



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

APRIL 23, 2001

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Secretary of Health
Florida Department of Health
Children's Medical Service
4052 Bald Cypress Way
Tallahassee, Florida 32399-1701

Honorable Charlie Crist
Commissioner of Education
Florida Department of Education
Capitol Building Room PL 08
Tallahassee, Florida 32399-0400

Dear Secretary Brooks and Commissioner Crist:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Florida during the weeks of December 6, 1999 and February 28, 2000 for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act (IDEA) and assisting Florida in developing strategies to improve results for children with disabilities. The IDEA Amendments of 1997 focus on "access to services" as well as "improving results for infants, toddlers, children and youth with disabilities." In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, the Florida Department of Education (FDE), the Florida Department of Health (FDOH) and parents and advocates in Florida. In conducting its review of Florida, OSEP applied the standards set forth in the IDEA 97 statute and in the Part C regulations (34 CFR Part 303) and Part B regulations (34 CFR Part 300).

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

OSEP's review placed a strong emphasis on those areas that are most closely associated with positive results for children with disabilities. In this review, OSEP clustered the Part B (services for children aged 3 through 21) requirements into four major areas: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary Transition and General Supervision. Part C (services for children aged birth through 2) requirements were clustered into five major areas: Child Find and Public Awareness, Family-Centered Systems of

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Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. Components were identified by OSEP for each major area as a basis to review the State's performance through examination of State and local indicators.

The enclosed Report addresses strengths noted in Florida, areas that require corrective action because they represent noncompliance with the requirements of the IDEA, and technical assistance regarding improvement for best practice. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

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

Thank you for the assistance and cooperation provided by your staffs during our review. Throughout the course of the review, Ms. Shan Goff, and Ms. Martha Asbury from the Bureau of Instructional Support and Community Services; and Michael Haney, Janice Kelly, and Renee Jenkins from the Children's Medical Services Program in the Department of Health and Rehabilitative Services, were responsive to OSEP's requests for information. They each provided access to necessary documentation that enabled OSEP staff to work in partnership with the Steering Committee to better understand Florida's systems for implementing the IDEA. An extraordinary effort was made by State staff to arrange the public input process during the Validation Planning week and, as a result of their efforts, OSEP obtained information from a large number of parents (including underrepresented groups), advocates, service providers, school and agency personnel, school and agency administrators, and special education unit administrators.

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

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

Sincerely,

Patricia J. Guard
Acting Director
Office of Special Education Programs

Enclosures

cc: Shan Goff
Michael L. Haney

EXECUTIVE SUMMARY **FLORIDA 2000**

The attached report contains the results of the first two steps (Validation Planning and Validation Data Collection) in the Office of Special Education Program's (OSEP) Continuous Improvement Monitoring of the Individuals with Disabilities Education Act (IDEA), Parts B and C, in the State of Florida during the weeks of December 6, 1999 and February 27, 2000. The process is designed to focus resources on improving results for infants, toddlers and children with disabilities and their families through enhanced partnerships between the State agencies, OSEP, parents and advocates. The Validation Planning phase of the monitoring process included the completion of a Self-Assessment by Part B and analysis of both the Self-Assessment and the Part C Self-Study (completed earlier), a series of public input meetings with guided discussions around core areas of IDEA, and the organization of Steering Committees that provided further comments on the information. As part of the public input process, OSEP and the State made efforts to include multi-cultural and underrepresented populations. The Validation Data Collection phase included interviews with parents, students, agency administrators, local program and school administrators, service providers, teachers and service coordinators and reviews of children's records. Information obtained from these data sources was shared in a meeting attended by staff from the Florida Department of Education (FDE) and Florida Department of Health (FDOH), parents, advocates, and members of the Steering Committees.

This report contains a more complete description of the process utilized to collect data, and to determine strengths, areas found to be out of compliance with the requirements of IDEA, and suggestions for improvement in each of the core IDEA areas.

Early Intervention Services for Infants and Toddlers with Disabilities: **Part C of IDEA**

Strengths

OSEP observed the following strengths:

- FDOH in collaboration with an interagency body of key stakeholders developed and implemented a Long-Term Plan to assess the effectiveness of the Part C early intervention system.
- FDOH operates a data management system to track local and State performance that is used to assist with planning and monitoring activities.
- FDOH formed an interagency monitoring team that promotes interagency accountability and provides a boarder perspective in the assessment of the statewide system of service delivery.
- FDOH provided leadership in fostering partnerships to ensure capacity building at both the State and local level.
- Intra-agency and interagency collaborative efforts have enhanced child find efforts.
- Family Resource Specialists provide ongoing support to programs and families to assure access to identified needed services.

- FDOH in collaboration with other interagency collaborators in a few targeted areas of the State implemented a joint transition process to ensure smooth and timely transitions from Part C to Part B special education preschool and other appropriate services.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- Ineffective monitoring procedures to ensure compliance with Federal Part C requirements among all participating agencies and programs.
- FDOH's provisions for technical assistance are not effective to correct deficiencies identified through monitoring.
- FDOH has not employed procedures to correct identified deficiencies and enforce obligations as appropriate.
- Lack of effective child find and untimely referrals among underrepresented groups and those in the rural areas.
- Lack of procedures to ensure timely evaluations.
- FDOH has not ensured the provision of ongoing service coordination for eligible children and their families.
- FDOH has not instituted effective procedures to facilitate individualized decisions by the IFSP team, including the determination of natural environments for each child.
- FDOH's policies and procedures do not ensure the timely delivery of services.
- Family supports are not identified and documented on the IFSP.
- Transition procedures do not ensure that a meeting is held 90 days prior to the child's third birthday.
- IFSPs do not include all of the required content relating to the transition process.

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

Strengths

OSEP observed the following strengths:

- FDE has demonstrated leadership and a commitment to providing high quality education through numerous statewide training opportunities and technical assistance initiatives including:
 - The Florida Diagnostic and Learning Resources System (FDLRS)
 - Florida's Team Training on Positive Behavioral Supports Project
 - The Florida Inclusion Network (FIN)
 - The Multiagency Service Network for Students with Severe Emotional Disturbances Project
- FDE's mediation system, commended by participants at the public input meetings, has been an effective process for conflict resolution.
- FDE has developed numerous publications to assist local districts and parents with the secondary transition requirements of IDEA.

- Parents have become integral members of many State-sponsored committees and parent input on these committees is used to provide a meaningful foundation for the work of these committees throughout the State.

Areas of Noncompliance

- FDE's monitoring system is not effective in identifying and correcting noncompliance with Part B requirements that focus on improved results for children with disabilities.
- FDE does not ensure that all Part B complaints are resolved within 60 calendar days after a complaint is filed.
- FDE does not ensure that reports on the assessment of children with disabilities are made available to the public with the same frequency and in the same detail as reports on the assessment of nondisabled children.
- IEP teams do not always make an individualized determination about what, if any, modifications in the administration of State or district-wide assessments are necessary for a child with a disability to participate in the assessment.
- School districts do not ensure that all children who need speech and language pathology as a related service to benefit from special education receive that service.
- Psychological counseling services are not provided to all students with disabilities who need them to benefit from special education.
- School districts do not ensure that all students with disabilities are removed from regular education classes only when the nature and severity of their disabilities is such that their education cannot, even with the use of supplementary aides and services, be achieved in the regular education environment.
- School districts do not always invite other agencies that are likely to be responsible for providing or paying for needed transition services to IEP meetings or take steps to ensure the participation of other agencies in the planning of transition services.
- School districts do not always ensure that parents are properly notified that transition is a purpose of an IEP meeting and that the student and representatives of other agencies are invited to attend.
- Secondary transition plans for students with disabilities do not represent a coordinated set of activities within an outcome-oriented process that promotes movement from school to post-secondary activities.

Florida Monitoring Report
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INTRODUCTION

Florida is among the fastest growing States in the nation. Its population, according to the spring 2000 estimates by the Executive Office of the Governor, is approximately 15.65 million. Of that number, there are approximately four million children and youth, representing 25% of the total population of Florida. Over 380,000 children with disabilities, birth through 21 years, receive early intervention or special education services in Florida.

Administrative Structure

In September 1993, the governor designated the Florida Department of Health (FDOH) as the Lead Agency for Part C. Florida's Early Intervention Program is administered by Children's Medical Services, a component of FDOH. Other collaborative entities that support FDOH's efforts to carry out the provisions of the statewide early intervention system include: the Developmental Evaluation and Intervention Program (DEI), the Infant Hearing Impairment Program (IHIP), and designated services authorized by Chapter 393 of the Florida Statute.

In 1998, Florida projected that there were some 34,180 infants and toddlers, or 6 % of the birth to three population, potentially eligible (those with high risk factors) for early intervention services. Some 28,205 children (approximately 5% of the birth to three population) were referred for early intervention services during that year. Of that number some 11,783 children, or 2.2%, were found eligible for Part C services. In 1998, 20% of the total number of Part C eligible children served were identified prior to one year of age. In an effort to identify early all potentially eligible children and make a referral to the Part C system in a timely manner, FDOH coordinates its child find efforts with the State's initiative that ensure that all children have a primary health care provider and are linked to a medical home¹. The success of this administrative structure is demonstrated by the fact that during the second quarter of 1999-2000, 93% of the eligible Part C children were also identified as being linked to a medical home. To determine that an infant or toddler is eligible for early intervention services in Florida, the multidisciplinary team must find that the child meets one of the following criteria: (1) a score of 1.5 standard deviations or greater below the mean in at least one area of development; (2) a 25% delay or greater in at least one area of development; or (3) based on informed clinical opinion and the observation of atypical functioning.

The Florida Department of Education (FDE), Bureau of Instructional Support and Community Services, supports school districts and other agencies to provide exceptional student education programs for students ages 3 through 21. FDE staff provide training to school staff, district administrators, and others on important issues and current instructional practices; provide current information on State and federal laws relating to the education of exceptional students; monitor the districts' compliance with those laws; help resolve conflicts between school districts and

¹ A medical home is an approach to providing health care services in a high-quality and cost-effective manner to children and their families in partnership with a pediatrician or physician. This approach is to ensure the identification and access to all medical and non-medical services needed to assist the child and family in achieving their maximum potential. American Academy of Pediatrics.

families of exceptional students; and provide additional technical assistance to school districts as needed.

According to the fall 1998 public school membership count there were 2,336,793 students in grades pre-kindergarten through 12 across 67 school districts with overall student populations that range from the lowest at 1,067, to the highest at 352,538. The minority population in Florida comprises 46% of the student population with the Hispanic population experiencing the greatest proportional growth. The population of students with disabilities represents 15% of the total public school membership. The average statewide ratio of classroom teacher to students is 1:17.

For the 1998-99 school year, the expenditure per regular education student was \$4,024 and \$6,880 per exceptional student. State appropriated exceptional student education revenue for 1998-99 totaled \$2,224,644,370 for students with disabilities. Florida's federal fiscal year 1999 appropriation for sections 611 and 619 of Part B of IDEA was \$238,676,175.

During Fiscal Year 2000, FDE distributed approximately 80% of its Part B funds to districts and agencies. The remaining funds were expended on activities and projects that further support FDE's statewide initiatives in the following areas: assessment, behavior and preventative discipline strategies, implementation of IDEA, reading and literacy, and collaboration with basic education personnel.

Statewide Assessment Program

The Florida Statewide Assessment Program measures students achievement of the standards established by the State Board of Education, known as the Sunshine State Standards, in reading, writing, and mathematics. The major tool for assessment is the Florida Comprehensive Assessment Test (FCAT). This test was expanded in 1999 to assess students in grades 3-10 in reading and mathematics using both criterion-referenced and norm-referenced tests. Writing will continue to be assessed in grades 4, 8, and 10. Students who entered 9th grade in 1999-2000 must pass the 10th grade Florida Comprehensive Assessment Test in reading and mathematics to graduate. (Note-The use of the High School Competency Test (HSCT) as a requirement for graduation has been phased out by the State Board of Education.)

IDEA 97 requires that children with disabilities are included in State and district-wide assessment programs with accommodations in the administration, if necessary. Florida has set a goal of inclusion of 85 percent of students with disabilities. Inclusion rates for the 1999 Florida Comprehensive Assessment Test ranged from 50 percent for tenth grade to 79 percent at fifth grade. Decisions about inclusion/exclusion and selection of an alternate assessment are made by the IEP team.

Validation Planning

Validation Planning was a well-organized, comprehensive process that began in May 1999 when FDE and FDOH received notice from OSEP that FDE and FDOH would be reviewed for the purpose of assessing compliance in the implementation of IDEA during the 1999-2000 school

year. FDE and FDOH contracted with the University of Miami, School of Education, to assist in the design and implementation of the public input meetings using a focus group process. During the summer of 1999 joint planning meetings were held with FDE's Bureau of Instructional Support and Community Services, FDOH's Children's Medical Services and University of Miami staff.

Prior to the public input meetings, the University of Miami conducted a pilot focus group meeting in Miami, with participants invited through the local school district, local early intervention providers, parent organizations, and the regional planning councils. These sessions were videotaped and recorded for training facilitators and recorders for the focus group meeting that was held in December 1999. A cadre of facilitators and recorders was selected from the staffs of statewide discretionary projects, regional planning councils, local agency providers, and regional resource centers.

Twelve focus group meetings were held during the week of December 6, 1999. These twelve focus group meetings were geographically distributed throughout the State. Separate focus groups were conducted for Part C and Part B at each site. Childcare was organized and contracted through the Part C lead agency. The sites on the West Coast were Ft. Myers, Tampa and Chipley. The East Coast and Central sites were Ft. Lauderdale, Orlando, and Gainesville. Because of the potential for large numbers of participants, high schools were selected as the optimum locations to ensure the use of auditoriums for large group introductory remarks and availability of a number of classrooms for conducting the individual focus groups. A total of 350 individuals participated in the public input meetings. This included 154 family members of children receiving special education or early intervention services, 59 administrators, 49 teachers, 47 related service providers, 8 services coordinators, and 33 individuals that did not fit into any of the preceding categories.

Discussions at the focus group meetings centered around the nine cluster areas of IDEA identified by OSEP as leading to better results for infants, toddlers and children with disabilities. The Part B cluster areas are: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary Transition and General Supervision. The Part C cluster areas are: Child Find and Public Awareness, Family-Centered Systems of Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. The questions for each cluster were developed into a series of protocols for the focus groups to explore.

The use of technology was critical to the success of the public input meetings and the overall Validation Planning phase. The morning after each of the focus group meetings, debriefings were conducted with all facilitators and recorders, as well as observers present. The notes from the debriefing were electronically transferred to the University of Miami for immediate analysis and preparation of preliminary reports to be presented at the joint Parts B and C Steering Committee meeting held at the conclusion of the Validation Planning week.

In preparation for the Validation Planning visit, OSEP reviewed a number of documents and conducted several conference calls with FDOH and FDE staff and other stakeholders to assess the status of the Part B and Part C States' systems. The documents reviewed by OSEP included:

the States' applications for federal funds, the 20th Annual Report to Congress, States' Annual Performance Reports, correspondence from parents and advocates, the results of OSEP's previous monitoring reports, and the State's Self-Assessment document.

OSEP viewed Florida's validation planning phase as a highly successful endeavor and the feedback from constituents was extremely positive. The principles underlying the design of the process were:

- To the greatest extent possible, the focus group process would be viewed and conducted as a qualitative research based process;
- Information gathered would identify concerns and issues as well as strengths, and would also provide the State with recommendations for addressing issues and concerns;
- The focus groups would provide additional and/supporting information to complete the Steering Committee's Self-Assessment;
- The information produced by the focus groups would serve to validate issues identified through the Self-Assessment for OSEP's Validation Data Collection visit; and
- The results of the focus groups would provide the State of Florida with information and data to guide decision-making regarding program improvement and development activities.

Overview of Florida's Self-Assessment Process

FDE and FDOH created a joint Steering Committee for Part B and Part C to facilitate the development of the State's Self-Assessment document. The Part B Steering Committee consisted of representatives of parents, teachers, administrators members other statewide agencies and organizations. About half the members were also members of the State Advisory Committee for Special Education. The Part C Steering Committee consisted of representatives from the Interagency Coordinating Council, Regional Policy Council, intra-agency and interagency administrators, public and private organizations, and parents.

The Part B *cluster* areas and the State Improvement Plan were used as the basis for the development of the Part B section of Self-Assessment Report. *The Florida Long-Term Plan, Regional Policy Council Plan*, previous monitoring reports conducted both by OSEP and the State, audits from the State Medicaid office, and evaluation documents in collaboration with the recommended Part C cluster areas were used to form the basis for the Part C section of the Self-Assessment Report. The Self-Assessment Report reflects the Steering Committee's perceptions, observations, personal experiences and knowledge.

Prior to the public input meetings in December 1999, the Steering Committee developed components of the Self-Assessment Report, including a Self-Assessment Checklist, and a Data Index that each Steering Committee member used to assess the State's progress in each of the cluster areas. General concerns and strengths were identified relating to specific components in each cluster area. The information that was gathered during the public input process was used to provide additional and/or supporting information to validate the issues identified in the Self-Assessment Report.

Following the Validation Data Collection phase of OSEP's visit, the Steering Committee began improvement planning activities based on the Self-Assessment Report.

Validation Data Collection

OSEP conducted the Validation Data Collection visit to the State during the week of February 28, 2000 for the purpose of collecting data to validate the areas of concern identified through the Validation Planning process regarding the implementation of IDEA. The OSEP team was led by Lois Taylor, Associate Division Director. The Part C team included Alma McPherson, the Florida Part C State Contact, and team members Mary Louise Dirrigl, Jill Harris, Rhonda Ingel, Terese Lilly, Sheryl Parkhurst, and Sarah Willis. The Part B team included Sheila Friedman, the Florida Part B State Contact, and team members Susan Falkenhan, Debra Jennings, Marie Mayor, Lena Mills, Larry Ringer, Michael Slade, Paul Steenen, Carolyn Smith, Barbara Route, and Larry Wexler.

The Part C team conducted data collection activities in Okaloosa, Ft. Myers, Ft. Lauderdale, North Miami, South Miami, and Tampa. These regions reflect both urban and rural areas, and areas that serve underrepresented populations, minorities, migrants and families of children residing on Indian reservations. In each of the regions visited, OSEP's Part C team interviewed medical directors, program administrators, service coordinators, parents, service providers and representatives of the Regional Policy Council. The Part C team also interviewed State staff, representatives from other State level collaborating agencies such as Medicaid, FDE and members of the State Interagency Coordinating Council. The Part B team visited the following public school districts: Collier, Dade, Duval, Hillsborough, Okaloosa, Pinellas, and Seminole. The Part B team visited a total of six high schools, six middle schools and seven elementary schools. Part B staff also conducted interviews with FDE staff in Tallahassee on key State systems including State Monitoring, Complaints, Impartial Due Process Hearings, Mediation, Comprehensive System of Personnel Development, Early Childhood and Secondary Transition, and various State initiatives that impact students with disabilities in Florida.

As part of the validation data collection process the Part B and C teams gathered information on the areas of violations previously identified by OSEP during the 1997 monitoring visit. The previous areas of noncompliance for Part C included: service coordination, the identification and provision of all services, and the provision of services in natural environments. The previous areas of noncompliance for Part B included provision of a free appropriate public education in the least restrictive environment, including the provision of psychological counseling services; general supervision responsibilities related to the State's monitoring system; and that FDE did not ensure, in all cases, that, when the purpose of the IEP meeting is the consideration of transition services for a student, the public agency invite a representative of any other agency likely to be responsible for providing or paying for transition services. OSEP gathered information on these areas of noncompliance to ascertain whether corrective actions have been successful. FDOH submitted to OSEP in 1999 a corrective action plan for Part C that delineated activities that FDOH would undertake to address the areas of noncompliance. FDE submitted to OSEP in 1999 a corrective action plan for Part B that delineated activities that FDE would implement to address areas of noncompliance. During the February 2000 validation data collection visit, Part B and Part C teams observed that FDE and FDOH demonstrated that

activities delineated in the corrective action plans were being implemented to correct the previous deficiencies. However, all of the previous findings cited by OSEP delineated above for both Part B and Part C continue to constitute violations, as further explained in the Part B and Part C sections of this report.

Data was also collected to validate the areas identified during the Validation Planning phase. These included the new requirements under the IDEA Amendments of 1997, concerns and strengths contained in Florida's Self-Assessment Report and public input provided to OSEP by various parents and advocacy organizations. At the end of the Validation Data Collection week, OSEP staff presented the preliminary results to the State staff and Steering Committee members at the exit conference conducted in Tallahassee.

Improvement Planning

Through the collaborative efforts of FDE, FDOH, the Steering Committee, the University of Miami and OSEP, the State has begun to address some areas of improvement identified in the Self-Assessment document. FDE and FDOH in collaboration with major groups consisting of the State Advisory Committee, the State Interagency Coordinating Council, the Regional Policy Council, the Steering Committee, the Bureau of Instructional Support and Community Services/District Partners, and the Comprehensive System of Personnel Development Council, are developing a State Improvement Plan. Completion of a draft version of the State Improvement Plan is anticipated in the spring. As described in the Part B and Part C General Supervision Sections of this report, FDE's and FDOH's improvement planning activities include a major re-structuring of the monitoring systems that is designed to focus on improved results for children with disabilities. Throughout the improvement planning process, key stakeholder groups will provide input and review drafts of the improvement plan.

Approximately 60 days after the issuance of this report OSEP will revisit Florida to work with the FDOH and FDE to finalize an improvement plan that will include targeted activities and methodologies, provision of technical assistance, projected timelines for completion, and methods to evaluate the impact on results for children and families.

I. PART C: GENERAL SUPERVISION

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

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

Validation Planning and Data Collection

OSEP engaged in several activities during the validation planning process as a means to analyze information from the State, key stakeholders and the general public in the identification of potential areas of strengths and concerns relative to the provision of general supervision for Part C of IDEA. OSEP reviewed the results of the State's 1998 Part C Federal monitoring report, the State's Self-Assessment, quality assurance protocols, program contracts, interagency agreements, application for Federal Part C funds, the State's monitoring documents and data generated from the public input process. OSEP also reviewed eight demonstration and research projects in Florida funded through and administered by OSEP's Division of Research to Practice. These projects, which are implemented by various institutions of higher education, programs and agencies throughout the State, identified personnel shortages, the need for training and the provision of early intervention services in natural environments as areas of concern.

OSEP's 1998 monitoring report commended FDOH for its efforts to consolidate resources between the Part C system and the Children with Special Health Care Needs Program, under the Title V Maternal and Child Health Program. The consolidation of resources was designed to minimize duplication of effort and to ensure timely access to early intervention services. Despite these efforts, data from the State's Self-Assessment and results from OSEP's current monitoring activities indicate that FDOH has not achieved its goal of ensuring availability of resources and the timely delivery of services. These intra-agency initiatives did, however, assist the State in the identification of causal factors that may be associated with the areas of concern that OSEP identified in its 1998 report. Although OSEP's 1998 Federal monitoring report did not identify areas of noncompliance relative to general supervision, the report did identify areas of noncompliance in the provision of early intervention services that may have been the result of the State's failure to ensure appropriate supervision and administration of the State's early

intervention system. FDOH has made concerted efforts to correct the identified areas of noncompliance identified in the State's Self-Assessment or those identified by OSEP in 1998, and identified many of the same issues in its Self-Assessment submitted for the current monitoring activities.

OSEP's review of the State's Self-Assessment determined that the State had identified the need for technical assistance and training of administrators, families and providers to clarify State and Federal policies and procedures related to: (1) the lines of authority and roles and responsibility between the early intervention programs and regional policy councils; (2) procedures to ensure access to and the utilization and documentation of all available resources; and (3) a methodology to ensure continuation of services when interagency or contractual disputes arise regarding payment of services. Identified training issues included: (1) methodology to effectively utilize existing monitoring outcome data to effect systems change at the State and local level; (2) strategies to improve the efforts of service coordinators and providers in the development of family centered IFSPs and in the provision of services; and, (3) the need to increase the knowledge of families regarding the early intervention process and procedural safeguard provisions. In further review of the State's Self-Assessment and in discussion with State staff, OSEP learned that the present quality assurance process has not generated the quantitative data necessary to assess the impact of the State's training and technical assistance activities on improving identified areas of concern and fostering system change.

Based on the information in the State's Self-Assessment, the public input process and review of relevant documents, OSEP identified the following concerns: (1) ineffective interagency collaboration among State level programs to maximize resources; (2) inadequate State monitoring efforts to ensure compliance in the areas of child find, services in natural environments, family centered practices and transition; and (3) lack of a method to identify potential State, local and private fiscal resources.

To investigate issues identified during the validation planning process relative to FDOH's responsibility for supervision and administration of the early intervention system, OSEP reviewed IFSPs, State and local policies and procedures; interviewed State personnel, local medical directors and program administrators, providers, service coordinators, families and regional policy members across the State. OSEP reviewed and analyzed this data and identified the following strengths, areas of noncompliance, and suggestions for improving results for infants and toddlers with disabilities and their families.

A. AREAS OF STRENGTH

OSEP reviewed FDOH's guidance documents, monitoring materials, policies and procedures and analyzed the data from the validation planning and data collection process. OSEP identified promising practices being implemented throughout the State. The initiatives described below may potentially foster systems change. OSEP will follow-up on the impact of these initiatives as part of the improvement planning process.

1. The Long-Term Plan for Florida's Early Intervention System

In response to Florida's 1997-98 General Appropriations Act 506, FDOH developed a Long Term Early Intervention Plan in an effort to improve administrative efficiency and programmatic cost-effectiveness. FDOH solicited input and support from key stakeholders, families, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), the Developmental Disabilities Council, and public and private providers. The stakeholders developed 41 recommendations related to: (1) eligibility criteria; (2) administrative and programmatic structure, particularly as related to monitoring and contracts; and (3) the payment structure including sliding fee, co-payment, third party collection, and local contributions. These administrative and operational issues were included in the State's Self-Assessment for further data collection and analysis.

2. Computerized Data Analysis System

The Early Intervention Data System is supported by a contract with the University of Florida, Department of Pediatrics. The purpose of the data management system is to ensure: (1) the identification of strategies to assist in the evaluation of the statewide system; (2) a process to track and evaluate the outcomes/consequences of the provision of early intervention services on the development of eligible children and their families; (3) the operation and maintenance of monitoring and quality control for the infants and toddlers system, and; (4) the operation and maintenance of a fiscal management system.

The computerized data system is designed to allow participating local providers and agencies access to specific child and family information in the following areas: demographics, evaluations, services in natural environments, units of service, and costs associated with those services. The data are uploaded into the electronic system on a weekly basis by Early Intervention Staff. Child and family specific data and aggregate data can be produced on a quarterly or annual basis to generate reports in response to State and Federal requirements and to assist local early intervention programs with planning, monitoring, quality assurance and research activities. FDOH has adopted policies and procedures that are disseminated to all participating provider agencies and eligible families that ensure their rights regarding the disclosure of personally identifiable information.

3. Interagency Monitoring

To enhance the State's capacity to implement a statewide coordinated, interagency program of early intervention services, FDOH implemented an interagency monitoring process during the 1999-2000 monitoring cycle. The interagency monitoring team, conducts onsite and desk monitoring reviews of the 15 regional areas. As a result, State and agency staff are more aware of the varying issues and have a greater understanding of each agency's responsibilities and operations. The composition of the interagency team may vary depending on the structure of the service delivery model at the regional and local level. Interagency representation may include the State and local Medicaid office, FDE, FDOH and a parent. This monitoring process provides the State with mechanisms to identify potential problems with administrative and/or service delivery issues and to provide needed technical assistance at both the State and local level. It has

also afforded the State a mechanism to assess the effectiveness of contractual procedures and other arrangements utilized to ensure the provision of services to children and their families.

4. Fostering Partnerships with Key Stakeholders at the State and Local Level

a. State Interagency Coordinating Council

The Florida Interagency Coordinating Council for Infants and Toddlers has been one of the major forces providing continuous input to FDOH. The Interagency Coordinating Council plays a salient role by advising and assisting the State in the identification of issues that may impede the timely delivery of services. The Interagency Coordinating Council participated in the evaluation and analysis of the State's early intervention system that resulted in the development and implementation of the *Long Term Plan for Florida's Early Intervention System*. The Florida Interagency Coordinating Council for Infants and Toddlers has been exemplary in the development and implementation of initiatives to ensure parent involvement at all levels, and in the identification of barriers that impede the provision of early intervention services at both the intra-agency and interagency level. As a result of these partnership efforts, parents are active participants on the State's monitoring team, Medicaid staff are represented on local regional policy councils, and in December 1999, FDE designated a transition coordinator to work with FDOH.

b. Regional Policy Councils: Ensuring Capacity Building at the Local Level

Regional Policy Councils were established to foster shared governance in the implementation of the statewide early intervention system. Regional Policy Councils operate in conjunction with each of the 15 regional programs and provide a structure for involving local communities. Regional Policy Councils include families/caregivers, which must constitute 51% of the total Council's membership. The remaining 49% is composed of service providers and representatives from the community. The Regional Policy Councils act in an advisory capacity with the Early Intervention Program to: (1) develop the Community Plan; (2) participate in the implementation of the local quality assurance process; and (3) provide input into the development of and make recommendations regarding policies, procedures and service guidelines.

FDOH approves the Community Plans that are developed consistent with the established 16 core areas identified by the State in the quality assurance protocol. The Community Plans provide data that the State uses to determine the overall effectiveness of the statewide early intervention system and determine the strengths and areas of improvement at the local and State level. With an increase in family and community involvement there has been a commitment to not only identify issues, but also to recommend alternative service delivery models and needed resources to ensure the quality and efficacy of the early intervention program.

B. AREAS OF NONCOMPLIANCE

1. State Supervision and Monitoring Procedures Do Not Ensure Compliance Among all Participating Programs and Agencies

34 CFR §303.501 requires each lead agency to be responsible for the general supervision of programs and activities receiving assistance from Part C, and the monitoring of programs and activities used by the State to carry out Part C, whether or not these programs or activities are receiving assistance under Part C. In meeting the requirement of general supervision, the lead agency must adopt and use proper methods of administering each program, including monitoring agencies, institutions, and organizations used by the State to carry out Part C, enforcing obligations imposed on those agencies, providing technical assistance, and correcting deficiencies that are identified through monitoring. As detailed below, FDOH has not met these supervision and monitoring responsibilities to implement a statewide system of early intervention services.

OSEP found that FDOH's supervision and monitoring protocol and procedures do not ensure the identification and correction of areas of noncompliance among participating programs and agencies in the statewide Part C early intervention system.

Monitoring Protocols Fail to Identify Areas of Noncompliance

To meet the requirements of 34 CFR §303.501, FDOH established protocols and methods for monitoring, to ensure that each participating program and agency complies with Part C. FDOH is required to ensure that participating agencies and programs adhere to the applicable policies and procedures, statutes, and regulations, in the implementation of the components of the statewide early intervention system.

OSEP determined that although FDOH's monitoring protocols and written procedures contained all of the required Part C components, FDOH was not effective in identifying noncompliance, as evidenced by the fact that the State has not identified any of the areas of noncompliance that OSEP found when it monitored six of the regions.

OSEP reviewed the State's quality assurance plan and the annual monitoring procedures, and conducted follow-up interviews with State staff, and local program administrators and providers in six of the fifteen regions. These six regions combined provide service to approximately 46% of the eligible children and their families served in Florida.

OSEP reviewed FDOH's synopsis reports for the 15 regional agencies it contracts with and the complete monitoring reports for the six regional programs visited by OSEP during validation data collection. FDOH staff reported that all but one of the 15 participating agencies in the statewide early intervention system had been monitored within a year of OSEP's visit.

During the 1998-1999 monitoring cycle, FDOH reviewed all six of the regional programs that OSEP visited in 2000. In the six regions, OSEP identified a variety of noncompliance issues that FDOH did not identify when it monitored those same regions. The issues identified by OSEP were: (1) the lack of a coordinated child find system, particularly among physicians in rural areas and among underrepresented groups and agencies that serve them; (2) ineffective procedures to ensure timely referrals for evaluations; (3) the lack of effective ongoing service coordination; (4) an ineffective IFSP team decision-making process in the identification of needs and services; (5) transition plans that did not include the required steps necessary to prepare the child and family

for the new environment; and (6) ineffective procedures to ensure that contracting agencies adhere to all contract provisions.

In addition, two of the six regional agencies terminated their contracts with the State because the agencies were unable to provide appropriate services consistent with contract provisions, even though both programs had received satisfactory ratings as a result of FDOH's monitoring. OSEP's review of the State's monitoring reports for these two regional programs indicated that neither received a full comprehensive review or sufficient technical assistance to maintain the contract.

2. Insufficient Technical Assistance

FDOH's responsibility for supervision and monitoring includes the provision of any needed technical assistance to agencies, institutions, and organizations that assist the State in carrying out Part C, consistent with 34 CFR §303.501(b)(3). FDOH has not ensured compliance with this requirement.

Local administrators across the State reported to OSEP that the lack of technical assistance has been a long-standing issue, and that response to ongoing requests from local programs and providers for technical assistance has not been timely. Representatives of the Regional Policy Councils, local administrators and service coordinators in four of the six visited regions reported that guidance was needed at the local level to address fiscal issues, clarify the role of the Regional Policy Councils and in the provision of services in natural environments.

Service providers and service coordinators across the State told OSEP that during the 1997-98 fiscal year, the State disseminated guidance documents to local programs that had been written in 1989. OSEP's review of these guidance documents during the 1997-98 monitoring visit determined that they did not contain all of the Federal requirements and significant changes that have occurred in the Part C system since 1989. In response to OSEP's 1998 Federal monitoring report, FDOH indicated that State guidance documents would be revised and distributed to participating programs and agencies relative to the provision of services in natural environments, the IFSP team decision making process, documentation of other services on the IFSP, transition, family assessment and service coordination. OSEP's review of these documents during the 1999-2000 monitoring visit indicated that the revised policies and procedures were consistent with Part C requirements. Although FDOH distributed these documents, administrators and providers reported that they needed additional technical assistance to interpret and implement the policies and procedures.

In addition, at the request of local communities, FDOH delegated responsibility for interpretation and implementation of guidance documents to local program administrators and regional policy councils. Local administrators and providers reported to OSEP that this delegation has resulted in a lack of clarity and consistency in the implementation of Part C policies and interpretation of Federal requirements across the regions. They further reported that in the absence of technical assistance from FDOH, local providers rely on each other for interpretation and parents are caught in the middle.

State staff informed OSEP that technical assistance was a priority targeted by the State for the 1999-2000 fiscal year. State staff reported that the emphasis during the past two years has been to solicit input from key stakeholders regarding the effectiveness of the Part C system, and revision of the State's monitoring system. Therefore, requests for ongoing technical assistance may not have been addressed in a timely manner by FDOH.

3. Ineffective Procedures to Ensure Corrective Action

Consistent with 34 CFR §303.501(b)(2) and (4), FDOH must ensure the correction of deficiencies that are identified through monitoring and enforce any obligations imposed on those agencies under Part C of the Act. OSEP found that FDOH has not ensured that noncompliance identified by FDOH or OSEP is corrected.

OSEP's 1998 monitoring report identified noncompliance in a number of areas, including the provision of service coordination, early intervention services in the natural environment, and access to services on the IFSP. OSEP's validation data collection visit during the week of February 28, 2000, identified that these areas of noncompliance continue to persist.

OSEP reviewed the State's monitoring reports, monitoring log and corrective action plans for each of the six regions visited to determine the process used to assist regional programs in the development of corrective action plans and in the identification of the causal factors that may have contributed to the areas of identified deficiencies. OSEP found that each of the 15 regional programs is issued a monitoring report that identifies the findings, and recommends actions to address the findings, a proposed timeline for completion and the actual completion date. Each regional program forwards its corrective action plan to the State electronically. The proposed activities are tracked by the State to ensure timely completion by agencies and programs. This process of identifying and tracking the completion of activities has not, however, resulted in practices consistent with Federal requirements. For example, FDOH's present monitoring system was not effective in correcting the areas of noncompliance previously identified during OSEP's 1998 monitoring visit. These areas of noncompliance (the provision of service coordination, the provision of services in the natural environment and implementation of all services identified on the IFSP) continued to persist when OSEP conducted its 2000 monitoring visit.

OSEP also reviewed corrective action plans of five of the six early intervention regions visited by OSEP to determine what procedures were implemented to address identified deficiencies and to ensure compliance. OSEP determined that statewide training and feedback on individual issues were the two methods implemented by FDOH. Service providers in these five regions reported that after the completion of training activities there was no follow-up from the State to ensure that service coordinators and providers could perform the specified functions in accordance with Federal requirements and so the noncompliant practices continued.

FDOH staff told OSEP that the State has instituted corrective action procedures to address the need to ensure correction and to enforce obligations that will ensure the desired results. Since the procedures had only been in operation for five months at the time of OSEP's visit, OSEP

could not determine the impact of these corrective action procedures relative to ensuring compliance and facilitating the desired change and outcomes for children and their families.

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

Provisions to Ensure Continuous Services

Each State's application includes a policy pertaining to contracting for services that requires that all services must meet all State and Federal Part C requirements. FDOH incorporates State and Federal requirements into various documents including grant awards, contracts, interagency agreements, local applications, community plans, and other documents. FDOH reviews these documents to ensure that contractors are adhering to established requirements and protocols. The lack of an effective system to monitor contracts and other service delivery procedures may have contributed to noncompliant practices relative to the provision of timely services in natural environments, as specified in Section III of this monitoring report.

Failure of a participating program, agency or individual to adhere to requirements as set forth in contracts or other documents may warrant enforcement action by FDOH. Although termination of a contract is an enforcement option that has been implemented by FDOH to minimize noncompliant practices, it may also result in the delay, interruption, reduction or failure of the early intervention system to provide continuous services for eligible children and families. Existing State contract provisions specify that a contractor must give the State at least a 30 day notice before termination. While this procedure is consistent with State contractual provisions it may result in the reduction or delay in the frequency, intensity and locations of services specified on the IFSP during termination of the contract. Identifying a new provider and the administrative process to put a new contract in place or to extend an existing contract is often time consuming and exceeds the recommended 30 days. Ensuring continuous services when FDOH must terminate a contract has been a challenge for FDOH, particularly in the rural areas or in regions of the state with personnel shortages and minimal resources. OSEP was informed by service coordinators and providers in two regions of the State where contracts were terminated that services to children and families were reduced or discontinued for a period of time until a new contract could be put in place.

The State is responsible for ensuring the provision of ongoing services in the event of termination of a contract or other arrangements. FDOH may consider the need to develop a contingency plan to identify temporary or interim provisions that may be used to ensure ongoing services in the event that the services of a regional or individual provider is discontinued. This strategy would ensure the provision of ongoing services, and may prevent or minimize the occurrence of complaints and due process hearings. The State may also want to consider other enforcement actions short of termination, and in advance of a crisis situation to avoid a lapse in services.

II. PART C: CHILD FIND/PUBLIC AWARENESS

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration of service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families.

With the passage of Part C in 1986, Congress sought to assure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented (e.g., minority, low-income, inner-city, Indian and rural populations) through an interagency, coordinated, multidisciplinary system of early intervention services.

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

Validation Planning and Data Collection

The State's Self-Assessment and the State's response to OSEP's 1998 monitoring report for Part C in the area of Child Find indicated that physicians often do not refer families to the early intervention system. OSEP learned during the February 2000, visit that there has been a slight increase in the percentage of referrals from physicians during the last year. Some local communities and organizations have made a concerted effort to expand public awareness efforts in rural areas and to develop materials in Spanish and implement other culturally appropriate strategies.

One of the focus questions asked during the public input meetings was: "Are there barriers to the process of referring infants and toddlers to the Early Intervention (EI) system, or in obtaining evaluations?" The concerns expressed during these meetings identified the need to improve the timeliness of referrals, and to provide more information to new physicians and to those physicians in rural areas. Participants also stated that children with private insurance were not being referred to early intervention until their insurance was exhausted, and that there was a waiting list for evaluations and services during the late spring and summer because of delays associated with the transition of children to Part B.

Based on information from the self-assessment, the public input sessions, monitoring reports and the annual report, it was determined that additional data would be collected during the Validation Data Collection week regarding the following concerns/issues: (1) lack of available information designed for families to learn about early intervention services; (3) child find and public awareness activities not reaching all primary referral sources; and (4) insufficient culturally-competent public awareness materials.

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

A. STRENGTH

Intra-agency and Interagency Collaborative Efforts

FDOH and the State office of Children's Special Health Care Needs participate in an intra-agency quality assurance process that results in joint monitoring activities and in the identification of potential gaps in the child find/public awareness system. As a result, a significant number of potentially eligible children have been identified by medical and related staff working in the Children's Special Health Care Unit. Service coordinators told OSEP that there were public awareness activities that crossed all agencies, such as distribution of brochures, posters and materials in English, Spanish and Creole. They reported that representatives from the Part C agency were also visiting public health clinics.

FDOH and the Florida Diagnostic and Learning Resources System have combined resources on an interagency level to advertise and distribute public awareness materials throughout local high-risk communities. These efforts include advertising in grocery stores and the dissemination of place mats in McDonalds. In addition, the Florida Diagnostic and Learning Resources System has a web site, distributes newsletter to families three times a year and participates in community fairs. The Florida Diagnostic and Learning Resources System also goes out to childcare centers to provide training to directors and visit doctors' offices. Service coordinators in one local community said that during the last previous six months the early intervention program had received over 125 referrals per month from this resource.

B. AREAS OF NONCOMPLIANCE

1. Lack of Effective Child Find and Untimely Referrals Among Underrepresented Groups and those in Rural Areas

Each State must implement a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services. This program must include the preparation and dissemination of materials by the lead agency to all primary referral sources, especially hospitals and physicians, on the availability of early intervention services. The public awareness program must provide for a process to inform the public about the State's child find system, how to make referrals and how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services. 34 CFR §303.320. The child find system must include the policies and procedures that the State will follow to ensure that all infants and toddlers in the State who are eligible for services under Part C are identified, located, and evaluated, consistent with 34 CFR §303.321.

FDOH must also ensure that its child find efforts are coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health and social service programs, as well as tribal organizations. 34 CFR §303.321(c). In addition, the State procedures must include an effective method of making referrals by primary referral sources, and must ensure that referrals are made no more than two working days after a child has been identified, consistent with 34 CFR §303.321(d)(2).

Members of the Regional Policy Councils across the State told OSEP that underrepresented groups, particularly children and families residing in rural areas, were not aware of the Part C early intervention system. Providers in two regions that serve rural communities told OSEP that child find efforts were not coordinated in a manner that would ensure referrals from primary referral sources. These providers also reported that due to a lack of State guidance, local communities were not sure which agency, the Regional Policy Councils or the Early Intervention Program, was responsible for providing leadership to coordinate child find activities in their designated communities. As a result, providers reported that potentially eligible children and families were not being referred to the statewide system in a timely manner.

Service providers, multidisciplinary team members and administrators in two rural areas of the State told OSEP that the medical community in these areas, many of whom provide ongoing health care to low income, migrant, or Hispanic families or families living on reservations, are not well informed regarding Part C, thus they do not refer potentially eligible children to the Part C system. Service coordinators that serve underrepresented populations in rural areas told OSEP that many pediatricians do not refer to the State's early intervention system due to a lack of information about the system. These service coordinators further stated that outreach efforts to the programs and agencies that serve families living on the reservations and in the migrant communities are not sufficient or effective to facilitate the early identification and timely referral of potentially eligible children.

Service providers in two rural regions reported that physicians and pediatricians are not aware of the early intervention program and often tell parents not to worry, in response to parents' expressed concerns regarding their child's development. A parent of a child with Down Syndrome told OSEP that the child was not referred at birth and they did not find out about the early intervention program until the child went to the hospital for heart surgery, and the hospital staff told them about early intervention. Parents and service providers in two rural areas told OSEP that physicians wait to refer children with developmental delays, such as a language delay, but they are more likely to refer for motor delays. One parent stated that she found out about the program from a friend; her doctor did not mention that there was a program for her child even though her child was exhibiting a delay. Another parent related that her child was 15 months old and still not crawling before her physician referred her to the early intervention system.

FDOH staff acknowledged to OSEP that the State did not have an effective procedures for determining the extent to which primary referral sources disseminate information about the early intervention system to parents, as required by §303.321(d)(2)(iii). FDOH was hopeful that its new monitoring system would capture these data.

FDOH has not ensured that primary referral sources, particularly those agencies that are charged with providing services to underrepresented populations and in rural areas, have access to the required information, and that referral are made in a timely manner. Although the written policies and procedures on child find that the State submitted with its Part C application appear comprehensive, the State is failing to implement those procedures effectively, as those procedures have not ensured that all eligible infants and toddlers are identified, located, and evaluated.

2. Lack of Procedures to Ensure the Implementation of Timely Evaluations

Each early intervention system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for an evaluation. The State is responsible for ensuring that the requirements for evaluation are implemented by all affected public agencies and service providers in the State. 34 CFR §303.322 (a)(1) and (2). The child find system must also include the policies and procedures that the State will follow to ensure that all infants and toddlers in the State who are eligible for services are identified, located, and evaluated, 34 CFR §303.321(b), and that within 45 days after it receives a referral, each public agency completes an evaluation and assessment and holds an IFSP meeting. (34 CFR §303.321(e)). FDOH has not ensured that the meeting is held within 45 days of referral.

The multidisciplinary team in three areas of the State told OSEP that when a referral to evaluate a child is received, a letter with a packet of information is sent to the child's parents that explains the early intervention system, and either specifies a date for the initial evaluation and assessment or request the parents to contact the center to set a date for the evaluation and assessment. If the parents do not respond, there is generally no follow-up. If an evaluation date is set, but the parents do not have transportation to bring the child to the center, the evaluation does not occur. If the family does not keep the appointment for the evaluation, their file is closed and further contact with the family is terminated by the intake center. The multidisciplinary staff told OSEP that the State had not provided guidance as to the steps public agencies should take if families do not keep evaluation appointments. One early intervention staff member stated, "If families do not respond to the written notice to have their child evaluated, they are dropped from the evaluation list." The Healthy Start service coordinator reported to OSEP that recently, 27 cases were closed because there was no response from the family to a written notice sent informing them of an evaluation. This service coordinator stated that if she had known these cases would be closed she could have tracked these families down. The State is not making an adequate attempt to evaluate all children referred.

The Multidisciplinary team members in three areas told OSEP that transportation is not readily available for many families. Service coordinators in three areas of the State confirmed that many families, especially those living in rural areas, are not able to come for evaluations due to lack of transportation. Members of the multidisciplinary teams stated that there are no resources to bring families to evaluation sites. As a result, children and families either do not receive evaluations or there is a delay. Members of the multidisciplinary teams in three areas also stated that based on their interpretation of State guidance, an evaluation in the home is only permissible if the child is medically fragile. When asked what happens when a parent does not or cannot

bring their child to the center for an evaluation, early intervention staff members told OSEP that the child would not be evaluated.

Service provider agencies in three areas of the State told OSEP that evaluations and assessments also are delayed because of the need to obtain a response from the insurance company or an authorization from a physician prior to providing an evaluation. Service providers in many areas of the State informed OSEP that sometimes responses from insurance companies and authorizations from physicians are slow, thus, evaluations are delayed.

Administrators and evaluators told OSEP that staff shortages in general, and lack of bilingual evaluators also contribute to the lack of timely evaluations. These staff shortages result in a timeframe of more than two months taken to complete individual child and family evaluations and assessments, thus violating the 45-day requirement.

III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

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

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

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

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

Validation Planning and Data Collection

The State's Self Assessment and Steering Committee identified the following areas of concern: reimbursement process for services; conducting family assessments; documentation of all needed services on the IFSP; shortages of personnel; the lack of timely evaluations; parent training; the lack of resources in some regions of the State; lack of documentation on the IFSP; and training for service providers in the area of active listening and imparting information to families. Based on information obtained through the self-assessment, the public input process, and review

OSEP's 1998 monitoring report, the State's monitoring reports, local applications, and local and State procedures, OSEP identified the following concerns: (1) lack of ongoing service coordination; (2) inappropriate IFSP team decision making process in determining the location for services; (3) delay or denial of early intervention services; (4) personnel shortages; and (5) lack of process to ensure documentation of other services on the IFSP. In the 1998 OSEP report, OSEP had found noncompliance in three of the above five areas of concern: ineffective service coordination, services in the natural environment, and provision of all services.

OSEP visited areas throughout the State, interviewing providers, parents, and administrators, and reviewing IFSPs to verify information related to service coordination and the provision of services to eligible children and their families. OSEP reviewed and analyzed data and identified the following areas of noncompliance.

AREAS OF NONCOMPLIANCE

1. Lack of Procedures to Ensure Ongoing Service Coordination

Each early intervention system must include provision for service coordination which means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program. See 34 CFR §303.23. Federal regulations further state that each child eligible under Part C and the child's family must be provided with one service coordinator who is responsible for coordinating all services across agency lines. The service coordinator is the single point of contact in helping parents to obtain the services and assistance they need as identified on the IFSP. These activities include: (1) coordinating the provision of early intervention services and other services (such as medical and health services) that the child needs or is being provided; (2) coordinating the performance of evaluations and assessments; (3) facilitating and participating in the development, review, and evaluation of the individualized family service plans; (4) assisting families in identifying available service providers; (5) coordinating and monitoring the delivery of available services; (6) informing families of the availability of advocacy services; and (7) facilitating the development of a transition plan to preschool services. 34 CFR §303.23(a)-(d).

a. Failure to Ensure the Implementation of Required Service Coordination Activities

The Part C regulations require that service coordination be an active, ongoing process that involves assisting parents in gaining access to identified needed services, coordinating the provision of services and facilitating the timely delivery of services, as well as other activities needed by children and families to be able to participate effectively in the early intervention system. FDOH has not ensured that the family of each eligible infant and toddler with a disability receives needed service coordination.

As discussed in the General Supervision section of this report, OSEP made findings of noncompliance in the area of service coordination in several regions visited during the 1997 monitoring visit. During the 1999-2000 monitoring visit OSEP determined that, in spite of the training and other technical assistance activities provided by FDOH to local programs and

agencies, previously identified problems with the provision of ongoing service coordination still persist.

Parents in all the regions that OSEP visited told OSEP that it was difficult to get information about services and resources needed by their child and family, and this information was often not provided by their service coordinator. Parents further stated that it was difficult to reach their service coordinator, and therefore, parents usually obtained resources and services on their own, if at all.

Service coordinators stated that their caseloads have been too high to be able to provide families with adequate service coordination. They further stated that in 1993, when their caseloads averaged 50-60 families they could provide home visits if needed and had time to meet families' needs. Currently, caseloads for most service coordinators are 100-150, which, according to these service coordinators, makes it impossible to contact all families more than three to four times a year. One service coordinator stated, "With a high caseload, you're talking to the squeaky wheel families only. Ideally, you would be able to get on the phone once or twice a month" to talk to families. FDOH's data on the amount of time spent on service coordination showed a slight increase across the State from 1998 to 1999. This increase however has not been adequate to address the ongoing needs of eligible children and families, as further described below.

Service Coordinators in one region visited told OSEP that they only saw the families once a year to conduct their annual IFSP meeting, but stated that parents called them frequently. Service providers and two local administrators from different locations told OSEP that service coordinators in their area were not able to perform all of the service coordination duties due to high caseloads. One service coordinator employed by Children's Medical Services stated that her caseload included 32 Part C families, and 60 Children's Medical Service children, in addition to her adult caseload, and that this prevented her from assisting Part C families in obtaining needed resources and services.

Service coordinators in three regions visited by OSEP reported that parents performed many activities that were considered service coordinator duties. Parents in these same regions reported that families were often given a list of service providers to facilitate access to identified services. Parents would then arrange to obtain services for the child on their own, without assistance from the service coordinator.

Parents in all regions visited by OSEP reported to OSEP that service coordinators did not provide information to families regarding available service options to meet the needs of their child. These parents stated that they were not knowledgeable about accessing respite care to enable their family to enhance the development of their child in community settings. They also stated that they were not informed how to obtain adaptive equipment and assistive technology that was needed by their child. Some parents indicated that service coordinators would at times provide them with information about where they might obtain equipment themselves, but did not assist the family in obtaining this needed equipment. Parents stated that they obtained the equipment on their own. Parents of children who had transitioned out of Part C told OSEP they wished they had known of all available services and supports when their child was first identified.

b. Lack of Documentation and Coordination of Other Services on the IFSP

Each State must have policies and procedures in place to ensure that each IFSP includes any medical and other services that the child needs, but that are not required under Part C, to the extent appropriate. The IFSP must identify any of these services needed by the child and or family, and the funding sources to pay for the services or the steps that will be taken to secure those services through public and private sources. 34 CFR §303.344(e)(i). Including such services provides a comprehensive picture of the child's total service needs. In addition, service coordinators must assist parents in gaining access not only to early intervention services, but to the other services identified in the IFSP, and must coordinate the provision of these services. (34 CFR §303.23 (a)(3) and note following §303.344). FDOH has not ensured that other services needed by the child and family are identified, included on the IFSP, and coordinated.

Medical services, and other services that a child and family need but are not Part C services, such as job searches, housing, and the provision of clothing are not included in the IFSP, according to service coordinators and local administrators. Service coordinators in two regions visited told OSEP that these and other services that may be provided to the family by another agency, would not be listed on the IFSP. Providers in the same two regions told OSEP that they could not relate how to coordinate these services with the Part C services. Multidisciplinary team staff in four regions visited by OSEP reported that they do not put medical services on the IFSP, regardless of individual need. The physician on one multidisciplinary team stated that the team does not want to confuse the IFSP with the plan of care for medical services, therefore, medical services the child may need or will receive are not included.

2. Ineffective Procedures to Facilitate Individualized Decisions by the IFSP Team

The Part C regulations require, at 34 CFR §303.344(d)(1), that the IFSP for each infant or toddler with a disability include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in 34 CFR §303.344(c). An IFSP team, that includes the participants specified at 34 CFR §303.343, must develop all of the content of each child's IFSP, including the statement of specific early intervention services. The content of the IFSP must be based on the results of the evaluation and assessment process to identify unique strengths and needs of the child and the needs, priorities, concerns and resources of the family, and the services appropriate to meet those needs, using appropriate evaluation and assessment methods conducted by qualified personnel. See 34 CFR §§303.322(c)(3)(iii) and 303.342 (c).

FDOH has failed to ensure the implementation of an appropriate IFSP team decision-making process for the identification of appropriate services, and the location, frequency and intensity of services to meet the unique needs of each eligible child and their family.

a. IFSP Decision Made Outside of IFSP Meeting

FDOH's technical assistance and other supervision activities were not effective in ensuring that service coordinators and other members of the IFSP team developed IFSPs in compliance with

Part C requirements. Service providers in five of the regions of the State visited reported that all services needed were not being identified on the IFSP and the IFSP team was not determining all needed services at the initial IFSP meeting.

Multidisciplinary team members and service providers and coordinators in five of the regions told OSEP that evaluations were not being completed prior to IFSP meetings and the results of evaluations were not being appropriately utilized at the IFSP meeting to determine the need for services, and/or the frequency and intensity of the service. Service coordinators and providers reported that as a result, it was standard practice for the IFSP team to determine that an additional evaluation(s) be performed in one or more area(s) of concern before determining the frequency and intensity. Consistent with 34 CFR §303.344(a), the IFSP for each child or toddler with a disability, including an initial IFSP, must include a statement of the child's present level of development in all developmental areas. The evaluation and assessment must be conducted by qualified personnel and be based on informed clinical opinion. 34 CFR §303.322 (c). In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days, FDOH must ensure that procedures are in place for the public agency to document those circumstances and develop an interim IFSP. 34 CFR §303.322 (e).

These individuals further reported that, once the determination of the need for an evaluation is made at the initial IFSP meeting by the multidisciplinary team, the designated provider/agency, after conducting the evaluation, determined the location, frequency and intensity for the service, without convening an IFSP meeting, which includes the service coordinator, as required. Local administrators and service providers in these regions confirmed this to be current practice. Service coordinators and providers across the five regions also told OSEP that written parental consent for services is not obtained if modifications were made to the services in the IFSP, after the initial IFSP meeting. They also reported that they were not aware that parental consent for services is required if services in an IFSP are modified or revised after the initial IFSP. Consistent with 34 CFR §§303.342(e) and 303.404(a), the contents of the IFSP must be fully explained to the parents and informed written consent must be obtained prior to the implementation of any early intervention service as described in the IFSP.

b. Ineffective Procedures to Determine the Provision of Services in Natural Environments

Federal regulations require that the determination of the location of early intervention services be based on the needs of the child and the family. Services determined to address those needs must be provided in natural environments, including the home and community settings in which children without disabilities participate. 34 CFR §303.12(b). The natural environments where early intervention will be provided must be identified on the IFSP, and if early intervention cannot be effectively achieved in a natural environment, the IFSP must contain a statement of the justification for not providing the early intervention service in the natural environment. 34 CFR §303.344(d)(i)(ii).

OSEP found that FDOH did not always ensure that the IFSP team used proper procedures to determine the natural environment for a child and their family, therefore, children and families do not receive services in the natural environments in many instances.

OSEP reviewed data from Florida's Part C Annual Performance report for fiscal year 1998, that indicated that over 65% of early intervention services across the State are provided in environments other than natural environments. OSEP learned in interviews with program and agency staff, that individual child and family needs were not appropriately considered as required to determine the provision of services in the natural environment. OSEP reviewed thirty IFSPs of children and families with varying levels of resources and needs in the six regions visited, and determined that individualized decisions were not being made or documented as required on the IFSP. Twenty of the thirty IFSPs that OSEP reviewed indicated that children would receive services in locations other than natural environments, but did not contain the required justification.

Providers and service coordinators in three of the areas visited told OSEP that the location for services was not determined by the IFSP team, but was often decided by an individual team member, parent choice, provider availability, and, or payment source. These individuals also reported that physicians, or other individual members of the multidisciplinary team often determined the location for services, without appropriately considering the input from the family. They further told OSEP that IFSP decisions regarding setting are based on the availability of the provider, regardless of the provider's capability to meet the natural environment provision. Parents in these regions reported that professionals often told them the services their child needed and in what setting; they had no input into the decision making process. Service providers, service coordinators and parents in one site visited told OSEP that the IFSP team routinely designated the parent to make the ultimate decision about where services are provided. Service coordinators and providers in three regions reported that it was current practice for the IFSP team to present various providers for consideration when making determinations for services regardless of their capability to implement services in the natural environment. These providers further reported that if a family chose a provider that was not consistent with the natural environment provisions the IFSP team would implement the service, based on "family choice". These individuals also reported that many parents chose a center-based program, which may not conform to the natural environment provisions, because they want their child to be with other children.

Providers and service coordinators in three areas visited reported that the language contained in the IFSP document influenced the team's practice to delegate the decision-making authority to an individual, instead of the team. The language on page 3 of the developmental evaluation summary reads "Options for services and results of evaluations were presented. The parents have chosen this program for services." The program selected is inserted in the box designated to record "by whom" and the "location" on the IFSP. OSEP's review of the thirty IFSPs determined that the language contained on the developmental evaluation page of the IFSP may contribute to this noncompliant practice by IFSP teams.

Federal Part C requirements stipulate that the IFSP team, collectively, must determine the location of services based on the child's needs, and not base the decision on any one criterion or individual participant(s)' preference or choice. Federal requirements also direct States to ensure that parents are active participants in the evaluation, assessment and IFSP process. However, "parent choice" may not be used to justify decisions that are inconsistent with the natural

environment provisions or any Part C requirement. The IFSP team, when considering options to determine the location of services, must ensure that the options considered are consistent with the natural environment provisions. FDOH must ensure that IFSP team members inclusive of parents have the support and technical assistance needed to assure that the procedures used in the IFSP decision making process is consistent with all Federal Part C requirements.

3. Ineffective Policies and Procedures to Ensure Timely Services

Each State's application must include assurances that State policies are in effect to ensure that appropriate early intervention services are available to all eligible infants and toddlers with disabilities in the State, and their families, in a timely manner. 34 CFR §§303.140. Services are to begin as soon as possible after the IFSP meeting. §303.344(c)(1).

Each lead agency is also responsible for establishing State policies related to how services will be paid for under the State's early intervention program. The policies must include an assurance that the inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family. 34 CFR §303.520(b)(3). In addition, the State must implement procedures to ensure that no service that a child is entitled to receive is delayed or denied because of disputes between agencies regarding financial or other responsibilities. 34 CFR §§303.520(c), 303.525. FDOH has not ensured that early intervention services are not delayed or denied.

a. Lack of Guidance to Ensure that the Source of Payment Does not Delay Services

FDOH must implement procedures to ensure that services that an eligible child and family are entitled to receive are not delayed or denied because of disputes between agencies regarding reimbursement procedures, or financial or other responsibilities. 34 CFR §303.520(c).

FDOH staff told OSEP that local programs and agencies are required to submit an authorization for early intervention services and a payment request to insurance companies and to the Medicaid office before Part C funds can be used to pay for early intervention services. FDOH staff reported that State policy requires services on the IFSP to begin soon after the IFSP meeting, even if fiscal responsibility has not yet been determined. However, providers in three areas told OSEP that it is their understanding that a response from the insurance company or authorizing agency must be obtained prior to the implementation of services.

Providers and administrators in three regions told OSEP that participating agencies or programs must receive a letter of denial from the insurance company to be able to use Part C dollars. The result is that many children did not get services for many months, if at all, because insurance companies are very slow to send a denial letter. Local providers and administrators reported that State procedures require providers and agencies to wait for a denial letter. Therefore, services were denied or delayed to eligible children and families for up to a year. Local administrators reported that they were not aware of procedures that allow the use of Part C dollars to provide services, until they heard whether the families' insurance would cover the service.

Parents and providers stated that the Part C program would not begin services until the insurance company provided information about approval or denial of services. Obtaining the approval can cause delays in service; four parents reported that it takes at least 2-6 weeks to obtain authorization from private insurance companies, and another parent said it took months. The parents stated it is a continual process of reauthorization and re-approval resulting in a series of service interruptions and delays. Providers and service coordinators in three regions told OSEP that the process for authorization to initiate services may take up to a month before all services are provided as specified on the IFSP.

FDOH's service guidelines contain procedures to request Medicaid reimbursement. FDOH's service guidelines state that, if the frequency for a service determined by the IFSP team exceeds Medicaid's limitation, the IFSP team may be required to provide additional justification to Medicaid to obtain all needed services. FDOH's service guidelines further state that, if Medicaid denies the request for an exception to identified service needs, the IFSP team may be required to increase or decrease the frequency of services on the IFSP. This is contrary to the Part C requirements that specify that services be determined by the needs of the child based on evaluation results. Part C funds can pay for the portion of service that is denied by Medicaid if the IFSP team can substantiate the need. Therefore, FDOH must ensure that all services identified by the IFSP team are provided to children and families in a timely manner. The IFSP team, and not Medicaid policy, must determine appropriate early intervention services for eligible children and families.

b. Failure to Ensure Timely Services Due to Lack of Available Personnel

Another reason for delay in services is the lack of providers, especially providers to go into the home. Service coordinators told OSEP that there were many waiting lists, but usually families could go to another provider. However, they also stated that, if the IFSP team determines that the home is the appropriate natural environment in which to provide early intervention to a child, there can be a substantial delay in the provision of services. Six service coordinators in one area reported that they each had at least two children who were waiting or had to wait for services to be provided in the home. Service providers stated that sometimes children waited longer than seven months for home services because a provider could not be located or transportation was not available to assist the family getting to a provider that had an opening in his/her schedule.

Parents across the State told OSEP that they had to wait up to three months or more to get services, until an opening in a therapist's schedule was available. One parent stated that she had to wait four months for an opening. Her child did not receive services specified in the IFSP during that time. Parents who wait for services to be provided in the home are told that there are no service providers available to go into the home, and that when a therapist becomes available they will be notified. Eligible children do not receive the services they need, due to insufficient providers to provide services in the environment needed by the child.

c. Delay or Lack of Access to Services Due to a Lack of Transportation

Lack of access to transportation has also contributed to delay in accessing needed early intervention services. Transportation and related costs are early intervention services that must

be provided if the IFSP team determines they are necessary to enable an eligible child and family to receive early intervention services. This includes the cost of travel, such as mileage, or travel by taxi, bus, or other means, and other costs (such as tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services. 34 CFR §303.12(d)(15).

FDOH has not ensured that families who need transportation to enable them to receive early intervention services receive this service. Failure to provide transportation prevents some children and families from receiving timely evaluations and from receiving the early intervention services needed in the natural environment.

The lack of transportation was identified by OSEP in the 1998 monitoring report as an area of noncompliance. The State told OSEP that efforts have focused on expanding the availability of contracted transportation services in some regions to ensure access to needed service providers. During the 2000 validation data collection OSEP determined that this noncompliant practice persists.

Service providers across all regions visited told OSEP that transportation is not available as an early intervention service for families who are not eligible for Medicaid. Some of these families do not have the resources to transport their children to early intervention services and evaluations and these children do not, therefore, get evaluations or early intervention services. Service coordinators told OSEP that children did not receive all services needed, such as occupational therapy, physical therapy and speech due to lack of transportation. Service coordinators and providers across the state informed OSEP that due to a lack of personnel, particularly in rural areas, it was difficult to identify providers willing to conduct home visits, due to the reimbursement rate for travel. OSEP reviewed the IFSPs and records of 30 children and noted that 7 IFSPs indicated that the provider could bill up to one hour for transportation for each intervention session. Providers told OSEP that if the family lived farther than one hour from the provider's office then they would be less likely to place that child on their schedule; thus services to the child and family were delayed for several months. In addition, providers across the State told OSEP that due to a lack of transportation the possibility to link families with needed services outside of their geographical area was not an option.

Service coordinators in two regions told OSEP that the family-directed assessments were designed to assess needs for all early intervention services, including transportation. Providers and parents across the State further reported that family assessments were not conducted consistently for each eligible child and their family. Thus, the identification of transportation as a needed service often was not determined and documented on the IFSP.

Members of the multidisciplinary team in two regions told OSEP that in the past, programs provided parents with transportation resources, such as taxi fares, but now, unless parents ask, transportation is not discussed, due to a lack of funds. They also stated that they could still pay for parking or provide metro rail passes, but only if parents express a need. Service providers across the State told OSEP that each knew of children in the past year that did not receive services due to the lack of transportation.

IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES

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

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

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

Validation Planning and Data Collection

The State's Self-Assessment identified the need to conduct ongoing family assessments as part of the IFSP process. Focus questions asked during the public input were, include: "How are families included and supported in the process of developing the IFSP, and in making decisions about their child's services?" and, "What family support services are available in your community?"

Based on the information collected from the self assessment, public input sessions, and State documents, the following concerns were identified to be investigated during the Validation Data Collection week: (1) a process to assist in the identification of family concerns, needs and priorities; and (2) procedures to assist families in identifying and locating resources and services to address identified needs.

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

A. AREA OF STRENGTH**Early Intervention Family Resource Specialists**

FDOH provides funding to support the services of an early intervention family resource specialist in each of the fifteen regions. The family resource specialists assist regional programs in their efforts to provide ongoing family centered services and assist with the planning and implementation of local and regional training activities. Family resource specialists assist families in obtaining early intervention as well as other needed services. These individuals also provide support to families with the transition from Part C to Part B which may include attending meetings, arranging and accompanying families on potential school visits, and completing required paper work.

B. AREA OF NONCOMPLIANCE**Family Supports and Services Not Identified on the IFSP**

The family assessment is designed to identify the needs, resources, priorities, and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. 34 CFR §303.322(a) and (d)(1). The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes. With the concurrence of the family, a statement of the family's resources, priorities and concerns must be included on the IFSP. 34 CFR §303.344(b) and (d).

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

Service coordinators in all areas of the State told OSEP that they are not able to meet with the family in the home to do adequate family assessment. Currently, the only time they have to identify family needs is the day the family comes to the clinic to receive evaluations to determine eligibility for their child. Service coordinators stated they only have from 30 to 40 minutes with the family, which they stated is not sufficient time to assess family needs and identify outcomes for the family.

Multidisciplinary teams in three regions told OSEP they are implementing some family-centered practices, but indicated that their process needs a great deal of improvement. One improvement suggested by members of the multidisciplinary teams in the three regions would be that the service coordinator be trained in administering family assessments, hopefully in natural settings rather than the clinic where it is now done. These individuals also told OSEP that the outcomes are written for children and they do not write family outcomes. They stated that although they are "doing some family assessment pieces," these activities do not lead to family-centered outcomes and are not linked to the identification or the location of services.

OSEP reviewed thirty IFSPs and early intervention records. In all of these records, the outcomes in the IFSPs were only child centered and were not family centered. Family concerns, priorities, resources, needs and supports were not assessed or addressed. Local administrators stated that they needed training on writing family centered outcomes, the family assessment, and overall documentation. The need for training and ongoing technical assistance was identified by the State in the self-assessment. State staff told OSEP that training with national experts has been planned.

V. EARLY CHILDHOOD TRANSITION

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

Validation Planning and Data Collection

The State's Part C self-assessment identified concerns regarding parent training, lack of personnel to conduct timely evaluations, and the need to enhance communication efforts between Part C and Part B given that transition procedures vary among the many school districts across the state.

One of the focus questions asked during the public input meetings was, "By the child's third birthday, does transition planning result in the timely provision of needed supports and services?" Comments received during the public input meetings indicated more training was needed for both staff and parents regarding the transition from Part C to Part B and other community settings. Additional areas of concern noted include: the lack of documentation on the IFSP with regard to steps to assist the child and family to prepare for changes in the service delivery process; the lack of communication between Part C and the local education agency; and lack of timely evaluations to determine Part B eligibility.

Based on the information collected during validation planning, the following areas were identified for further data collection: (1) transition meetings not occurring at least 90 days prior to the child's 3rd birthday; (2) steps to prepare the child for the new environment not delineated on IFSPs; (3) steps to inform and train parents regarding the transition process not specified on IFSPs; and (4) lack of procedures to assess the effectiveness of the interagency agreement between the Part C and Part B programs.

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

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

A. AREA OF STRENGTH

Interagency Training to Ensure Smooth Transitions at Local Level

The Sequenced Transition to Education in the Public Schools Model (STEP) assisted programs in the identification and resolution of issues related to transition. In addition, this model program provided staff with strategies to ensure the implementation of successful transition activities for the children and families served in their designated regions. Some of the exemplary activities implemented in some of the regions visited by OSEP include: (1) semi-annual interagency meetings to keep agency staff informed of the transition issues relative to children birth to five; (2) families visit the potential preschool site and familiarize themselves and their child with the school bus; (3) families receive assistance to complete the forms required for Part B preschool services or other community services; (4) interagency transition meetings are conducted with families, providers, and local education staff; (5) local education agency staff visit day care centers and the homes to observe the child's development in the natural environment; (6) transition meetings are coordinated to coincide with the Part C periodic or annual IFSP reviews; and (7) placement options include child care, Head Start, pre-kindergarten, and developmental program in addition to Part B preschool. The Part C special education teacher develops lesson plans that include activities to address the developmental needs of the child and to provide opportunities for the child to engage in play groups at a child care center. Providers and administrators implementing the Sequenced Transition Education in the Public School Model reported that staff have become more effective in their problem solving skills to address transition issues that has resulted in better outcomes for children and their families.

B. AREAS OF NONCOMPLIANCE

1. Transition Conference Not Held at Least 90 Days Prior to the Third Birthday for All Children

Each State's Part C application must include a description of the policies and procedures to be used to ensure a smooth transition for children receiving early intervention services to preschool or other appropriate services. The policies and procedures must include how the lead agency will convene, with the family's approval, a conference among the lead agency, the family and the local educational agency, at least 90 days, and at the discretion of the parties, up to 6 months, before children who may be eligible for Part B preschool turn age three. In the case of a child who may not be eligible for preschool services under Part B, with the approval of the family, the lead agency must make reasonable efforts to convene a conference among the lead agency, the family, and other appropriate services. 34 CFR §303.148(b)(2).

FDOH has not ensured that all participating agencies and programs hold transition meetings consistent with Federal requirements to prevent delays in the initiation of Part B or other community services.

Providers, service coordinators and parents in three of the regions informed OSEP that even when parents approve, transition meetings are not convened at least 90 days before the third birthday of children who may be eligible for preschool special education, as well as those who may not. There is a waiting list up to six months for some children to transition from the Part C program to appropriate services. Providers and service coordinators in these three regions told OSEP that delays seem to occur with children who reach age 3 after April or after September for children found eligible for Part B special education preschool services. Service coordinators in these regions told OSEP that there was a lack of communication between the early intervention program and local school districts that contributes to Part B and Part C staffs' inability to convene the conference within the required timeframe and carry out the other transition requirements. Therefore, there is a gap in services for some children who enroll in either Part B special education or other appropriate services by their third birthday. Service providers and coordinators in these regions told OSEP that a lack of personnel in the Part B system to conduct necessary evaluations also contributes to the lack of timely transition activities from Part C. Part C service providers and members of multidisciplinary teams in these two regions told OSEP that they conduct evaluations for children up to the age of 3 years and 9 months in order to minimize the delays. In addition, in two of the local school districts where both early intervention and preschool services are provided to children ages birth to five, Part C and Part B staff told OSEP that since the child and family were remaining in the local school district, transition activities were not being implemented or documented on the IFSP. This practice is not consistent with Part C requirements. Both local administrators and providers told OSEP that training and technical assistance is needed to address these and other transition issues.

2. IFSP Plans Do Not Contain Required Transition Steps

Services on the IFSP must include steps to be taken to support the transition of the child and family. The steps must include: (1) training of parents regarding future placements and other matters related to the child's transition; (2) procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in a new setting; and (3) with parental consent, the transmission of information to the local education agency, including evaluation and assessment information required in 34 CFR §303.322. 34 CFR §303.344(h)

FDOH has not ensured that IFSPs contain the required steps to support the transition to preschool or other services.

Thirteen of the thirty IFSPs OSEP reviewed were for children who were three years of age or would be turning age three within three months. Eight of the thirteen IFSPs did not indicate the steps to prepare the family and child for the new environment, namely Part B or other community services. Service coordinators in all six regions confirmed that it is not current practice to delineate the required transition steps on the IFSP. Service coordinators in two regions reported that they and families needed training relating to transition. They also reported that due to a lack of communication with the local education agencies they may lack some of the knowledge needed to assist families in the transition process. Service coordinators in four regions stated that parents are not adequately prepared; they do not have the information necessary to make an informed decision and sometimes families are reluctant to grant consent or to move on to the Part B or other community programs. This may contribute to delays in the

process. OSEP was informed by the State that transition monitoring protocols were rewritten in collaboration with the FDE in an effort to address the need for clearer guidance and training.

VI. PART B: GENERAL SUPERVISION

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

Validation Planning

In the Self-Assessment Report, the Part B Steering Committee identified general concerns and strengths associated with FDE's general supervision responsibility of exceptional education programs throughout the State. Their recommendations included expansion of the data collection and data reporting procedures used for monitoring of IDEA to incorporate a method to analyze and report systemic issues and trends for each district. They felt that FDE should identify such systemic issues and trends to better inform districts about patterns of noncompliance. The Steering Committee identified the mediation process as a successful strategy in Florida for resolving disputes. A catalog of technical assistance materials that FDE developed to provide assistance to school districts was also recognized as a strength.

During the public input sessions for Part B and follow-up calls that OSEP made to parent and advocacy groups, participants were asked a series of questions. These questions were designed to obtain information about FDE's role in ensuring that appropriate services are provided to students with disabilities and to determine the extent to which FDE provides leadership in special education across the State.

Some participants commended the State for its work in the areas of training and technical assistance. The participants did, however, believe that the focus of the State's monitoring has been on paperwork rather than on the quality of services. Other participants were not familiar with FDE's oversight responsibilities and recommended that the State disseminate information about its monitoring findings to the public. Participants also raised questions about the State's accountability and ability to enforce compliance. Participants indicated that FDE's complaint system was well designed. They also acknowledged the professionalism and dedication of the FDE staff who managed this system. They reported, however, that follow-up was inadequate. Overall, public input revealed a need for greater consistency and coordination of services across districts and the schools within those districts with regard to policies, procedures, and documentation.

A. AREAS OF STRENGTHS

OSEP recognizes Florida's efforts to support positive results for children and youth with disabilities through a variety of initiatives. Florida has demonstrated leadership and a commitment to providing high quality education through numerous statewide training opportunities and technical assistance. The specific examples below are based on: 1) information in the Self-Assessment Report; 2) information gathered during the public input process; and 3) interviews that OSEP conducted and data they collected during the Validation Planning and Data Collection phases of this monitoring review. The first three of these initiatives are also identified as strengths in Section VII of this report.

1. The Florida Diagnostic and Learning Resources System (FDLRS)

The Florida Diagnostic and Learning Resources System (FDLRS) is a network of centers that provide support services to persons involved in the education of students with disabilities including educators, families of students with exceptionalities and community agencies. The target population includes infants and preschool children who are high risk or who have disabilities. The centers provide services in Child Find, Human Resource Development, Parent Services, and Technology. The extent to which each school district accesses services from the Florida Diagnostic and Learning Resources System is at its own discretion.

During the Validation Planning phase of OSEP's visit, staff from the Florida Diagnostic Learning and Resource System played a significant role in the public meetings as facilitators, recorders, and administrative support. Participants in these meetings provided positive comments about the quality of services that the Florida Diagnostic and Learning Resources System delivered in their school districts.

2. Florida's Team Training on Positive Behavioral Supports

Florida's Team Training on Positive Behavioral Supports is a Special Discretionary Grant Project awarded by FDE to the University of South Florida. This project provides technical assistance and training to expedite the resolution of problem behavior and build the capacity of personnel in using positive, assessment-based intervention approaches for students who have disabilities and significant behavioral challenges. The target audience includes families, educators, behavior specialists, and agency personnel in school districts in Florida. The curriculum addresses a wide range of topics including collaborative teaming, functional assessment, designing and implementing positive behavioral support plans, and promoting lifestyle changes. During the 1998-99 school year, training was provided in 20 of Florida's 67 school districts. Project staff also developed a number of products, including materials for Functional Behavioral Assessment meetings and a Facilitators' Guide for Positive Behavioral Support. Staff in several of the districts that OSEP visited reported that the training they received has resulted in improvements in behaviors and lifestyles for students with disabilities and increased awareness and capacity building of positive, assessment-based interventions for the participants.

3. The Florida Inclusion Network (FIN)

The Florida Inclusion Network is a statewide system of facilitators assigned on a regional basis. The function of the Florida Inclusion Network is to assist districts and schools within districts in the design and implementation of effective inclusive environments for students with disabilities. FDE conducted an impact evaluation study of the Florida Inclusion Network for the purpose of determining whether the Florida Inclusion Network has a positive impact on teachers and administrators, schools, families, and students with disabilities. The overall data and information gathered from the participants in this evaluation indicated that recipients were very satisfied with the services and support provided by the Florida Inclusion Network. In addition to being cost-effective, the evaluation results revealed that the Florida Inclusion Network has had a positive impact on district policies and practices for students with disabilities. This impact evaluation study did indicate, however, concern by some parents over the fact that school administrators “invite” the Florida Inclusion Network to provide assistance, yet parents cannot request the same assistance for their child’s school.

4. FDE’s Mediation System

FDE’s Self-Assessment Report and participants at the public input meetings identified the State’s mediation system as a successful process for conflict resolution. The mediation process was used in Florida prior to the 1997 reauthorization of IDEA at which time each State was required to have a mediation system available, at a minimum whenever a due process hearing was requested. Mediation is available at any time there is a disagreement between parents and school districts, including whenever a request is made for a due process hearing or a complaint investigation. The data reported to OSEP indicate that the number of requests for mediation increased by 84% from 1997 to 2000. The number of mediation requests that resulted in agreements increased by 78% during this same time period.

B. AREAS OF NONCOMPLIANCE

Background

As set forth in its 1998 Florida monitoring report, OSEP found that FDE’s monitoring system was ineffective in determining compliance with several Part B requirements related to: 1) placement of students with disabilities in the least restrictive environments, including removal from the regular education environment and participation in extracurricular and nonacademic activities; 2) psychological counseling as a related service; 3) transition for students 16 years and older; 4) transition from Part C to B programs; 5) extended school year services; 6) length of school day; 7) amount of special education and related services to be provided; and 8) procedures for monitoring compliance with the timelines for due process hearing decisions.

FDE’s approach to monitoring for compliance with Part B requirements has had a strong focus on procedural requirements, with little emphasis on the extent to which students with disabilities receive the services they require to learn effectively. Until 1997, the State participated with other programs in an integrated monitoring system. During the last three years, FDE has developed a more comprehensive monitoring system to address the requirements OSEP identified as

noncompliant in its 1998 report. FDE also added new monitoring elements to address new requirements created by IDEA 97 and the 1999 final Part B regulations. Further, since OSEP's 1998 report, FDE has incorporated new methodologies for monitoring compliance with Part B requirements, including structured interviews, use of peer reviewers, surveys of parent satisfaction, and meetings with school advisory committee members for input related to exceptional student education services. These additions are consistent with FDE's movement toward a monitoring system that focuses on improved results for children with disabilities.

Accordingly, FDE has revised its monitoring documents referred to as the Monitoring Work Papers/Source Book. The Monitoring Work Paper/Source Book is the document FDE uses to evaluate compliance with IDEA. District and school personnel evaluate procedural compliance by completing the self-evaluation checklists contained in the Work Papers. During the 1998-99 school year, FDE expanded its monitoring system to include onsite visits to verify the districts' self-evaluations and, as a result, the checklists have received less emphasis. For the 1999-2000 school year, FDE staff continued many of the components of its monitoring system including: 1) monitoring of the matrix of services document used to determine funding levels; 2) conducting interviews with principals, general education teachers, and exceptional student education teachers; 3) soliciting the input of parents of students served and; 4) expanding the capacity of staff through the involvement of peer reviewers. FDE also added procedures to monitor transition from Part C to B, charter schools, and juvenile justice facilities. These revisions were made so that FDE's monitoring system would better reflect the changes required by the 1997 IDEA Amendments. Following FDE's monitoring review, a preliminary report of findings of noncompliance is developed and each district prepares a corrective action plan that is included in the final report.

FDE officials informed OSEP during the 2000 visit that FDE has begun a major re-structuring of its monitoring system with the assistance of an outside consultant. They told OSEP that FDE planned to implement a system designed to focus on those requirements that impact student outcomes, during the 2000-01 school year.

1. Failure to Identify and Correct Deficiencies

Part B requires that FDE ensure that the requirements of IDEA are carried out and that each educational program for children with disabilities is under the general supervision of the State educational agency and meets the education standards of the State educational agency. (34 CFR §300.600). OSEP found that although FDE has made improvements in its monitoring system since OSEP's 1998 report, FDE's procedures for identifying noncompliance were not yet effective. As described in the Sections VII and VIII of this report, in many of the districts OSEP visited, it found noncompliance with Part B requirements regarding the provision of a free appropriate public education in the least restrictive environment and secondary transition, that FDE failed to identify as part of its most recent monitoring reviews of each of those same districts. For example, FDE monitored one district in January 1999 and did not find that students are being removed from the regular education class without a determination that the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. However, when OSEP visited that same district in 2000, OSEP found that children with disabilities are being removed from the regular

education classroom, who, with appropriate supplementary aids and services, could be served in the regular education classroom.

As described below, FDE officials informed OSEP of a number of factors that may have contributed to FDE's failure to identify all areas of systemic noncompliance when it monitors school districts.

One barrier to effective identification of noncompliance may be a shortage of FDE staff to implement its monitoring system. In March 2000, State staff responsible for monitoring consisted of one full time supervisor, two half time program specialists, and one full-time support staff member. One professional level contracted staff member and approximately 25 peer monitors from school districts provided additional support. Informally, FDE monitoring staff works collaboratively with technical assistance and complaint management staff within the FDE's Bureau of Instructional Support and Community Services. Since OSEP's visit, FDE has taken steps to address staff shortages and has developed strategies to strengthen its monitoring system. Florida also could choose to expend a greater percentage of its Part B grant for monitoring than it has in the past. For example, for fiscal year 1999, Part B permitted FDE to retain 3.2 % of its Part B grant for administration (including monitoring), but the State chose to retain only 2.9 % for that purpose.

Another factor that may contribute to FDE's failure to identify all instances of systemic noncompliance is FDE's focus on findings requiring correction of paperwork and procedural practices, with little focus on the extent to which students with disabilities receive services that they require in order to learn effectively. FDE staff characterized its monitoring system as a "minimal compliance procedure."

Prior to a monitoring review, FDE staff select schools in each district based on various criteria. OSEP' review of FDE's monitoring reports of the districts visited by OSEP indicated that when FDE does find noncompliance in a school, it neither takes steps to determine whether these violations are systemic and extend beyond that particular school nor requires any district-wide correction. Systemic findings at the district level are limited to procedural violations related to the district's policies and procedures.

FDE's actions to obtain compliance include complaint resolutions, fund adjustments (included in the final monitoring report), and audit findings specified in reports by the Auditor General's Office. FDE also has the authority to impose special conditions and sanctions to delay or withhold funds, but to date, FDE has only exercised its option to delay funds. When FDE identifies noncompliance through the State's complaint resolution and monitoring processes, FDE limits the corrective action to the individual student or the specific group of students. FDE does not conduct additional data analyses or interviews to determine if the situation is systemic across the district or across other districts in the State. The State's actions have limited impact because the actions result in changing conditions for an individual student or a specific group of students rather than fostering systemic change within districts and across the State.

FDE's failure to ensure compliance consistently from district to district and among schools within districts is another example of the State's ineffective monitoring system. Significant

concern was expressed during the Validation Planning phase at the public input meetings and in interviews with FDE staff about the impact of local control, (i.e., site based management) on the provision of appropriate services for students with disabilities. Interviews with district and school level administrators responsible for both regular and special education programs indicated that the practice of site based management allows for significant differences in how educational programs are managed between districts and among individual schools.

In OSEP's 1998 report, OSEP found that psychological counseling was not provided as a related service for all students as required to assist a student to benefit from special education. FDE has taken several steps to address this violation including: 1) drafting a technical assistance memorandum that clarifies for districts the obligation to provide related services as required to assist a child to benefit from special education; and 2) awarding a discretionary project to provide information to districts on the availability and accessing of psychological counseling services, and utilizing the resources of the Multiagency Network for Students with Severe Emotional Disturbance to assist district staff in understanding resources that are available for psychological counseling. These actions however, have not resulted in the correction of this identified area of noncompliance. Since OSEP's visit in January of 1997, FDE has failed to identify this deficiency in subsequent monitoring reviews and school districts in Florida are continuing to violate this requirement.

School districts in Florida routinely employ staffing specialists who serve as the primary link between the school and the district. To a large extent, their function is to provide technical assistance to the schools for which they are responsible. While staffing specialists may bring compliance issues to the attention of district administrators, OSEP found that they do not have sufficient leverage in schools and have minimal impact in requiring schools to comply with IDEA requirements. Areas of noncompliance and other issues are most often raised by parents and advocacy groups and not as a result of the staffing specialists' work with the schools.

OSEP concludes that FDE's current monitoring system is not effective in identifying and correcting deficiencies in its exceptional student education programs throughout the State.

2. Complaint Management System

Part B requires that FDE investigate and resolve complaints that a public agency has violated a requirement of Part B within 60 calendar days after a complaint is filed. An extension of the time limit is permitted only if exceptional circumstances exist with respect to a particular complaint. (34 CFR §300.661(a) and (b)(1)). OSEP finds that FDE has failed to ensure that complaints received by FDE are resolved within the required timelines.

FDE maintains a well-designed system for tracking complaints. In the logs that FDE provided, OSEP found that from July 1998 through December 1999, FDE received 66 written Part B complaints. FDE permitted an extension of the timeline for 88% of these complaints. The circumstances for time extensions varied. Although FDE extended the majority of complaints for exceptional circumstances with regard to a particular complaint, a number of complaints were extended due to holidays and the absence of district staff during summer vacations. While a State may extend timelines when extensive interviews or record reviews cannot be completed within

60 calendar days, a State may not extend these timelines for management reasons that are external to the complaint such as “holidays and insufficient staff resources.” OSEP found that FDE failed to issue a decision within the 60 calendar day timeline for 90% of the complaints filed between February 1998 and June 1999. The decisions in approximately one-half of these complaints exceeded the timelines by more than 30 days, with some of these decisions overdue by more than 3 months. While FDE had properly extended the timeline for some of these complaints, as discussed above, in many cases, there had been no proper extensions.

At the time of OSEP’s on-site visit, FDE staff acknowledged that FDE continues to take more than 60 days to resolve complaints. Until the fall of 1999, one full time staff member had primary responsibility for handling FDE’s complaint management system with some assistance provided by other individuals who also are involved in monitoring activities. All of these individuals routinely respond to numerous informal complaints and other inquiries received by telephone and electronic mail. FDE has acknowledged these staffing concerns and has taken steps to address them. Since OSEP’s visit, a unit supervisor and a second staff member were added to work full time on FDE’s complaints. In addition to adding staffing resources, FDE has taken other steps aimed at strengthening the complaint management system. FDE officials presented a draft plan intended to streamline the complaint procedures so that complaints would be resolved more effectively within the 60 day timeline. FDE staff reported that, while the total number of complaints received by FDE is not significant considering the size of Florida’s special education population, the nature of these complaints has become more complex.

While these are positive actions that are expected to address its timeline issues, FDE has failed to meet its general supervision responsibility to ensure that complaints are resolved within 60 calendar days after a complaint is filed, unless the timeline is extended due to exceptional circumstances with respect to a particular complaint.

3. Statewide Assessment

34 CFR §300.138 requires the State to demonstrate that children with disabilities are included in general State and district-wide assessment programs, with appropriate accommodations and modifications in the administration of the assessment, if necessary. As appropriate, the State or local educational agency must develop guidelines for the participation of children with disabilities in alternate assessments for those children who cannot participate in State and district-wide assessment programs. 34 CFR §300.347(a)(5) requires that the IEP include a statement of any individual modifications in the administration of State or district-wide assessments of student achievement, if needed, for a child with a disability to participate in the assessment. If the IEP team determines that the child will not participate in State or district-wide assessment (or part of an assessment), the IEP must contain a statement of why that assessment is not appropriate for the child and how the child will be assessed. 34 CFR §300.139 requires FDE to make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children. Reports to the public must include aggregated data that include the performance of children with disabilities together with all other children and disaggregated data on the performance of children with disabilities.

The 1999 FDE Performance Report stated that the participation rate in large scale assessments for students with disabilities is increasing. However, two issues arose during the OSEP visit concerning the participation of students with disabilities in large-scale assessments. The first issue is the interrelationship between the State requirement that students pass the high school assessment in order to earn a regular high school diploma and the practice of assigning students with disabilities to the “special diploma track” or the “standard diploma track.” The second issue relates to the reporting protocols of the Florida Sunshine Standards, Florida’s education accountability program.

In School Year 2004, all students will be required to successfully pass the tenth grade Florida Comprehensive Assessment Test to earn a standard high school diploma. When a student does not pass the test in tenth grade, there are opportunities in subsequent years to retake the test and qualify for a standard high school diploma. Among high school students, middle school students and parents interviewed by OSEP, there was general lack of awareness about the features of the test administered at the tenth grade level, the content of the test, and the meaning of not passing the test. The results of the Florida Comprehensive Assessment Test are of critical importance to high school students with disabilities due to the districts’ “tracking” of students for special diplomas or regular diplomas. Parents of high school and middle school students did not understand how the “tracking” of their children affected access to the general education curriculum or how participation in the Florida Comprehensive Assessment Test or an alternate assessment would be used to determine the type of high school diploma their children would earn. Further, the parents did not understand how the type of diploma would impact their children’s school to work outcome. See also Section IX of this Report regarding secondary transition.

In all of the districts visited by OSEP, special and regular education teachers stated they were not aware of the full range of accommodations available to students with disabilities when they take the test. Teachers stated the general practice is to simply indicate on the IEP that “small group setting” is the appropriate accommodation without making an individualized decision for each child. OSEP found that IEP teams do not always make an individualized determination about what, if any, modifications in the administration of State or district-wide assessments are necessary for a child to participate in the assessment.

OSEP also found that FDE does not ensure that reports on the performance of children with disabilities on State assessments are made available to the public with the same frequency and in the same detail as reports on the assessment performance of nondisabled children. Teachers and building administrators in two districts stated that the test scores of students who are not eligible students are reported on the individual school’s “State report card;” results for students with disabilities are not reported in the school’s “State report card.”

In addition, in two of the districts, teachers and administrators stated that statewide assessments completed by students with disabilities in grades three, five, and eight, were not scored and were not included in the school’s State report cards. Teachers in all other districts also reported that the statewide assessments for some students with disabilities were not scored but that the child “participated” because the student sat in the classroom and attempted to complete the assessment.

OSEP found disaggregated data for students with disabilities on a state demographics report. However, the report is not a regularly issued document available to the public at large. When OSEP reviewed the official FDE website, the reported data on student achievement did not disaggregate results for students with disabilities.

C. SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN

1. Florida Education Finance Program (FEFP)

Prior to the adoption of the Florida Education Finance Program, the funding mechanism used by FDE to distribute State funds for exceptional student education programs was based on students' categorical labels and the amount of time spent in special education classrooms. FDE adopted the Florida Education Finance Program during the 1997-98 school year as a strategy to ensure that the funding mechanism in Florida does not result in placements for children with disabilities that violate the least restrictive environment provisions of IDEA. The Florida Education Finance Program is therefore intended to support services for special education students in all settings along the continuum without providing an incentive for local districts to make more restrictive placements.

The public input meetings revealed the existence of certain perceptions and confusion regarding the Florida Education Finance Program and the form called the "matrix of service." While many participants were supportive of the funding model in that it helps educators think about children in non-categorical ways, others reported that this funding model does not accurately reflect the needs and services identified on the IEP.

Some participants believed that the Florida Education Finance Program is a disincentive to including students in the regular classroom, since accommodations delivered by the general education teacher to the entire class are not counted as a special service that generates a higher funding level. Several school personnel responsible for completing the IEP reported that funding by the district is insufficient to match needs identified in the "matrix of services." With the addition of this document concern also was expressed over the additional paperwork burden.

FDE officials acknowledged their awareness of the concerns raised at the public input meetings and indicated that the Florida Education Finance Program was adopted for exceptional student education programs without providing the complete training that was originally planned prior to its full implementation. The Exceptional Student Education/Florida Education Finance Program Funding Model Evaluation Project, a State Discretionary Project, is designed to evaluate the implementation of FDE's revised funding model. OSEP encourages FDE to provide appropriate training and technical assistance to school personnel and parents so that: 1) public agency personnel and parents have a clearer understanding overall of the Florida Education Finance Program as it applies to students with disabilities; and 2) any needed changes in the program or related training are made based on feedback from these individuals.

2. Professional Development/In-service Training

Although Florida resources for staff development opportunities are significant, Florida faces a serious shortage of qualified personnel. In particular, special education teachers and psychologists were noted as being in short supply. In some districts, students with disabilities are not receiving appropriate services because barriers exist for teachers (including general education teachers and paraprofessionals) and administrators to access in-service training to gain sufficient knowledge and skills. Some individuals at the public meetings felt that even teachers who have recently graduated do not have those skills necessary to meet the needs of students in today's schools. Florida is a high growth State and the use of temporary certification and out-of-field teachers has increased. According to the most recent Annual Exceptional Education Personnel Data Report that FDE provided, the highest percentage of teachers teaching out-of-field are in the areas of varying exceptionalities and emotionally-handicapped/seriously emotional disturbed. Although reciprocity agreements exist, Florida's requirements for out-of-state teacher testing appear to prevent personnel from attaining timely certification.

Personnel in the public agencies that OSEP visited said that inservice training regarding IEPs is needed with particular emphasis on: 1) the development of measurable annual goals and benchmarks or short-term objectives; 2) needed services for effective secondary transition; and 3) increased knowledge of accommodations available to students with disabilities with a focus on how to determine which accommodations would be appropriate to enable these students to succeed in regular education classes. At the time of OSEP's visit, FDE was in the process of developing a technical assistance document for developing quality IEPs.

OSEP recommends that FDE utilize the results of a recent study conducted by the University of Miami to investigate the current knowledge, skills and training needs of special and general education teachers to promote inclusive practices as well as the topics identified above in planning future in-service training programs. As the number of children with disabilities in regular education classes increases, OSEP supports FDE's efforts to continue to create solutions to removing barriers that exist for regular educators, principals and other school level administrators to access inservice training. First, FDE may want to consider expanding in-service training opportunities during summer months and institutes that address special circumstances, such as the Institute for Small and Rural Districts. Second, OSEP encourages FDE to expand the Regional Professional Development Partnerships and other groups created for similar purposes, such as the Comprehensive System of Personnel Development Council, to seek opportunities to increase the capacity of educators in meeting the needs of the children with disabilities. Support from the discretionary State Improvement Grant program established under IDEA 97 is an example of one such opportunity that may be used for these purposes.

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

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

Validation Planning and Data Collection

OSEP's 1998 monitoring report included findings that FDE did not meet its responsibility to fully ensure that public agencies provide psychological counseling as a related service, if required to assist a child with a disability to benefit from special education. The corrective action section of the monitoring report required that FDE ensure that services were to be provided based on the student's unique needs, as specified in the student's IEP, and at no cost to the parents.

In the Self-Assessment Report the Florida Steering Committee addressed the provision of a free appropriate public education in the least restrictive environment. The Self-Assessment Report included the following general concerns: (a) there is a need for more psychologists who have the training to appropriately evaluate students with the full range of disabilities or who have more complex conditions; (b) Florida faces a serious shortage of qualified personnel, specifically special education teachers; (c) while there is a significant amount of inservice training, some barriers exist to accessing the training, notably, special education and regular education teachers are not granted release time to attend the training; and (d) the full continuum of placement options may not be available, i.e., only certain parts of the continuum may be offered for specific disabilities (this practice varies from district to district and school to school).

One of the four focus questions asked during the public input meetings in Florida was "Do students with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living after they exit school?" Responses to the question included comments that students with disabilities did not have access to the general curriculum or the regular classroom due to lack of related services and appropriate qualified personnel. The Part B Steering Committee identified the following priority issues related to the provision of a free appropriate public education: (a) insufficient qualified personnel, specifically special education teachers and school psychologists; (b) large class size and large case loads; (c) districts base placement decisions on the category of disability, configuration/availability of service delivery systems or administrative convenience; (d) students are removed from the regular education environment

without a determination that their education could not be achieved satisfactorily in regular classes with the use of supplementary aids and services; (e) in some districts, individual determinations are not made regarding the appropriateness of each child's participation with nondisabled children in nonacademic and extracurricular services and activities; (f) in some districts, appropriate access to the general education curriculum is limited or inconsistently implemented; (g) some districts are not providing appropriate services to address the behavioral needs of students with disabilities; and (h) some districts are not effective in linking evaluation and the IEP.

Summary data of FDE monitoring reports for 1997-1999 included local agency procedural noncompliance areas concerning the absence of (a) timely IEP meetings, (b) modifications of the general curriculum, and (c) necessary accommodations to make progress on IEP goals and objectives.

At the end of the Validation Planning process, OSEP used the information gathered to focus its approach to data collection. To validate these concerns and issues, OSEP collected information from the review of student records, State and local policies, procedures and placement data, and interviews with State personnel, local program and building administrators, teachers, parents, and related services personnel in seven districts.

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

A. AREAS OF STRENGTH

1. Multiagency Service Network for Students with Severe Emotional Disturbances Project

Through the Multiagency Service Network for Students with Severe Emotional Disturbances Projects, FDE supports projects that provide assistance to improve the success of students with emotional disturbances and the capacity of school districts to provide integrated education and treatment programs through partnership with mental health, education, and families.

2. Technical Assistance Initiatives (described more fully in the Section VI of this Report)

- a. Florida Inclusion Network (FIN)**, a statewide system of facilitators, assists districts and schools within districts in the design and implementation of effective inclusive environments for students with disabilities.
- b. Florida Diagnostic and Learning Resources System (FDLRS)** is a network of centers that provide support services to those persons involved in the education of students with disabilities.
- c. Florida Team Training on Positive Behavioral Support** provides technical assistance and training that expedites the resolution of problem behavior and builds the local district's capacity to use positive, assessment-based intervention approaches for students who have disabilities and significant behavioral challenges. The target audience includes families, educators, behavior specialists, and agency personnel in school districts throughout Florida.

B. AREAS OF NONCOMPLIANCE

OSEP determined that FDE did not effectively ensure that school districts met the following requirements, which are closely related to improving results for children with disabilities.

1. Related Services

Under 34 CFR §300.300, public agencies must make a free appropriate public education, including special education and any related services that the child needs to benefit from special education, available to all children with disabilities within the State's mandated age range. The definition of related services specifically includes the provision of speech-language pathology services and psychological counseling if a child needs the services to benefit from special education (§§300.24(b)(9) and (b)(14)).

a. Lack of Provision of Speech and Language Pathology as a Related Service When Needed So That A Student Can Benefit From Special Education

Part B requires public agencies to provide speech and language pathology as a related service to children with disabilities who need that service to benefit from special education. 34 CFR §§300.24(b)(14) and 300.300. As set forth in 34 CFR §300.26(a)(2)(i) the term "special education" includes speech-language pathology services, if the service consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, and is considered special education, rather than a related service under State standards. Each State must ensure, however, that any child with a disability who needs speech-language pathology services to benefit from special education receives that service, even if he or she does not meet the State's criteria to receive speech-language pathology services as a special education service.

Throughout six of the districts visited by OSEP, teachers and related services personnel informed OSEP that students did not receive speech services even when such services were necessary to benefit from special education unless the students met additional criteria of programs for speech and language impaired. If a student's language development was commensurate with his or her intellectual development, the student was not eligible to receive speech and language pathology services as a related service even if the student needed it to benefit from special education. The teachers and related services personnel explained that for students below age five, there must be a significant language delay based on criteria presented in the test or evaluation manual and at least one of the following: (a) a significant difference between language performance and other developmental behaviors; or (b) a significant difference between receptive and expressive language abilities. In order for students ages five years and above to receive speech and language, particularly as a related service, a student must meet additional eligibility criteria in one of the following four areas of language disorder, articulation, fluency, or voice. For example, a student must meet one of the following criteria to be eligible for speech and language impairment services through the category of "language disorder": a student's scores on standardized tests are more than one standard deviation below the mean for the student's chronological age and at least one of the following is met: (a) there is a significant difference

between language performance and nonverbal performance; (b) there is a significant difference between receptive and expressive language scores; or (c) two or more, but not all, components of the language system are rated moderately or severely impaired on a language severity rating scale lower than his or her level of cognitive development. The teachers and related services personnel further reported, for example, if a student with severe retardation had less than a one standard deviation difference between his or her level of language development and his or her level of cognitive development, the student would not receive direct speech and language impairment services as a component of a free appropriate public education, even if the child needed such services to benefit from special education.

Three district level administrators stated that such a child (as described in the previous paragraph) should be able to receive speech and language impairment services, but acknowledged confusion in some schools regarding availability of speech and language as a related service, if a child needed it to benefit from special education but did not qualify for speech as a special education program. State staff provided OSEP with a copy of the State's written guidance for specific programs for speech and language impaired. The State's written guidance was consistent with the comments by instructional and related services cited in the previous paragraph.

b. Lack of Psychological Counseling Services as a Related Service

In OSEP's 1998 report, OSEP found that psychological counseling was not provided as a related service for all students as required to assist a student to benefit from special education. Although there has been an increase in the availability of psychological counseling services since the 1997 OSEP monitoring visit, the State is not yet ensuring that all children who need psychological counseling to benefit from special education receive it. Florida has an interagency service network for providing assistance to students with emotional disturbances. In addition, FDE is working with the Florida Association of School Psychologists to address the changing role of school psychologists with regard to the provision of psychological counseling services. As described in Section VI of this Report, FDE has taken steps to address the 1998 findings. These actions, however, have not resulted in the correction of this identified area of noncompliance. Since OSEP's visit in January of 1997, FDE has failed to identify this deficiency in subsequent monitoring reviews and school districts in Florida are continuing to violate this requirement. In addition, the FDE's Biennial Performance Report for Part B of IDEA (Fiscal Years 1997-98 and 1998-99), FDE identified a goal to increase the availability of appropriate related services (e.g. mental health and counseling services). The OSEP data validation collection process confirmed the continuing need for FDE to focus on this goal.

OSEP found in all seven districts that psychological counseling services are not, in all cases, available to students who need the services to benefit from special education. Interviews with building administrators, counselors, school psychologists, teachers, parents, students, and administrators throughout the State confirmed this. Administrators at the local and State levels and school psychologists in all seven districts stated the caseloads for school psychologists are too large to permit an individual school psychologist to provide psychological counseling services for students with disabilities who require psychological counseling to benefit from special education services. School psychologists employed by local school districts are employed

by the school district to evaluate students suspected of having a disability and to conduct triennial reevaluations. In all districts visited by OSEP, administrators, parents, students and teachers stated the psychological counseling services, when available, are “most often inadequate.” The inadequacy is due to an “insufficient number of school psychologists and other mental health professionals employed by other agencies,” and the “unwritten policy” that students who are not classified “severely emotionally disturbed” (using the definition of Florida State Board of Education Rule 6A-6.03016) do not receive ongoing psychological counseling services as part of their IEP regardless of individualized need.

In four of the districts, staff shortages delay timely provision of counseling. For example, in one of these four districts a school psychologist stated that it was “impossible” to serve all children with disabilities who needed psychological services because of limited staff. In another of the four districts psychological counseling services are not provided in accordance with a student’s IEP because of staff vacancies. In a third district an administrator informed OSEP that psychological counseling services are not provided at the middle school level but are provided at the elementary and high school levels. In a fourth district, a special education director and two other administrators explained there were home-school liaisons who, while not certified to provide psychological counseling services, provided family counseling. However, the home-school liaisons had responsibility for 16 schools and were unable to meet the needs of students with disabilities who needed the services to benefit from special education.

School counselors in two districts reported they were told by district administrators to refrain from speaking about the need for psychological services at IEP meetings even when students with disabilities needed the services to benefit from special education. The administrators gave them this directive because the districts did not have funding to pay for the psychological services. However, administrators in these districts stated school employees were free to discuss any needs at IEP meetings that the student may require to benefit from special education.

State administrators and local administrators in all districts told OSEP that psychological counseling services throughout Florida are most frequently provided by mental health professionals employed by community-based organizations through interagency partnerships or agreements between a local school district and an area community-based organization. For example, in one district the special education director stated that some of the schools in the district house comprehensive mental health services as part of an interagency agreement with outside agencies. When students with disabilities at these schools need psychological counseling services to benefit from special education, the services are not written into the IEP because the services are available to all students at the school. Nor are social and affective goals and objectives included in the IEP. If the student transfers to another school within the district which does not house the comprehensive mental health services, the services are available only if the students provide their own transportation back to the first school.

State staff and local directors of special education and other educators in four districts attributed the inconsistency in service delivery to 1) the quality of the networking skills between school-based staff and non-school-based staff responsible for providing psychological counseling services, the adequacy of resources in the specific community school attendance area; and the decision making process through which school administrators have authority to allocate

resources for psychological counseling services, and 2) a lack of understanding about the IDEA requirements for psychological counseling services to enable the child with a disability to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum.

2. Removal of Students with Disabilities from the Least Restrictive Environment

34 CFR §300.550 requires each public agency to ensure that, to the maximum extent appropriate, children with disabilities are educated with children who are not disabled. Placement in special classes, separate schooling or other removal of children with disabilities from the regular educational environment may occur only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. The services and placement needed by each child with a disability to receive a free appropriate public education must be based on the child's unique needs and not on the category of the child's disability. In addition, 34 CFR §300.552(c) requires that, unless the IEP requires some other arrangement, the child is educated in the school that he or she would attend if not disabled.

In all districts visited by OSEP, students are being removed from the regular education classroom who, with appropriate supplementary aids and services, could be served in the regular education classroom. Teachers in all districts reported that IEPs do not include the supports children with disabilities need in order for the students to succeed in the regular classroom. This occurred because regular education teachers are often not asked about the required supports and when asked, they lack the awareness of "what to ask for." Special education teachers in two districts stated they did not have adequate time to develop the description of the supports to give to regular education teachers or to meet with regular education teachers to discuss supports, due to scheduling conflicts.

Because of insufficient resources, students with disabilities are kept out of regular education classes. For example, in one district, regular education teachers stated that children with disabilities at an elementary school were not instructed in the regular education classroom because the students were not able to maneuver the hallways by themselves and would require an aide to walk with them to the regular education classrooms from the special education classroom. Teachers in another district reported that the co-teaching model, used for one group of mildly impaired students, had great potential as a strategy for increasing the number of students with more severe disabilities in regular education classes. Teachers and administrators reported, however, that the school administration had chosen not to allocate resources that would allow an increase in the use of this model.

In four districts regular education teachers at the elementary, middle and high school levels stated that more students with disabilities would have greater access to the general curriculum and the regular classroom if regular education teachers were more aware of modifications and accommodations required for individual students with disabilities to succeed in the regular classroom. They reported regular education teachers do not attend the IEP meetings and are not typically asked to provide information about students' performance for consideration by IEP teams. Local special education directors stated that the State's philosophy of local school-based

decision-making prevented the directors from requiring the participation of regular education teachers at IEP meetings because building administrators would not allocate the financial resources for substitutes that would allow regular education teachers to participate in the meetings.

C. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN

Delayed Transition of Children from Part C from Part B

Part B requires the State to ensure that local educational agencies participate in transition planning conferences arranged by the designated lead agency for Part C early intervention programs 34 CFR §300.132(c). The purpose of these conferences is to ensure that young children with disabilities make a smooth and effective transition to part B services. By a child's third birthday an IEP (or IFSP) must be developed and implemented for the child consistent with all of the requirements for the provision of a free appropriate public education. 34 CFR §300.132(b).

OSEP determined that young children with disabilities were not consistently ensured a smooth and effective transition to Part B services. Evaluations for children transitioning from Part C programs to Part B were often duplicative because Part B programs did not accept the results of Part C evaluations even where current and appropriate evaluations of the child had already been conducted while the child received Part C services. This practice by local school districts resulted in delay of services, especially for children whose third birthday occurs during the summer. Similar issues were identified at public input sessions by Part C parents, Part C service coordinators, and service providers. Further, although FDE and FDOH developed a guidance document to better ensure a smooth and effective transition, the document was reissued by the departments because local agencies asked that the roles of Part B and Part C staff be further clarified.

OSEP recommends that FDE and FDOH continue working together in a collaborative manner to offer policy guidance and technical assistance for Part B and Part C staff at the State and local levels.

VIII. PART B: SECONDARY TRANSITION

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

Validation Planning and Data Collection

OSEP's 1998 monitoring report found areas of noncompliance related to secondary transition. Specifically, the report noted FDE's failure to ensure that, if a purpose of the IEP meeting is the consideration of transition services for a student, then the public agency must invite a representative of any other agency that is likely to be responsible for providing or paying for transition services. As described below, OSEP has found that this continues to be an area of noncompliance.

The Self-Assessment Report identified several strengths in the area of secondary transition and reported that there is an apparent increase in the number of students who are involved in transition planning. In addition, that report noted that there have been substantial efforts made toward better coordination and implementation of secondary transition services through State and local collaboration.

Through the public input process, OSEP was informed of several significant concerns regarding transition services. Among these issues were a lack of uniformity in the provision of secondary transition services statewide; the extent to which a full complement of services exists from district to district; and transition service needs are not consistently addressed beginning at age 14. Further, concerns were raised regarding insufficient coordination between FDE and other agencies. It was reported to OSEP that adult agencies are understaffed which prevents them from beginning to work with students in the earlier years of high school and in middle school. Additionally, concerns were expressed regarding a lack of awareness by parents of the opportunity for their children to participate in transition planning.

Parents and staff who attended public input meetings commented that transition activities are more routine for students with moderate disabilities. Those activities are made a part of the students' curriculum. For those students with mild or profound disabilities, transition is more difficult to access. OSEP reviewed and analyzed the data and identified the following strength,

areas of noncompliance, and suggestions for improved results for children and youth with disabilities.

A. AREA OF STRENGTH

FDE Publications and Policy Guidance

FDE has developed numerous publications to assist local districts with the secondary transition requirements of IDEA. Among these publications are: Curriculum Based Vocational Assessment which is a planned process for observing, collecting and using information about a student's performance within the curriculum to use in career planning and Transition IEP development. It was developed to assist local districts to learn about the use of curriculum-based vocational assessments as an integral part of the career/vocational program for the students with disabilities.

Another publication, Dare to Dream, was developed to assist students in self-determination and advocacy in the development of their desired post-school outcomes as part of their Transition IEPs. A draft publication, Transition Services for Students with Disabilities: A Guide for Instructional Personnel and Families, was finalized in December 1999 and disseminated in January 2000. This publication was developed to help clarify the IDEA '97 transition service requirements, suggest practices to implement the requirements, provide answers to some commonly asked questions and identify transition resources.

All of these publications are examples of FDE's response to improving secondary transition services in local districts. However, at the time of OSEP's visit, few of the districts appeared knowledgeable, and few were aware of these publications.

B. AREAS OF NONCOMPLIANCE

1. Lack of Participation of Agency Representatives in Transition Planning

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

Special educators and special education directors in the six school districts in which OSEP visited high schools, reported that they did not invite representatives of agencies who were likely to be responsible for paying or providing transition services to IEP meetings because the representatives would not attend. Staff indicated that this was mostly due to staff shortages in the other agencies. None of the IEPs reviewed by OSEP staff reflected participation of outside agency personnel nor did the notice reflect that they were invited. Community colleges were not considered as possible agencies to invite and that most often Vocational Rehabilitation was the

only agency considered. Educators and parents told OSEP there were limited methods of obtaining agency participation.

One district special education director recognized that agencies do not participate in transition planning and acknowledged that overall, transition is an area in need of improvement. She stated, "It needs more work" and "We need to get the partners to the table."

2. Lack of Required Transition Content in IEP Meeting Notices

34 CFR §300.345 (b)(3) requires that if a purpose of an IEP meeting is the consideration of needed transition services for a student, the notice must indicate this purpose, indicate the agency will invite the student and identify any other agency that will be invited to send a representative.

FDE does not, when applicable, ensure that parents are properly notified that transition is a purpose of an IEP meeting and that the student and representatives of other agencies will be invited to attend.

Parents and students interviewed by OSEP confirmed the assertion made during the public input process that parents were not informed of the transition purpose of the meeting and therefore, were not prepared to discuss transition services.

Teachers and administrators in the majority of districts visited by OSEP corroborated parents' statements regarding this issue. They reported to OSEP that parents were not routinely informed that, even for students 16 or older, transition was to be the purpose of the meeting or that the student or any other agency representatives would be invited. Notification letters to parents of high school students in four of the six districts in which OSEP visited high schools, included a checklist form, which was used to identify the purpose of the meeting. However, the transition option was not checked in a majority of districts even when transition was the purpose of the meeting. In the other two districts, there was no indication that notification was provided to parents that the purpose of the meeting was transition services.

3. Lack of Adequate Statement of Needed Transition Services Beginning at Age 16 (or younger if appropriate)

34 CFR §300.347(b)(2) requires that the IEP for each child, beginning at age 16 (or younger if appropriate), must include a statement of the needed transition services including, if appropriate, a statement of each public agency's and each participating agency's responsibilities or any needed linkages, or both. The statement of needed transition services in the IEPs must be a coordinated set of activities within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation. 34 CFR §300.29(a)(1).

In each of the school districts visited, the statement of needed transition services in the IEPs were generic and were not supported by a coordinated set of activities to promote the identified outcomes. The IEPs reviewed by OSEP contained statements such as, "Student will become a

productive citizen,” “Student will increase knowledge of daily living skills,” and “Student will increase pre-vocational skills.” In all IEPs reviewed by OSEP, no agencies or linkages were identified for transition services even though the student was 16 at the time of the IEP meeting. The IEPs did not contain goals and short-term objectives or benchmarks. Special educators in the districts visited by OSEP indicated that transition is an area in which continued training and support are needed.

C. SUGGESTIONS FOR IMPROVED RESULTS FOR CHILDREN

1. Lack of Knowledge of Requirements Related to Transfer of Parental Rights at Age of Majority

34 CFR §300.347(c) requires that at least one year before a student reaches the age of majority, the student’s IEP must include a statement that the student has been informed of his or her rights under Part B of the Act, if any, that will transfer to the student on reaching the age of majority, consistent with 34 CFR §300.517. The State of Florida has determined the age of majority to be 18 years old and has further determined that rights under Part B will be transferred at that time.

OSEP reviewed IEPs of students, ages 17 years or older, in seven districts. The majority of these IEPs indicated the students had been informed about the issue of transfer of rights. Interviews were conducted with several of these students in two districts. These students stated that they either did not remember a discussion about transfer of rights nor were they aware of its meaning. Parents interviewed in two districts also stated that they were not familiar with provisions regarding the transfer of rights.

In OSEP’s interviews with staff in most districts, neither special education teachers nor school-level building administrators were knowledgeable about the requirement regarding transfer of rights. In one district, a building administrator acknowledged learning about this requirement but had not yet implemented it with students in the building. In another district, the special education director reported that a directive had just been issued from the State on the requirement. FDE officials confirmed that FDE sent a directive dated November 1999 outlining procedures for this requirement. However, staffs at the schools in the districts that OSEP visited did not have sufficient knowledge of this requirement to ensure that students and parents understood its implications.

OSEP recommends that FDE provide training to students, parents, and school based staff to ensure that these individuals are aware of and understand the requirements regarding the provision of transfer of rights.

2. Lack of Awareness by Parents and Students About Secondary Transition Planning To Ensure Effective Transition

IDEA requires that, if a purpose of the meeting is the consideration of the student’s transition services needs or needed transition services for a student, or both, the public agency must invite the student. If the student does not attend, the public agency shall take steps to ensure that the student’s preferences and interests are considered. 34 CFR §300.344(b)(1) and (2).

Based on OSEP's interviews with high school students and staff in six districts, inconsistencies were found in the districts' involvement of students in transition planning. The majority of students, all of whom were 16 or older, interviewed by OSEP staff in one district stated that they had never been invited to IEP meetings and, when questioned specifically, had no understanding of transition services. Others indicated that they were either not invited or not informed that transition was a purpose for the meeting. Of those who were present for transition meetings, many of them reported that no one attempted to involve them in the discussion.

In another district, school officials stated that students did attend transition meetings. However, the students were not informed, prior to the meeting, that the purpose of the meeting would be to discuss transition services. In yet another district, the district level administrator, high school staff and the transition specialist acknowledged that the notification sent to the parent "encouraged" the parent to bring the child to the meeting.

Through interviews conducted with students and parents, OSEP found a general lack of understanding about the importance of quality transition services. Parents and students expressed little or no understanding about the consequences that course selection, curriculum, type of assessment and type of high school diploma have on post-school education or employment opportunities.

Active involvement of parents and students in transition planning is likely to take place when the parents and students are aware of the purpose and importance of the transition planning process. Understanding the relationship between course selection, curriculum, type of assessment and type of high school diploma is critical. In Florida the relationship is even more critical because the State issues a Special Diploma or Standard Diploma based on choices made regarding placement, coursework, and participation in assessments. These factors have a direct impact on students' post school outcomes.

OSEP recommends that FDE provide additional training for educators, parents, and students to ensure that Florida students with disabilities make informed choices during their high school years to better ensure quality post school experiences. As noted above, FDE has developed numerous publications dealing with the transition requirements of IDEA and the identification of transition resources. Further dissemination of these publications and training to assist educators, parents, and students to use the publications will promote better quality transition services.

IX. PART B: PARENT INVOLVEMENT

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

Validation Planning and Data Collection

The FDE Self-Assessment Report, in the area of Parent Involvement, identified such issues as: lack of information regarding programs and services that are available for their children; desire by parents to be equal partners in the IEP decision making process; and the statement that many parents feel intimidated by professional educators. The report stated that information should be more timely, more comprehensive and easier to understand. Although FDE has numerous parent publications, dissemination is fragmented and lacks coordination.

Through the public input process, parents reported that they don't always know where to get the information they need to fully participate and advocate for their children. Some parents stated that there is lack of cooperation and communication between schools and families. They believed that parents should be offered the same training available to school staff. Other parents reported that schools are making greater efforts to involve parents but more should be done.

Many parents indicated that they felt that their children's curriculum is determined by the child's category of disability rather than the children's unique needs. They believed that the IEPs are written in advance of IEP meetings. In some cases IEPs are written for programs and not for the individual child. Other parents stated that increased parent involvement would improve the educational and decision making process.

A. AREAS OF STRENGTH

1. State-sponsored Committees

The FDE has developed State-sponsored committees in which parents have become integral members. In establishing these committees, the State has attempted to ensure that input from parents is used to provide a meaningful foundation for the work of committees throughout the State.

2. FDE Publications

The FDE has produced numerous publications including a parent booklet entitled, Diploma Decisions for Students with Disabilities: What Parents Need to Know. This guide informs parents about the types of diploma options available in Florida public schools. This information

enables parents to assist their children in selecting an appropriate educational program in high school.

B. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN

Parent Partnerships in Special Education

Many parents across the State told OSEP that they were not properly informed about IDEA and the requirements necessary to assist them in making good decisions for their children. Through the development of numerous parent information publications, some of which are noted above, FDE is making an effort to assure that parent information is user friendly. This effort by FDE is recognized by OSEP, however, OSEP recommends that FDE become more proactive in fostering parent involvement.

OSEP also encourages FDE to disseminate the State's parent-focused publications more fully and to sponsor parent training to help parents understand IDEA requirements and the impact of a student's experience in school on academic success, post-secondary education and future employment. The dissemination efforts and training program should be part of a comprehensive approach rather than a single event.