help it distinguish between hours contracted and hours reimbursed. These changes should result in more accurate counts of full-time equivalents employed.

