



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

February 1, 2002

Honorable Charles B. Zogby
Acting Secretary
Pennsylvania Department of Education
333 Market Street
Harrisburg, PA 17126-0333

Honorable Feather O. Houstoun
Secretary
Department of Public Welfare
Health and Welfare Building
Room 333
7th and Forester Streets
Harrisburg, Pennsylvania 17120

Dear Secretary Zogby and Secretary Houstoun:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Pennsylvania during the weeks of March 13 and October 23, 2000, for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act (IDEA) and assisting your State in developing strategies to improve results for children with disabilities. The IDEA Amendments of 1997 focus on "access to services" as well as "improving results" for infants, toddlers, children and youth with disabilities. In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, the Pennsylvania Department of Education (PDE), the Pennsylvania Department of Public Welfare (DPW) and parents and advocates in Pennsylvania.

A critical aspect of the Continuous Improvement Monitoring Process is the work of Pennsylvania's Steering Committee of broad-based constituencies, including representatives from PDE, DPW and OSEP. The Steering Committee assessed the effectiveness of State systems in ensuring improved results for children with disabilities and protection of individual rights. In addition, the Steering Committee will be designing and coordinating implementation of concrete steps for improvement. Please see the Introduction to the report for a more detailed description of this process in your State, including representation on the Steering Committee.

OSEP's review placed a strong emphasis on those areas that are most closely associated with positive results for children with disabilities. In this review, OSEP clustered the Part 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

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clustered into five major areas: Child Find and Public Awareness, Family-Centered Systems of Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. Components were identified by OSEP for each major area as a basis to review the State's performance through examination of State and local indicators.

The enclosed Report addresses strengths noted in the State, areas needing corrective action because they represent noncompliance with the requirements of IDEA, and suggestions for improved results for infants, toddlers, children and youth with disabilities. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

PDE's Fiscal Year 2000 IDEA Part B grant award was released subject to special conditions. Specifically, OSEP determined that PDE had not ensured that its process for verifying the completion of local school district corrective actions resulted in the effective correction of identified noncompliance. For the 2000-2001 school year, PDE initiated revised procedures for verifying the completion of corrective actions; however at the time of OSEP's October 23, 2000 visit, these procedures had not been in place long enough for OSEP to determine their effectiveness. Therefore, OSEP conducted an on-site review on May 15 and 16, 2001, for the purpose of collecting data relative to this issue. OSEP visited four school districts that had been monitored by PDE and for which PDE had determined that all deficiencies had been corrected. OSEP collected data regarding the same issues for which PDE had previously found noncompliance, and concluded that the deficiencies had in fact been corrected.

This Report reflects OSEP's first monitoring review of the State's Part C system. Although this Report does note some areas of noncompliance and suggestions for improving results for infants and toddlers with disabilities, OSEP found that DPW has established an effective system for general supervision of the Part C system, and that, as a result of the strong general supervision system and a statewide commitment to implement an effective system, the state is achieving positive results for infants and toddlers with disabilities and their families. DPW's leadership is evident.

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

Thank you for the assistance and cooperation provided by your staff during our review. Throughout the course of the review, Dr. Frances Warkomski and Ms. Maureen Cronin were responsive to OSEP's requests for information, and provided access to necessary documentation that enabled OSEP staff to work in partnership with the Steering Committee to better understand the State's systems for implementing the IDEA. We appreciate the effort 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 members of 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 Pennsylvania. 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: Ms. Maureen Cronin
Dr. Frances Warkowski

EXECUTIVE SUMMARY

PENNSYLVANIA MONITORING 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 Commonwealth of Pennsylvania during the weeks of March 13-17, 2000 and October 23-27, 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 Commonwealth agencies, OSEP, parents and advocates. The Validation Planning phase of the monitoring process included the completion of a Self-Assessment, a series of public input meetings with guided discussions around core areas of IDEA, and the organization of a Steering Committee, that provided further comments on the implementation of IDEA. As part of the public input process, the Department of Education (PDE) and Department of Public Welfare (DPW) made particular efforts to include a wide geographical area that included both 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 two meetings, one conducted with the PDE (Part B) and the other conducted with the DPW (Part C).

The report contains a detailed description of the process utilized to collect data, and to determine strengths, areas of noncompliance with IDEA, and suggestions for improvement in each of the core IDEA areas.

Early Intervention Service for Infants and Toddlers With Disabilities: **Part C of IDEA**

Strengths

OSEP observed the following strengths:

- The Pennsylvania Early Intervention Technical Assistance System (EITA) provides technical assistance to parents, programs and State and local staff that provide services to children from birth to school age and their families.
- The progress of children through the Early Intervention Service System and the services made available to them are tracked through the Early Intervention Reporting System (EIRS).
- Potential service recipients can access the Central Interagency Referral System throughout the State via a toll-free number that is widely publicized. This system serves as the central point of referral to a variety of education, health and social services.
- DPW underwent a massive systems change to permit children to receive early intervention services in natural environments. Provision of early intervention services in natural environments increased and the numbers of children served in segregated centers decreased.

- Local Interagency Coordinating Councils function in each county to identify strategies to address issues pertaining to the delivery of services.
- Under the guidance of the EITA, the promising practice of the Parent Teachback in Dauphin County is an excellent use of parent focus groups. Focus groups are presented with questions from parents of newly identified children and they provide answers as well as provide information to help train staff.
- In the three regions of the State visited, OSEP found that effective transition activities ensured a smooth transition from Part C to Part B.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- DPW has not ensured that the child find activities are sufficient to ensure that all infants and toddlers in the State who may be eligible are identified, located and evaluated. DPW has also not ensured that its public awareness activities adequately inform the general public, including families, physicians and traditionally under served populations about the early intervention program.
- DPW has not ensured that the IFSP includes all early intervention services necessary to meet the needs of the child and family, as well as medical, and “other services,” that the child and family need.
- Despite an increase in the number of children served in natural environments, DPW has not ensured that the IFSP decision-making process is based on appropriate factors for the determination of the natural environment in which early intervention services will be provided and the location of the services.
- DPW has not ensured that the assessment identifies the needs of the family related to enhancing the development of their child, and that the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their child are included on the child’s IFSP.
- DPW has not ensured that the steps to prepare the child and the parent for transition to Part B services or other services as appropriate are included on the IFSP.

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

Strengths

OSEP observed the following strengths:

- Parent training opportunities are offered in multiple formats and languages through the Intermediate Units and Parent Training Offices within the district and also through advocacy organizations and community groups.
- Significant training efforts by PDE have resulted in extensive efforts to include children with disabilities in nonacademic and extracurricular activities. In addition, community activities are also coordinated to include children with disabilities. For example, “Creature Feature”

program in Schuylkill County is an exemplary program for students with emotional disturbance who would otherwise be at risk for residential placement.

- With the support of PDE, the Gertrude A. Barber Center provides preschool services for the participating districts of Intermediate Unit 3. The Educational Institute was established to train and educate professionals, paraprofessionals, the community and families of children with disabilities regarding “best practices” in the field of developmental disabilities.
- Support from PDE has resulted in a high level of sophistication regarding secondary transition requirements and services for children with disabilities in the Philadelphia School District.
- The restructuring of the dispute resolution system at the State level creates a system that is more responsive to parents and is designed to ensure that decisions and corrective actions are implemented in a timely manner.
- The Pennsylvania Training and Technical Assistance Network provides a significant level of technical assistance and training to school districts and intermediate units, upon request, to improve results for children with disabilities across the Commonwealth.
- PDE has undertaken a variety of State-wide initiatives during the past year that are intended to coordinate and improve State systems related to special education services including development of State academic standards that apply to all students; development of an alternate assessment for children with disabilities who cannot participate in part, or all, of the standard assessment; convening an interagency workgroup to establish regional training sessions; development of a charter school resource kit for special education; establishment of a records center for children with disabilities in correctional facilities; and development of a monitoring system and the encompasses both compliance and results.

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- Children with disabilities are excluded from the regular educational environment for reasons other than the nature or severity of the disability.
- The procedures and activities that PDE has undertaken have not ensured that an adequate supply of qualified special education and related services personnel are available to implement IDEA, resulting in a failure to provide appropriate evaluations and services in a timely manner.
- PDE did not ensure that all children with disabilities who require extended school year services as part of a free appropriate public education are provided these services, in accordance with an appropriate IEP.
- PDE did not ensure that all children with disabilities who require psychological counseling to benefit from special education are provided with this service, in accordance with an appropriate IEP.
- PDE did not ensure that all children with disabilities who do not participate in all, or part of, Pennsylvania’s State-wide assessment of student achievement are assessed, in accordance with an appropriate IEP.
- PDE did not ensure that decisions regarding participation in State or district-wide assessment are based on the child’s unique needs and not on the child’s disability.

- PDE did not ensure that IEPs for children with disabilities identify the initiation, duration, frequency and location of services and modifications provided to, or on behalf of, children with disabilities.
- PDE did not ensure that the IEPs of students with disabilities include a statement of needed transition services that addresses the student’s needs, interests and abilities, and represents a coordinated set of activities within an outcome-oriented process designed to facilitate a student’s transition from high school into an appropriate post-secondary situation. Neither did PDE ensure that IEPs for each student beginning at age 14 (or younger, if determined appropriate by the IEP team), include a statement of the transition service needs of the student that focuses on the student’s courses of study.
- PDE did not ensure that IEP notification and invitation meet IDEA requirements regarding transition.
- While charter schools are considered public agencies, PDE did not have on file the policies and procedures of the charter schools related to special education.
- PDE did not ensure that the requirement for consent to transfer records does not result in a failure to provide a child with a free appropriate public education. This requirement may result in a failure to identify, locate and evaluate some children with disabilities who are in need of special education and related services.

Pennsylvania Monitoring Report
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INTRODUCTION

Pennsylvania is a large and diverse Commonwealth combining rural and mountain areas with large urban centers in the west and east. Young children and school age students with disabilities receive early intervention, special education and support services in a variety of settings throughout the Commonwealth. The primary agencies responsible for service provision to children and their families are described below.

The Pennsylvania Department of Public Welfare (DPW) is responsible for administering a State Plan to ensure that eligible children receive medical assistance benefits pursuant to Title XIX of the Social Security Act; providing funds to the sixty-seven counties of the Commonwealth for services to individuals with mental illness or mental retardation pursuant to the Mental Health and Mental Retardation Act of 1966; and promoting the employment of individuals who are blind or visually impaired by providing vocational rehabilitation, job training, and placement services pursuant to the Rehabilitation Act of 1973, as amended.

DPW's Office of Mental Retardation administers the Birth to Three Early Intervention Program in accordance with Pennsylvania Act 212-1990 and Part C of the Individuals with Disabilities Education Act (IDEA). The Office of Mental Retardation sets policies and allocates funds to 45 county Mental Health/Mental Retardation Programs who administer early intervention locally. County programs either directly provide services or contract with private providers. In fiscal year 2000, 15,908 children and families received services and supports in the Birth to Three Early Intervention Program.

According to the PDE's 2000 Statistical Summary Status Report there are 2,147,736 students enrolled in programs for grades K-12, in public, nonpublic and private schools in the Commonwealth. Approximately 240,000 students, ages three to 21, receive services in the Commonwealth under Part B of the IDEA.

Educational services for children and youth with disabilities are provided through various entities. Five hundred and one (501) school districts are designated as responsible local education agencies for the provision of special education and related services for eligible students who are the age of beginners to age 21. As of the 2000 Statistical Report, there were 3,228 public schools, serving grades K-12, in the Commonwealth. In addition to school districts, there are 29 intermediate units providing direct and indirect instructional programs and support services to eligible students with disabilities. In Pennsylvania, the Intermediate Units are the recipients of Part B subgrants, rather than the local school districts. Children with disabilities also attend and participate in area vocational technical schools (80), charter schools (47), approved private schools (33), and private schools (2,484).

Thirty-four agencies, including 27 intermediate units, six school districts, and one private provider, provide services to eligible preschool students ages three through five. In Fiscal Year 1998-99, 27,269 children were served in these programs.

I: PART C: GENERAL SUPERVISION AND ADMINISTRATION

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 vehicles for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

Validation Planning and Data Collection

Pennsylvania's self-assessment document identified strengths and areas of concern in its early intervention system. Some of the strengths noted by the Steering Committee include that the State has many sources of consistent, comprehensive data to assist in the assessment of its system and that data are used in training development and improvement and in tracking satisfaction with training and the numbers of participants. The State monitors early intervention programs on a yearly basis. DPW receives approximately twelve Part C complaints annually and conducts mediations in a timely manner. The Steering Committee also noted that in the area of General Supervision, the State did not have sufficient data to determine if non-compliance issues identified in local monitoring activities were addressed in a timely fashion or if children continued to receive services during resolution of disputes. More information is also needed to determine whether some delays in services were due to payment disputes. Other areas of concern identified in the self-assessment were related to systematic data collection in the areas of complaints, mediation and due process. Data are not available to determine whether the effectiveness and appropriate provision of early intervention services increases as a result of complaint investigations, mediation and due process hearings. The Steering Committee also noted that there is no training evaluation format to determine if training meets the needs of providers.

Based on information obtained through the self-assessment, the public input process, review of monitoring reports, local applications, and local and State procedures, OSEP identified the following concerns: (1) completeness of monitoring procedures to ensure provision of early intervention services and compliance with Part C; (2) adequacy of training to ensure compliance with the Individualized Family Service Plan (IFSP) process, service coordination, family-centered services and natural environments; (3) effectiveness of monitoring activities to ensure

speakers of other languages are adequately served; and (4) effectiveness of the State's guidance concerning child find, public awareness and transition activities.

During the Validation Planning week, OSEP collected additional information on the issues identified through the validation planning process and data related to the Lead Agency's responsibility for supervision and administration of the early intervention program. OSEP collected these data from parents, service providers, State agency staff, local program providers and administrators, State and local Interagency Coordinating Council members and other interagency staff involved in provision of services to infants and toddlers across Pennsylvania. Analysis of the data collected resulted in identification of the following strengths.

A. STRENGTHS OR PROMISING PRACTICES

1. Early Intervention Technical Assistance

Pennsylvania legislation specifies that two percent of its early intervention funds be utilized for the provision of training and technical assistance to parents, programs and State and local staff that provide services to children from birth to school age and their families. The Pennsylvania Early Intervention Technical Assistance System (EITA) provides training and technical assistance based on individual county technical assistance plans or Statewide initiatives to address systemic concerns. The training and technical assistance activities are also based on monitoring findings, self-assessments, county profiles, local stakeholder assessments, relevant research and locally identified needs. The System assigns technical assistance staff members to each local county to assist in the implementation of that county's improvement plan. Examples of local regions' improvement plan activities under the guidance of this system are the transition initiatives noted by OSEP during monitoring activities in several regions, and the Parent Teachback activities in another region. These activities are further described in relevant sections of this report; the Family-Centered System of Services section and the Transition section.

The Early Intervention Technical Assistance system develops statewide and regional technical assistance initiatives through analysis of Statewide data, including regional/Statewide needs assessments, and relevant research. Statewide priority initiatives are determined annually. Each Statewide priority initiative plan considers the involvement of families as co-presenters and participants, research, the link to institutes of higher education, and the information needed by departmental staff for overall planning purposes.

In addition to serving families and the county early intervention programs, the Early Intervention Technical Assistance System serves the PDE's Bureau of Special Education, and the Department of Health Divisions of Maternal and Child Health, Drug and Alcohol Programs, and HIV/AIDS programs. Other agencies that receive training include, but are not limited to, school districts, Head Start and Early Head Start, child care providers, State and local interagency councils, and Drug and Alcohol agency staff.

2. Early Intervention Reporting System (EIRS)

DPW created Pennsylvania's Early Intervention Reporting System (EIRS) to track the progress of children through the Early Intervention Service System and to track the types of service made available. The data system uses a distributed data entry and collection procedure whereby information on children who have been referred or are receiving services is entered and stored electronically in the county early intervention offices rather than in a central location. This system not only distributes the burden of data entry, but permits the staff closest to the child and family to control and manage the data that is assimilated into a Statewide database. The State lead agency accesses the system's central computer to perform Statewide analysis and reporting.

Features of the Early Intervention Reporting System include the user-friendly interface compatibility with Macintosh and Windows, the ability to review data on a county, regional, and Statewide level, the ability to access child-specific information for planning and monitoring purposes, and the built-in querying and reporting tools to generate sophisticated reports on county, regional and Statewide levels. The software can be adapted to be web-enabled and allows for modification of the database structure based on changing needs of users. It also allows for import of specified data from other data sources and for export of data from the Early Intervention Resource System for use in other software including Microsoft Excel and Word. This system has the built-in ability to encrypt and compress files and to make use of the First Class electronic mail system that allows for easy data transmission and additional bulletin board features.

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 for Part C in the area of Child Find and Public Awareness identified strengths which included the following: (1) the Statewide Early Intervention Reporting System (EIRS) provides information on child find that supports policy decisions, (2) the Office of Mental Retardation provides bulletins to clarify child find procedures, (3) DPW tracks at-risk children, (4) DPW serves increased numbers of children, despite the decrease in the birth rate since 1996, and (5) a variety of funding sources are available to support child find efforts. The concerns identified by the Steering committee are that there may be an under-identification of children from multicultural, ethnic and underrepresented populations not targeted in county child find activities, and public awareness and child find materials that are not consistently translated when needed.

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 system, or in obtaining evaluations?" Concerns stated during the public input meetings included: (1) children not identified before the age of three, (2) lack of referrals in a timely manner by hospitals and doctors, (3) lack of general public awareness about the early intervention system, and (4) lack of public awareness materials, especially for minorities and speakers of other languages.

Based on information from the self-assessment completed by the Steering Committee, the public input sessions, monitoring reports and the annual report, OSEP determined that additional data should be collected during the Validation Data Collection week to validate the following concerns/issues: (1) children not being served due to delays in referral by primary referral sources; (2) 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, service coordinators, local programs, interagency collaborators and central office personnel throughout Pennsylvania. OSEP reviewed and analyzed the data and identified the following strength and areas of non-compliance.

A. STRENGTH

Central Interagency Referral System

Pennsylvania has a coordinated, interagency system that functions as a central referral-intake point of entry. This system represents agencies that provide a variety of education, health and social services. The system can be accessed throughout the State through a toll-free number that is widely publicized. Potential service recipients are directed by certified referral counselors to the appropriate service based on articulated family needs. This system can lead to a more timely, appropriate identification of families in need of early intervention services.

B. AREA OF NON-COMPLIANCE

Public Awareness/Child Find Activities are not sufficient to ensure that all children are identified, especially the traditionally under-served populations.

Each State's early intervention system must include child find activities to ensure that all infants and toddlers in the State who are eligible for services are identified, located and evaluated. 34 CFR §303.321(b)(1). The child find system must include procedures for use by primary referral sources for referring a child to the early intervention program. The procedures must provide for an effective method of making referrals by primary referral sources and include procedures for determining the extent to which primary referral sources disseminate information prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities. 34 CFR §303.321(d). The public awareness program must focus on the early identification of children who are eligible to receive early intervention services and must include the preparation and dissemination to all primary referral sources of materials for parents on the availability of early intervention. See 34 CFR §§303.320. To clarify this requirement, the note following 34 CFR §303.320 indicates that an effective public awareness program would be ongoing, have coverage broad enough to reach the general public, and include a variety of methods to inform the public about the provisions of Part C. Furthermore, the system must meet the needs of historically underrepresented populations, particularly minority, low income, inner-city and rural populations, (§34 CFR 303.1(d)) and must insure that the families of traditionally underserved groups have access to culturally competent services within their local geographical areas. §34 CFR 303.128(b)

DPW provides early intervention services for 8,189 of its infants and toddlers or 1.95% of its total birth to through age two population compared to a national average of 1.78% (U.S. Department of Education, Office of Special Education, Data Analysis System: December, 1999).

This has occurred despite a record of decreasing birth rates in the State since 1996. Additionally, the Pennsylvania Self-assessment states that “as long as we are identifying the appropriate number of children, there is no need to increase referral sources.” Nevertheless, OSEP found that physicians are not referring in a timely manner and that public awareness activities are not sufficient to ensure that the public, including families, physicians, and the traditionally under served populations, are informed about the provisions of the Part C program.

DPW has not ensured that all children who may be eligible for early intervention services are identified, located and evaluated, and that its child find system includes procedures that provide for an effective method of making referrals to the early intervention program manner in a timely manner by primary referral sources. DPW also has not ensured that procedures are in place to determine the extent to which primary referral sources disseminate information to parents.

Parents of eligible children in every area visited told OSEP that their doctors did not refer children to the early intervention program in a timely manner. Physicians reportedly told parents to wait and see if the child “outgrows” the delay or to wait until the child was at least one year old before requesting early intervention services, and parents reported that this caused a delay in services for their child. Parents in three counties reported that many physicians referred their family directly to their local private clinic and did not discuss the early intervention program as an option for services until their private insurance had been depleted. Service coordinators concurred that physicians tend to refer children in need of services to private clinics instead of the early intervention program. In other counties, parents reported that physicians told them that the early intervention program is a social program for the poor and that the children of working parents are not eligible for services. Parents in several counties said that doctors had no knowledge of the early intervention program and these parents found out about the early intervention program from other sources. Other parents reported that it was only because of their persistence in expressing their concerns to the physician that they were able to get a referral for early intervention services. Two parents of children with Down Syndrome, whose physicians neglected to refer their children to early intervention, reported that they found out about services from other parents via the Internet. All of the parents whose children were not referred in a timely manner expressed concern that their child had missed out on needed early intervention services.

Service coordinators, providers and administrators in several areas reported that physicians were generally not supportive of early intervention, did not believe in early intervention services, and would not refer children without a clearly diagnosed disability. Administrators in one area reported that they were aware that doctors and hospitals did not refer families and had been unable to gain the cooperation of the medical community to refer to the early intervention program in a timely manner. The administrator and service coordinators in two areas reported that no formal efforts had been made to educate the local physicians in the last two years. Concurring with reports from parents, service coordinators and providers informed OSEP that pediatricians tell families that early intervention is a social program only for low-income families or that services were for children with a diagnosis only.

Service coordinators, service providers and administrators from across the State attributed these late referrals to several factors that included a lack of knowledge within the medical community

about the availability of early intervention services, physician preference to refer to a private clinic, and physicians who did not support early intervention. Service coordinators stated that the practice by physicians of referring to private clinics for services is a primary reason that children were referred late to the early intervention program possibly denying other early intervention services that the child may be eligible to receive. Administrators in one area reported that they knew that referrals for children tended to be at approximately 18 months age but the referrals had not been analyzed to determine the causes for the late referrals. Service providers and local interagency coordinating council members in two counties reported that they have observed an increase in the number of referrals from physicians but these increases have been typically for children around 18 months of age. Seventy-eight of the Individual Family Service Plans that OSEP reviewed identified 15 cases where children were not referred to the early intervention system until approximately one year of age in spite of clearly established conditions such as blindness, Down Syndrome, extreme pre-maturity (24-26 months) or spina bifida. DPW must ensure that the system of early intervention services is coordinated with existing services and programs in the State, such as private clinics. By not ensuring that infants and toddlers who may be eligible for services are referred to the early intervention program in a timely manner, DPW may be denying children and their families the rights, protections, service coordination and services they would be entitled to receive under an IFSP.

DPW has not ensured that its public awareness activities adequately inform the general public, including families, physicians, or other primary referral sources about the early intervention program. DPW has not ensured that public awareness materials are available in all languages necessary to inform traditionally underrepresented populations in the State.

Parents in each county visited by OSEP reported that public awareness materials and activities are inadequate to ensure that families, physicians or other primary referral sources are informed about early intervention services. Parents reported that they did not see early intervention information in the community nor did they see or hear public awareness information about the program in any other media format. Parents also reported that information was not seen in their physician's office or other public offices. Parents in one county recommended that early intervention information be available from sources other than the physician because the physicians in their community were resistant to providing this information to parents. Service coordinators and administrators in several areas said that there was not sufficient information for the general public to be aware of early intervention services.

Service providers in two areas, including a large, urban district, reported that families who live in more affluent, predominantly white neighborhoods were not represented in the program because these areas were not targeted in the public awareness activities. A provider in a large, urban area with a diverse cultural population reported that all early intervention materials were either printed in Spanish or English and did not include outreach to the Asian and Italian communities. Service coordinators and administrators in two counties with a large number of homeless shelters reported that outreach efforts to homeless shelters were not conducted, even though they had a few referrals from families who lived in homeless shelters. Several administrators reported that there is insufficient public awareness information in the general public and further added that children in the more rural areas were the most likely to be overlooked based on the current child/find and public awareness activities in their counties. The Pennsylvania State Self-

Assessment report states that “there may be under-identified children based on specific, multicultural, ethnic or under served groups” and proposes improvements to help counties to determine if they are identifying, through child find, the targeted multicultural, ethnic and other under-represented groups.

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 of the family, related to the enhancing the development of their child, are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessments, in determining the appropriate services needed to meet the needs.

The IFSP must also include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and places where normally developing children would be found, so that they will not be denied opportunities that all children have - to be included in all aspects of our society. 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 could 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 related to the provision of early intervention services in natural environments identified strengths and concerns. Included among those identified strengths are the following: (1) sufficient number of service coordinators allowing a ratio of one to 35 families, (2) provision of early intervention services in natural environments increased and numbers of children served in segregated centers decreased, and, (3) sufficient numbers of

providers and personnel to meet identified needs of children and their families. Areas of concern identified in the self assessment document included: (1) not all evaluations and assessments are completed and IFSP meetings held within the 45-day time limit, (2) service coordinators do not always have a clear knowledge of all funding sources, and (3) the range of community locations for provision of early intervention services is not reflected on the IFSP.

During the public input meetings, the following issues and concerns were identified: (1) parents expressed concerns that service coordinators were not able to meet their needs, and did not assist in coordinating services; (2) service coordinators are unfamiliar with the availability of many local and State programs and how to access them; (3) service coordinators are unaware of resources; and, (4) parents were not provided adequate information during transition. Additionally, other concerns identified were that information on funding sources was not adequately explained to parents; service coordinators and providers may not have sufficient training in child development to assist parents, especially parents of deaf and hard of hearing children; and that non-required services, such as medical services, that the child or family were receiving were not on the IFSP. Other issues identified included identification of the natural environment; parent choice in determining location of services; service coordinators not assisting parents in development of outcomes; and lack of availability for some services.

From the State's monitoring reports, public input meetings, and other information, OSEP determined that additional data should be collected during the Validation Data Collection week in the following areas: (1) determination of eligibility; (2) adequacy of services; (3) the process for identifying natural environments; (4) service coordination activities; and, (5) families obtaining their own services.

To investigate these issues, OSEP collected data from local programs, parents, service providers, service coordinators, interagency collaborators and central office staff personnel. OSEP reviewed and analyzed the data and identified the following strengths and areas of non-compliance.

A. STRENGTHS

1. Natural Environments System Change

DPW undertook a massive systems change several years ago to ensure that children would receive early intervention services in natural environments. Prior to passage of Part C, Pennsylvania had funded services in segregated centers. This was a difficult transition for service providers, center providers and some families. During OSEP's monitoring trip, the primary location for provision of early intervention services identified by parents, service coordinators and administrators was the home. While this is an indication of DPW's success in decreasing the use of segregated centers, the finding below indicates that the Part C requirements concerning the provision of early intervention services in natural environments have not been fully met.

2. Local Interagency Coordination

Pennsylvania has local Interagency Coordinating Councils functioning in each county, and for some parts of the State, one Interagency Coordinating Council serves several counties. Most of these Interagency Councils are very effective in identifying issues in the delivery of services and designing and implementing strategies to effectively address these issues. OSEP heard from many of these council members that the communication and cooperation among agencies has improved through the work of the Council and is very effective in moving the early intervention system forward in their respective areas.

B. AREAS OF NONCOMPLIANCE

1. IFSPs Do Not Include All Early Intervention Services or Medical and Other Services that the Child and Family Need

Each 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 identified in §303.344(c). 34 CFR §303.344(d). The regulations define "early intervention services" at 34 CFR §303.12(a), as:

"services that (1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development; (2) Are selected in collaboration with the parents; (3) Are provided- (i) Under public supervision; (ii) By qualified personnel, as defined in §303.21, including the types of personnel listed in paragraph (e) of this section; (iii) In conformity with an individualized family service plan; and (iv) At no cost, unless, subject to §303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and (4) Meet the standards of the State, including the requirements of [Part C]." At 34 CFR §303.12(d), the regulations provide definitions for a non-exhaustive list of 16 types of services that are included within the definition of "early intervention services."

Whether or not a particular service is included in the non-exhaustive list of 16 types of services in §303.12(d), the IFSP team must include a service in a child's IFSP *as an early intervention service*, if the team determines that the service is necessary to meet the developmental needs of the child and/or the needs of the family related to enhancing the child's development. Thus, for example, if the IFSP team determines that the eligible child or the family of an infant or toddler with a disability needs a service that is not identified in the regulations, but is a service that the child or family needs in order to meet the developmental needs of the child under Part C and/or to meet the needs of the family related to enhancing the child's development, the IFSP team must include that service in the IFSP as an early intervention service.

34 CFR §303.344(e) requires that, to the extent appropriate, the IFSP must also include-(i) medical and other services that the child needs, but that are not required under Part C, and (ii) the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. (This requirement does not apply to routine

medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.) Note 3 following §303.344 stresses the importance of including such other services in an IFSP. That note states, in part that, " While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services). Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed..."

(a) IFSPs do not include all early intervention services needed by the child or the child's family

In all areas of the State that OSEP visited, service coordinators and administrators told OSEP that they did not include, as early intervention services in the IFSP, specialized child care, special feeding services, behavioral supports, social interventions, respite care, as well as services identified in the regulations such as family training and counseling, even if the team determines that the service is necessary to meet the needs of the child or the family related to enhancing the child's development. These service coordinators and administrators explained that they may list such services on an IFSP as "community services," but that such "community services" are not early intervention services. They said that they try to assist the family in obtaining these services, but the early intervention system was not responsible for providing these services. When OSEP raised this issue with Lead Agency administrators, those administrators informed OSEP that it was also DPW's understanding that Part C did not require the Lead Agency to ensure the provision of family supports, such as counseling or respite care, even if the team determines that the service is necessary to meet the needs of the family related to enhancing the child's development. The provision of family supports and services is addressed in depth in section IV of this report, "Part C: Family-Centered System of Services."

Once the Lead Agency has determined that an infant or toddler with a disability is eligible to receive early intervention services under Part C, the Lead Agency must ensure that the IFSP includes, and the child and family receive, all of the early intervention services needed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Even if a State requires, like Pennsylvania, a 25% delay in development for a child to be eligible for Part C services, the State may not require that the child have a 25% delay in each specific developmental area in order to qualify for specific early intervention services. Evaluators, service coordinators, and providers in four areas visited told OSEP that a child must also be 25% delayed in a specific developmental area to receive services in that discipline. Some providers and evaluators in this same area stated that this was not the case and the child would receive services in areas of need. Service coordinators stated that there was confusion among

evaluators and some providers about whether children needed to be eligible in a specific discipline area in order to receive those services.

(b) Medical and “other” services not included on the IFSP

OSEP also found that medical and other services that families received or needed were not included on the IFSP. Service coordinators and parents across the State told OSEP that service coordinators not only did not include medical services or other services families needed on the IFSP, they did not coordinate those services as required under 34 CFR §303.23. Parents reported that they were unaware that those services could be included on the IFSP and further stated that they usually obtained and coordinated these services on their own. According to parents, sometimes the service coordinator provided them with a list of resources, but parents did the searching for resources themselves. In one area of the State (Dauphin) service coordinators, providers and parents identified excellent assistance by service coordinators in assisting parents in obtaining needed resources. This information was recorded in detail in the service coordinators' notes; nevertheless, few, if any, of these family supports and services were recorded on the IFSP.

2. IFSP Decision-Making Process Not Used to Determine the Natural Environment for the Provision of Services and the Location of the Services.

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; the natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment; and the location of services. See 34 CFR §303.344(d)(1)(ii) and (iii). 34 CFR §303.12(b) states that to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. 34 CFR §303.18 defines a natural environment as the settings that are natural or normal for the child's age peers who have no disabilities. At the IFSP meeting, the participants specified at 34 CFR §303.343¹, must develop all of the content of each child's IFSP, including the statement of specific early intervention services, the natural environment for the provision of services, and the location of the services. The content of the IFSP must be based on the results of the evaluation and assessment process in order to identify the unique strengths and needs of the child and the family, and the services appropriate to meet those needs. See 34 CFR §§303.322(c)(3)(iii) and 303.342.

¹ Consistent with 34 CFR §303.343(a)(1), “Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants: (i) The parent or parents of the child. (ii) Other family members, as requested by the parent, if feasible to do so; (iii) An advocate or person outside of the family, if the parent requests that the person participate. (iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP. (v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322. (vi) As appropriate, persons who will be providing services to the child or family.

DPW has not ensured that the IFSP team determines the natural environments in which early intervention services will be provided and the location of the services.

In enacting the Part C program, Congress recognized the importance of family-centered services in improving results for infants and toddlers. Parents are essential participants in planning and implementing early intervention services, and Part C requires that parents be a part of each IFSP meeting as a participant. Part C also recognizes the right of a family to decline early intervention services. This emphasis on the importance of the parents' role in developing and implementing their child's IFSP does not, however, in any way diminish the responsibility of the Lead Agency to ensure that each child's IFSP team, as a team, rather than the parent or any other individual member(s) of the team, develops the child's IFSP, including decisions about the services to be provided, the natural environment(s) and location in which they will be provided. Thus, for example, if the IFSP team determines that the early intervention needs of an infant or toddler with a disability can be met in a natural environment or environments, the Lead Agency may not justify providing early intervention services in a setting that is not a natural environment because of "parent choice" for a segregated environment.

In eight of the ten areas OSEP visited, parents, service providers, and service coordinators told OSEP that decisions about location of service were based on a variety of factors. In five of those eight regions, OSEP heard that the decision about location of services is based on "parent choice" according to parents and service providers. In two regions, parents stated that they were told that early intervention services could be provided only in the home. For a parent who worked, the providers went to the home on the parent's day off in order to provide services in the home instead of providing service in the environment of the child during the day. Several administrators and service coordinators told OSEP that the natural environment was only the home, but they stated they did provide services in the community on occasion. When asked why all early intervention services were provided in the home, one provider stated that, "the home is the natural environment." An administrator in another area stated, "If parents want [services in] a center, then the justification included on the IFSP would be that is what the parents chose." None of the interviewees stated that the decision about the natural environment and location for services for an individual child was determined by the participants at the IFSP meeting. The question of whether the early intervention can effectively be provided in a natural environment is not discussed at the IFSP meeting, and the justification for not providing service in a natural environment is recorded as "parent choice," according to service coordinators.

In other regions of the State, location of service provision is based on availability of the service provider whether natural environments is determined or not. As stated by some service coordinators, there is not only one "natural environment" for families and children. Families do have provider choices for location of service; if there are several service providers available who would provide the service in the natural environment then, as stated by these service coordinators, parent's preference could be a factor in determining which provider will deliver the services. However, the determination of the natural environment and the location for service provision is an individualized determination made by the participants at the IFSP meeting. These decisions must be based on the information gathered during the child and family assessment process, and be consistent with child and family needs as well as the requirement to provide services in a natural environment.

C. SUGGESTED AREAS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES

1. Evaluation and Assessment Procedures to Ensure Appropriate Services

Evaluators, service coordinators and administrators related a variety of practices that could impact on determination of eligibility for children in Pennsylvania. They included practices related to the evaluation and assessment of vision and hearing, the use of clinical opinion in determining eligibility, and the practice of determining children not eligible for evaluation and assessment through screening.

(a) Vision and hearing evaluation and assessment

The evaluation and assessment for each child must include, among other developmental areas, physical development, which includes vision and hearing. See 34 CFR §303.322(c)(3)(ii)(B). Vision and hearing are being evaluated in a variety of ways across the State, and in some instances, OSEP could not ascertain if evaluations for vision and hearing were conducted at all. In other instances, OSEP found a physician's report of a hearing and vision evaluation, but no evidence of the result was recorded on the IFSP. In other instances, service coordinators and providers stated that vision and hearing was assessed by asking parents if they had any concerns, and inappropriately, "no concerns by parent" was entered on the IFSP. According to State standards, evaluations and assessments must be conducted by qualified personnel. OSEP, however, could not determine whether the parents in question were qualified personnel or not. In other parts of the State, an otoscope was used for hearing evaluation or a tympanogram was administered, or an assessment provided by the School for the Deaf. Some areas were using an evaluative tool from the School for the Blind, but there was no consistency across the State. OSEP suggests that DPW, in order to ensure that all children receive evaluations in hearing and vision, determine evaluation techniques to be used across the State to ensure that valid techniques are utilized as part of all comprehensive evaluations for children referred to the early intervention system.

(b) Use of Informed Clinical Opinion for Determination of Eligibility

Each State must define developmental delay by describing the procedures, including the use of informed clinical opinion, which will be used to measure a child's development. See 34CFR §303.300(a)(1). The Part C regulations further state that the evaluation and assessment of each child must be based on informed clinical opinion (34CFR §303.322(c)(2)). The use of informed clinical opinion is extremely important for infants and toddlers as there are few standardized instruments to measure the developmental levels of infants and toddlers, and evaluation instruments tend to be less reliable and valid for very young children.

In several areas of the State, service providers told OSEP that there is confusion about the use of informed clinical opinion to determine a child's eligibility. In one area, during the same interview, OSEP heard two opposing viewpoints. Consistent with the Part C regulations, one evaluator stated and others concurred that clinical opinion could always be used, and would be

used if, in the informed clinical opinion of the evaluator, the child was delayed even though the test scores did not indicate a level of delay required for eligibility in the program. Several evaluators in this interview disagreed, and one evaluator told OSEP that the only time clinical opinion could be used is when there was no instrument to measure the child's development in that particular developmental area. For instance, according to this evaluator, clinical opinion could not be used for motor development, as there is a developmental protocol that would provide a developmental score in both fine and gross motor. This same evaluator stated that clinical opinion would usually not be used for speech, unless there was an articulation problem as the tests used in Pennsylvania would not identify articulation delays. In other areas of the State, OSEP heard that some evaluators had never used clinical opinion and did not feel qualified to do so, but in different regions, evaluators stated they had no difficulty using clinical opinion and said they would use their informed clinical opinion to determine a child eligible for services.

While the State's procedures are consistent with the Part C regulations concerning the use of informed clinical opinion, OSEP suggests that DPW may want to provide Statewide training on the use of informed clinical opinion in evaluation and assessment procedures, and; through monitoring activities, ensure that all children in the State are evaluated according to requirements of Part C.

(c) Determining Children Ineligible Without Completing Evaluation Activities

Part C regulations require that each early intervention system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation. See 34 CFR §303.322(a). The federal regulations also require 34 CFR §303.321(e)(2) that any child referred to the early intervention system because of a delay or a suspected delay would be evaluated in all areas of development within 45 days of referral.

Children who are referred to the early intervention system because of a delay or a suspected delay must receive a timely, comprehensive, multidisciplinary evaluation according to the above federal regulations. Service coordinators, intake coordinators and administrators in two areas of the State told OSEP that when parents call their program, an intake coordinator interviews the parent over the phone about their child's development. Based on this telephone interview information, the interviewer makes a determination regarding whether the child would receive an evaluation or would be put on "tracking." If put on tracking, the parent is told they could call back at any time if they had other concerns, but the child's development would be "tracked," meaning that follow-up phone calls would be made to the parent.

OSEP suggests that DPW further investigate these practices to ensure that children who are referred because they are experiencing a developmental delay or a suspected developmental delay receive a complete and timely evaluation to determine eligibility.

2. Development of the IFSP

Each eligible child and the child's family is entitled to receive a written individualized family service plan developed by a multidisciplinary team, including the parents, 34 CFR §§303.342 and 303.343. The plan must be developed at an IFSP meeting and, for a child evaluated for the

first time and determined to be eligible, the meeting to develop the initial IFSP must be conducted within the 45 day time period specified in 34 CFR §303.321(e)(2). See 34 CFR §303.342(a). The participants at the meeting must include the parent, an advocate, if the parent requests that person to participate, the service coordinator, a person or persons directly involved in conducting the evaluations and assessments, and, as appropriate, persons who will be providing services to the child or family. 34 CFR §303.343(a)(1). If a person who conducted the evaluations and assessments is unable to attend a meeting, arrangements must be made for the person's involvement through other means. See 34 CFR §303.343(a)(2). The IFSP must contain a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering the services, as well as the projected dates for initiation of services. See 34 CFR §303.344(d)(1). Multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in 34 CFR §303.322 and development of the IFSP in 34 CFR §303.342. See 34 CFR §303.17

In several of the areas visited by OSEP in Pennsylvania, the IFSP was developed with only the service coordinator and the parent at the IFSP meeting. Service coordinators, service providers, and parents told OSEP that after completion of the evaluations and assessments by the Multidisciplinary Evaluation team, if the IFSP is not developed at the same time, it is written later without the involvement of the evaluation team members. Service coordinators further stated that if the parent did not want to develop the IFSP immediately after completion of evaluations and assessments with those professionals present, the service coordinator returned to the home at some later date and the parent and the service coordinator completed the IFSP. The Part C regulations require that the IFSP be developed at the initial IFSP meeting, and that it must be developed by a multidisciplinary team which includes the parent, the service coordinator, and a person or persons directly involved in conducting the evaluations and assessments. See 34 CFR §§303.342 and 303.343. Part C regulations (34 CFR §303.343(a)(2)) state that if the evaluators cannot attend the IFSP meeting, they can be represented by their written report, telephone, or by having a knowledgeable, authorized representative attend the IFSP meeting. Service coordinators told OSEP that they did not consider themselves qualified to determine the appropriate amount of service for eligible children based on the evaluation and assessment report. Although they usually tried to contact the evaluation team members to ascertain the appropriate services, frequency and intensity, this was not always possible and sometimes they used their best judgment and based services on "what the parent wanted."

OSEP suggests that DPW review its local policies and procedures for development of the IFSP to ensure that if a person or persons directly involved in conducting the evaluations and assessments is unable to attend the IFSP meeting or to participate in a telephone conference call, a knowledgeable authorized representative attends, or pertinent records are available which enable the IFSP participants to develop an IFSP that is based on the child's evaluations and assessments.

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 as 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 several strengths related to the Family Centered Services Cluster area. Those strengths included the following: (1) State initiatives resulted in increased parent involvement, (2) policies and procedures support family-centered services, (a variety of formats are in place for training and technical assistance to parents), (3) the State has involved families from multicultural groups, and (4) parent participation in planning and implementation in state improvement activities has increased. Concerns identified in the self-assessment are: (1) dissemination of information and training availability is not coordinated and accessible by parents, (2) few parents participate in joint provider/parent training, (3) parents are not sufficiently involved in local interagency coordinating councils and task forces, and (4) there is a lack of data concerning involvement of multicultural populations.

During the public input meetings, participants identified the following areas of concern: child find was not effective with culturally diverse families; materials were not available in a variety of formats, languages, and locations; parents did not receive adequate assistance from service coordinators; culturally competent services were not available in all geographic areas; and families do not get information on the early intervention system from primary referral sources in a timely manner.

Based on the information collected from the self assessment, public input sessions, and State documents, the following concerns were identified to investigate during the Validation Data Collection week: (1) parents not informed of options; (2) lack of identification of family supports and services; and, (3) lack of assistance from service coordinators and service providers in identifying outcomes for their child.

To investigate the issues identified through the validation planning process, OSEP collected data from local programs, parents and providers throughout Pennsylvania relative to the involvement of parents in the IFSP process and the training of parents and staff. OSEP found the following strength and area of noncompliance.

A. STRENGTH/ PROMISING PRACTICE

Promising Practice: Parent Teachback

An activity of the State's Early Intervention Technical Assistance System (EITA) is guidance in improvement strategies for parent involvement. To implement their improvement plan, one region has augmented the use of parent focus groups to obtain information to improve services to children and families. In Dauphin County, the early intervention program systematically uses information obtained from parent focus groups to develop what they call "Parent Teachback" sessions, where parents "teach" and answer questions from parents of newly identified children and providers of early intervention services. This includes using the information from parent focus groups to develop a set of questions. Then parents are identified to respond to the questions, and these responses are used to train staff and to help parents coming into the system. These activities resulted in changes in procedures for the provision of service coordination and in service delivery to families of children with autism. Also as a result of these activities, printed materials were developed about connecting with the community, family recommendations on transition, and writing evaluation reports with families as the main source of information. Both providers and parents stated that these activities improved services for children and families, as well as communication among providers and between families and providers. The State Early Intervention Technical Assistance System uses the results of this assistance to distribute this information across the State.

B. AREA OF NONCOMPLIANCE

Family Supports and Services Not Identified or Included on the IFSP

Under Part C, each eligible infant or toddler with a disability and the child's family are entitled to receive early intervention services that are "... designed to meet the developmental needs of each child eligible under [Part C] and the needs of the family related to enhancing the child's development..." Emphasis added. 34 CFR §303.12(a)(1). Further, the non-exhaustive list of types of early intervention services in 34 CFR §300.12(d) specifically includes "family training, counseling, and home visits." As explained in the note following §303.12, "The lists of services in [§303.12(d) is] ... not exhaustive. Early intervention services may include such services as the provision of respite and other family support services." As defined at 34 CFR §303.23,

"service coordination" includes serving as the single point of contact in helping parents to obtain the services and assistance they need.

Section 303.322(a)(1) requires "the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child." Emphasis added. Under 34 CFR §303.322(b)(2), "assessment" means "the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify (i) The child's unique strengths and needs and the services appropriate to meet those needs; and (ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability." Emphasis added. Section 303.322(d) further requires that:

- (1) Family assessments under [Part C] must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
- (2) Any assessment that is conducted must be voluntary on the part of the family.
- (3) If an assessment of the family is carried out, the assessment must (i) Be conducted by personnel trained to utilize appropriate methods and procedures; (ii) Be based on information provided by the family through a personal interview; and (iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

The IFSP for each infant or toddler with a disability must, along with other information, include: (1) with the concurrence of the family, a statement of "the family's resources, priorities, and concerns related to enhancing the development of the child" (34 CFR §303.344(b)); (2) "a statement of the major outcomes expected to be achieved for the child and family...[emphasis added]" (34 CFR §303.344(c)); and (3) "a statement of the specific early intervention services necessary to meet the unique needs of the child and the family ... [emphasis added]" (34 CFR §303.344(d)).

DPW has not ensured that the assessment of each child identified the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. In addition, DPW has not ensured that IFSPs include the services and supports needed to meet the unique needs of the child's family.

Service coordinators, parents and administrators identified a variety of activities related to the identification of family needs, and supports and services to meet those needs, but OSEP did not find consistent formal or informal family assessment activities implemented throughout the State. In several areas, service coordinators and administrators told OSEP there was no family assessment tool and a family assessment was not conducted. Families confirmed that they were not asked about needs although sometimes service coordinators provided information to assist

them in locating their own resources. In other areas of the State, service coordinators and administrators informed OSEP that the service coordinator asked the parents if they needed any services. Families concurred that they were asked, but since they were unaware of the resources they might need or resources and services that were available, they did not know what to ask for. Some parents of older children stated they wished they had been aware of resources and services that were available when their child was first identified, but no one told them about these resources and services for parents. In other areas of the State, service coordinators told OSEP that they used a “social history” to assist in identification of family needs, but across the State, service coordinators and administrators stated that there was not a consistent or formal method of ensuring that family needs were assessed, documented and services and supports provided to meet family needs to assist in the development of their child.

Service coordinators across the State told OSEP that they do not use a formal assessment tool to identify family needs and assessments. In one area, service coordinators and administrators stated that there is a needs assessment in the back of the family handbook, but they do not use it in identifying family needs or the supports and services to address those needs. Service coordinators and administrators told OSEP that no real family assessment is conducted. Some families remembered that the service coordinator had asked them if there was anything they needed when the IFSP was first developed, but the service coordinators did not ask about ongoing needs after the initial time. Administrators and service coordinators concurred that there was not a standard procedure used across the State to evaluate and identify family needs, concerns, resources and priorities and to assist in the identification of supports and services needed. Some areas in the State used an interview form that addressed some family needs, but, as stated earlier, this was not found across the State.

In several areas of the State, OSEP found evidence in some early intervention record notes that many services to support families had been provided, but the family support was not documented on the IFSP. Service coordinators in all areas of the State said that they did not consider family supports, services, respite care or other family services to be early intervention services. 34 CFR §303.344 states that outcomes for the child and family must be identified on the IFSP, as well as the services to meet those needs to assist the family to enhance the development of their child. When asked about a specific service, such as respite care or specialized childcare, service coordinators, providers and administrators across the State told OSEP that since these services were not early intervention services, they would not be included on the IFSP. Service coordinators and administrators also told OSEP that if a family requested respite care services, the service coordinator would provide referral information, but that these services would not be included on the IFSP. Documentation of these services might be included in the service coordinator’s notes. Service coordinators in several areas also stated that they would assist the family by providing information about respite or other services the family wanted, but it was not a part of their job to help the family obtain these “other services”. One service coordinator told OSEP, “Families must locate their own services.” Families interviewed by OSEP across the State identified a variety of needs about which they would have liked information, assistance in obtaining, or the location of resources to help their child and family.

Parents stated that although they may have informed their service coordinator of a need, the service coordinator did not assist them in obtaining services and the resources to meet the

family's need. Parents further stated that family supports and needs were not discussed with them. One parent stated that she "desperately needed counseling services due to all the family pressures of having a child with lots of medical issues." When asked if she had told her service coordinator of this need, she said that she had not, she did not think that was part of the service coordinators' job. Parents stated their service coordinator asked if they needed anything, but parents did not know which resources are available to be able to ask for them; their service coordinator did not provide this information.

One need expressed by families throughout the State was that families wanted to be connected to other families of young children with disabilities. Families in most areas of the State also told OSEP that their service coordinator did not offer to help them connect with another family, nor did their service coordinator help them locate other families even if they requested assistance. On this issue, service coordinators stated that they provide families with a parent-to-parent handbook which contains information about connecting with other parents, but parents told OSEP that when they tried to call the telephone numbers in the booklet, the numbers were no longer in service, it was long distance, or the parents listed in the booklet were no longer willing to talk to other parents. One parent described it as "useless for connecting with parents, but that there were some other useful numbers in the book." During one of OSEP's interviews with families, the families exchanged telephone numbers with each other.

Service providers stated that some of the family needs are captured under the "community resources section of the IFSP, but family outcomes are not addressed on the IFSP," and, for the most part services to meet family needs are not on the IFSP. When asked about family outcomes, service coordinators stated that they put outcomes that the families say they want, but they are usually outcomes for the child, not the family. Most service coordinators told OSEP that family outcomes were not on the IFSP in the same manner as child outcomes. Service coordinators in one region said they write child focused outcomes, but are working towards putting family focused outcomes on the IFSP.

Early intervention records reviewed by OSEP revealed little information on activities to meet the needs of families to enhance the development of their child. Some service coordinator notes had numerous entries concerning the assistance in obtaining support and services for families; other early intervention records contained almost no information regarding family services. None of the IFSPs reviewed had outcomes directly related to the needs of the family, although families identified a variety of needs to OSEP. The IFSPs did contain some other resources families may be receiving under a small box on the IFSP labeled "Community Resources," but it was difficult for OSEP to ascertain the use of that section as it frequently contained notation about travel reimbursement for service providers, names of doctors or that the Parent to Parent Handbook had been provided.

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 convening 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 of transition identified a variety of strengths. Several of the strengths included, the following: (1) joint training is provided to parents and service providers on transition, (2) joint policies designate timelines for information sharing and transition planning between Parts B and C, (3) local interagency agreements address transition; and, (4) counties are required to evaluate family-centered practices related to transition. The Steering Committee identified the following concerns related to transition: (1) parents not participating in joint trainings, (2) some counties did not convene a conference at least 90 days prior to transition, (3) in some counties, steps to support transition were not included on the IFSP; and, (4) 97 percent of the children for whom eligibility was not determined in a timely manner are in one large urban area, and therefore do not receive Part B services on their 3rd birthday.

During the public input meetings, the following areas of concern were identified: (1) transition activities occurred, but services did not begin for the child in a timely manner; (2) transition guidelines not available, and (3) transition conferences were not held in some areas of the State.

Based on the information collected during validation planning, the following areas were identified by OSEP for further data collection: (1) timeliness of transition planning, (2) inclusion of transition steps on the IFSP, and (3) the timeliness of the transition conference.

To investigate these issues, OSEP collected data from local programs, parents, service providers, service coordinators, local programs, interagency collaborators and from central office staff personnel. OSEP reviewed and analyzed the data and identified the following strength and area of noncompliance.

A. STRENGTH**Promising Transition Activity**

Three regions of the State, with assistance from the statewide Early Intervention Technical Assistance System (EITA) and regional State staff, have implemented transition activities that are praised by both parents and programs. OSEP heard from families, service coordinators, administrators and transition staff from the Intermediate Units that transition activities were working well with good communication between the Part B and Part C staff. In Lawrence County, (part of a three county region) transition-planning activities begin as soon as the child is identified as eligible for the Part C program. Demographic information is sent to the Part B program, and information is updated every 6 months to ensure accuracy of the list. The transition planning activities occur well before the child's third birthday and include general informational meetings to explain the Part B program and how transition will be accomplished. Visits to programs are also arranged prior to the required transition conference with the family, early intervention program and the receiving Part B program. Families are notified by mail from the Part B program and in person by their service coordinator of these transition activities. The transition conference, scheduled at least 90 days before the child's third birthday, is attended by providers from Part B, service providers and the service coordinator from the early intervention program, the parent and whoever else the parent would like to attend. Information is exchanged about levels of performance of the child, any recent assessments and the current IFSP. Decisions are made concerning any needed additional evaluations and who will provide them. Parents, service coordinators, administrators from both programs liked the system. Examination of materials provided to OSEP indicated a well thought out plan that ensured transition activities would occur in a timely manner and families would be afforded several opportunities to learn about the Part B system for their child. Many of these same activities occur in Butler and Mercer Counties, as well as Lawrence County. All three are part of a tri-county system served by the same Part B program. Allegheny and Dauphin county also have developed very good transition activities through the cooperation and collaboration of staff from both Part B and Part C programs and with the assistance of the State's Early Intervention Technical Assistance System. Information about these best practices is disseminated throughout the State by the Technical Assistance System and by the regional State staff.

B. AREA OF NONCOMPLIANCE**Transitions Steps Not Included on the IFSP**

Each IFSP must include the steps to be taken to support the transition of the child to preschool services under Part B to the extent that those services are appropriate, or other services that may be available, if appropriate. The steps required include discussions with, and training of parents regarding future placements and other matters related to the child's transition, procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in, a new setting. 34 CFR §303.344(h).

DPW has not ensured that the steps to prepare the child and the parent for transition to Part B services, or other services as appropriate, are included on the IFSP.

Service coordinators, parents and administrators across the State told OSEP that the steps to prepare the child and the parent for transition are not included on the IFSP. All of the IFSPs reviewed by OSEP did not contain specific steps to assist the child in transition. Some IFSPs contained information about scheduling a meeting with the school district and requesting parent permission to provide the school district with child information; however, the information was vague, usually had no specific time frame or indicated how this activity would be accomplished. Other IFSPs stated that options would be discussed with the family, but types of options or specifics about the activity were not included; therefore, it could not be determined if the activities would prepare the parent for the transition.

Parents informed OSEP that transition was difficult for their child and, when asked, could not identify any activities initiated by the early intervention program specifically to assist their child to ensure a smooth transition for the child. Service coordinators stated that they wrote steps for transition, but they were usually documented in the service coordinators' notes. Although service coordinators stated they documented transition steps in their notes, OSEP found little more than notes of attempts to set up a meeting or that transition would be discussed with the family; there were no specific steps or other details.

Although OSEP noted a promising practice in transition in three regions of the State (see above) even in these regions, individualized steps to be taken to support the transition of the child and family were not included on the IFSP. Further, OSEP could not identify any specific evidence that the transition activities were individualized to meet specific needs of the child and family.

VI. 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 new partnerships at the State and local levels. Parents must now have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child, and the provision of a free appropriate public education to their child. Parental involvement has long been recognized as an important indicator of a school's success and parent involvement has positive effects on children's attitudes and social behavior. Partnerships positively impact achievement, improve parents' attitudes toward the school, and benefit school personnel as well.

Validation Planning and Data Collection

Monitoring: OSEP's 1994 monitoring resulted in a finding of noncompliance related to the provision of prior written notice to parents. Pennsylvania did not provide prior written notice in each of the required circumstances described in then §300.504(a) (now §300.503(a)).

Self-Assessment: The Pennsylvania Self-Assessment Report addressed all cluster areas for Part B and Part C. The section on Parent Involvement indicated a significant amount of training for parents from 1996-1999. Annual figures indicate an increase in the number of parents participating in training from 1,613 in 1996-1997 to 4,608 in 1998-1999. The PDE maintains a Statewide system for training and information dissemination, the Pennsylvania Training and Technical Assistance Network (PATTAN), with centers in the Harrisburg, Pittsburgh and Philadelphia areas. In addition, the 29 Intermediate Units provide training to both participating school districts and parents.

Parental rights and responsibilities are available in multiple formats through multiple sources. Informational materials are disseminated in seven languages and are available through the Pennsylvania Training and Technical Assistance Network.

The Self-Assessment indicated a need for joint training of parents and special and regular educators. In addition, the Self-Assessment indicated that efforts to improve the relationship between identified parent needs and the provision of training do not reach all populations and need to be more broad-based.

Public Input Process: One of the focus questions asked during the public input meetings was: "How are parents involved in the education of their children with disabilities?" Responses from parents indicated that the schools encourage their attendance at meetings but not as equal participants; they feel that they are out-numbered by school personnel and, therefore, their voices are lost. Parents also reported that they do not have a firm understanding of their rights and responsibilities and that they are not fully informed of what services and options might be available.

After discussing information obtained through previous monitoring, the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected

regarding whether: (1) parents receive training; and (2) whether staff receive training relative to parents' needs and involving parents in the special education decision-making.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, related service providers, students and parents.

OSEP reviewed and analyzed the data and identified the following strength and suggested area for improved results for children and youth with disabilities.

A. STRENGTH

Parent Training Opportunities

The Pennsylvania Self-Assessment Report indicated that training opportunities are offered to parents in multiple formats and languages. Staff from many of the sites visited by OSEP reported the availability of training opportunities for parents through the Intermediate Units, Parent Training Offices within the district or through advocacy organizations and community groups.

B. SUGGESTED AREA FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

Training for Staff in Meeting Parent Needs

Personnel in seven of eight districts were unable to identify any training provided to staff relative to meeting the needs of parents or involving them in the special education decision-making process. Parents, during the public input process, reported lack of available training opportunities while staff reported a variety of opportunities made available to parents. Parent involvement in training opportunities could be improved if staff were provided with appropriate training regarding the involvement of parents in decision-making activities.

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 that children with disabilities receive educational services at no cost to their parents, and that the services provided meet their unique learning needs. These services are provided, to the maximum extent appropriate, with children who do not have disabilities and, unless their IEP requires some other arrangement, in the school they would attend if they did not have a disability. Any removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The IDEA '97 Committee Reports of the Senate Committee on Labor and Human Resources and the House of Representatives Committee on Education and the Workforce emphasized that too many students with disabilities are failing courses and dropping out of school. Those Reports noted that almost twice as many children with disabilities drop out as compared to children without disabilities. They expressed a further concern about the continued inappropriate placement of children from minority backgrounds and children with limited English proficiency in special education. The Committees stated their intention that “once a child has been identified as being eligible for special education, the connection between special education and related services and the child’s opportunity to experience and benefit from the general education curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with some adaptations and modifications. This provision is intended to ensure that children’s special education and related services are in addition to and are affected by the general education curriculum, not separate from it.”

Validation Planning and Data Collection

Monitoring: In 1994, OSEP reported that Pennsylvania did not fully meet its responsibility to ensure that: (a) evaluations and reevaluations are completed in accordance with Federal requirements and are not delayed due to staff shortages; (b) extended school year services are provided as needed to ensure a free appropriate public education to children with disabilities; (c) all related services (specifically, psychological counseling services) needed by children with disabilities were provided (also found in OSEP’s 1988 report, 1995 follow-up report, and 1999 follow-up report); (d) the IEP includes a statement of the specific special education and related services to be provided and the extent of participation in regular education (now the extent to which children with disabilities will not participate with their non-disabled peers); and (e) public agencies establish and implement procedures that meet the requirements regarding the placement of students in the least restrictive environment.

Self-Assessment: The Pennsylvania Self-Assessment Report indicated that some regions have indicated a lack of timely evaluations and reevaluations related to shortages in personnel,

including shortages of school psychologists and special education supervisors. In addition, the Statewide emergency certification data collection system is not adequate to track and monitor the prevalence of emergency certification. Urban school districts report difficulties in recruiting and retaining special education teachers.

Cyclical monitoring data reported in the Self-Assessment indicated that PDE is frequently finding high levels of noncompliance with caseload and class size limitations for: speech and language, learning support and emotional support classes.

The Self-Assessment Report indicated that there has been an increase in the complaints regarding the provision of extended school year services. Cyclical monitoring data demonstrates that 20 percent of districts monitored were found in noncompliance regarding extended school year services.

Cyclical monitoring data indicated that 25 percent of student records were out of compliance regarding the presence of a functional behavioral assessment in the comprehensive evaluation report when required. The Report also stated that there are still many school teams that need training and guided practice in the use of positive behavioral supports.

The Self-Assessment Report indicated a wide variation in use of a range of placement options across the State. Cyclical monitoring data show 10-18 percent noncompliance regarding the use of a continuum of alternative placements for school-age children with disabilities. There is a disproportionate representation of children with disabilities in some more restrictive placements, including the following: (a) the percentage of children with disabilities served in public separate facilities is almost double the national average; (b) the percentage of children with disabilities in private residential facilities is four times the national average; (c) the percentage in private separate placements is double the national average; and (d) the percentage of children with disabilities in the following disability categories exceeds the national data for placement in more restrictive educational placements: mental retardation, emotional disturbance, multiple disabilities, physical disabilities, visual impairments, learning disabilities, autism, deaf-blindness, and traumatic brain injury.

The Self-Assessment Report indicated that there still may be a need to provide training and technical assistance to school districts and parents related to the initial identification of needs and the range of assistive technology, particularly for students with severe disabilities. The Steering Committee reported that very few monitoring data regarding children with disabilities, aged five years and younger, were available to the Committee.

High school completion data are difficult to calculate from Pennsylvania's current data collection system. They do not compare directly with national data. Dropout data for students with disabilities are difficult to interpret as there are multiple reasons for students exiting the PennData system and some students who drop out may be included in other categories. Pennsylvania does not collect Statewide data on suspension and expulsion for students without disabilities; therefore, no comparison with students with disabilities can be made. Data are not available to determine whether eligible students who are expelled receive special education and

related services that ensure a free appropriate public education and allow them to progress in the general curriculum.

The Self-Assessment reported that many students with disabilities participate in the Statewide assessments. No data were available to compare performance with nondisabled peers. Guidelines for allowable accommodations have been published and widely disseminated in collaboration with the Bureau of Testing.

Public Input Process: The focus questions for the public input meetings included: “How do students with disabilities receive the special education and related services that they need?” “Do schools and preschools ensure that students with disabilities, regardless of placement, have access to the same curriculum as their nondisabled peers?” and “How do students with disabilities participate with nondisabled students?” Responses indicated that children are not receiving the related services they need, specifically speech and language services and psychological counseling services. Parents also reported delays in obtaining assistive technology devices and services that their children need.

Parents reported that placements are predetermined for both preschool and school-age programs and available options are not considered or discussed with them.

Parents reported that general education teachers do not want to accept children with disabilities into their classrooms and that there is no support for children with disabilities who are placed in general education classrooms.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) a lack of qualified evaluators and providers exists; (2) children with disabilities receive a free appropriate public education, including, when appropriate, functional behavior assessments, positive behavioral interventions, and behavior management plans; (3) assistive technology devices and services are provided, when appropriate, to children with disabilities; (4) extended school year services are considered and, when determined necessary, provided in accordance with an appropriate IEP; (5) children with emotional disturbance receive appropriate services (especially counseling) in the least restrictive environment; (6) children with disabilities receive access to the general curriculum; and (7) children with disabilities receive services in the least restrictive environment.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children’s records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, related service providers, students and parents.

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

A. STRENGTHS

1. State Training to Increase Participation of Children with Disabilities in a Wide Variety of Nonacademic and Extracurricular Activities

PDE has provided significant levels of Statewide training regarding the placement of children with disabilities in the least restrictive environment and the participation of children with disabilities, including severe disabilities, in activities and educational programs for children without disabilities. OSEP observed extraordinary efforts to include children with disabilities in a wide variety of activities:

- Personnel in six of eight districts reported *significant* efforts to include children with disabilities in nonacademic and extracurricular activities. A wide range of activities were reported, including: lunch, varsity athletics, cheerleading, band, volunteer clubs, field trips, homeroom, library, choir and student council. Some programs that involve community or other off-campus activities are coordinated to enable children with disabilities to participate in these activities.
- The “Creature Feature” program in Schuylkill County is an exemplary program for students with emotional disturbance who would otherwise be at risk for residential placement. It captures and sustains their interest in attending school and improving their behavior and academics through the unique level of involvement of the students with reptiles. Students are responsible for building cages, feeding and caring for the variety of reptiles that are housed in their classroom, including breeding and marketing some of the rarer species. Students prepare and present a reptile show to groups who come into the school to participate as well as in a wide variety of community and other school locations, giving the students the opportunity to demonstrate their skills and interact, in a positive manner, with a variety of adults and other students. In addition, presenting their reptile show improves their self-esteem and self-confidence dramatically by providing a forum for public speaking opportunities.

2. Educational Institute at the Barber Center

With the support of PDE, the Gertrude A. Barber Center, the MAWA² agency that provides preschool services for the participating districts of Intermediate Unit 3, has established the Educational Institute with a mission to train and educate professionals, paraprofessionals, the community and families of children with disabilities regarding “best practices” in the field of developmental disabilities. Several components address this broad-based mission:

- staff is required to take a minimum of 24 hours of training annually;
- there is an annual needs assessment completed by staff members and families;
- Parent Education support groups are offered based upon disability or age range. Childcare is provided to encourage families to participate in the activities and the groups are facilitated by parents of children with disabilities; and

² Mutually agreed upon written agreement (MAWA) agencies are agencies that have contracted with PDE to provide early intervention services to children with disabilities from birth through age five.

- there is a “sibsession” – a support group for typical children to share their experiences of having a brother or sister with a disability.

B. AREAS OF NONCOMPLIANCE

In each district, OSEP collected interview data from special education teachers, regular education teachers, related services providers, parents, students and administrators. We only report data below from any individual district that is confirmed by multiple informants.

1. Placements based on other than individual student needs

34 CFR §300.550(b) requires that children with disabilities, including children in private or public institutions or other care facilities, are educated with children who are nondisabled to the maximum extent appropriate and that special classes, separate schooling or other removal from the regular educational environment occurs 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.

As discussed below, OSEP determined that children with disabilities are excluded from the regular educational environment for reasons other than the nature or severity of the disability.

Personnel in seven of eight districts reported that children with disabilities would be placed in less restrictive environments if staff were available for co-teaching, consultation, teacher support, student support, etc. IEP teams are unable to consider some options because they know they are not available. In one district, all of the regular education teachers that OSEP interviewed agreed that more children with disabilities could participate in their classrooms if there were sufficient staff for co-teaching and consulting. An administrator in one site reported that children in life skills support and autistic support classes would be more likely to be placed in regular education classrooms if class sizes were not already “maxed out.”

Personnel in three districts reported that some regular education teachers are more receptive than others to receiving children with disabilities in their classrooms and implementing modifications and accommodations identified in the students’ IEPs. One teacher reported that this meant they had to “shop around” for a teacher willing to accept a child with a disability. This same teacher stated that lack of aide support in regular education adversely affects placement in the least restrictive environment. A high school teacher in this district reported that behavior problems resulted in placements that are not in the least restrictive environment. Both regular and special educators in all three districts report that regular educators are often reluctant to work with special education students because of existing class sizes, lack of training and lack of supports to implement modifications and accommodations.

Personnel in three of eight districts reported that supports for regular education teachers to facilitate access to the general curriculum by children with disabilities as required by §300.346(d) and §300.347(a)(3) are not available or provided. Several teachers in one district reported noting significant academic improvement when an aide is provided to support children with disabilities in regular education settings; however, there is only one aide to be shared among

five special educators and therefore many students are either in regular education settings without teachers receiving sufficient support or they are unable to participate in the regular education setting due to lack of support. IEPs in these three districts, as well as other districts, indicated that the only supports to regular educators consisted of providing a copy of the IEP and did not indicate any consideration of supports for school personnel that will be provided for the child to advance appropriately toward attaining the annual goals, to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities, and to be educated and participate with other children with disabilities and nondisabled children in academic and nonacademic and extracurricular activities.

A special education director in another district reported that students are either in a regular education classroom and working successfully without supports or they are in a special education pull-out for whatever subject is problematic. Students usually are placed in regular education classrooms only when they can function successfully without supports; otherwise, because no supports are available, they are placed in a special education classroom. Some students may be placed in regular education classrooms without supports; however, in these situations, they are not successful and are soon pulled back into special education classrooms.

2. Adequate Supply of Qualified Personnel to Provide a Free Appropriate Public Education

34 CFR §300.300 requires that a free appropriate public education be made available to all children with disabilities. In addition, 34 CFR §300.381 requires that each State have procedures and activities that the State will undertake to ensure an adequate supply of qualified personnel, including special education and related services personnel and leadership personnel, necessary to carry out the purposes of IDEA.

As discussed below, OSEP determined that the procedures and activities that PDE has undertaken have not ensured that an adequate supply of qualified special education and related services personnel are available to ensure that children with disabilities receive a free appropriate public education.

Personnel in five of eight districts report that caseloads/class sizes impact the amounts or types of services available or offered to children with disabilities and four of eight report that evaluations/reevaluations may be delayed beyond State-established time lines due to staff shortages – that a choice is made between completing evaluations within time lines or providing the amount of services specified by students' IEPs. One related service provider reported that the new provider she is mentoring has a caseload of 106 in the elementary and high school combined. None of the 26 high school students had begun receiving services set forth in their IEPs as of the end of October. A teacher in another district reported that her caseload is too high to consider options such as co-teaching and stated that “there are so many kids in my room, I cannot service THEM with everything they need.” In still a third district, a regular education teacher reported that he has 54 students in one classroom (Pennsylvania has a regular class size limit of 33 students per period per teacher) and over half of them are special education students; yet he has no needed supports to assist him in working with them. One related service provider reported that sometimes she has to choose between evaluation or service provision due to her

caseload: “I can’t possibly get all the evaluations done during the forty minutes they give me during my planning time.” Three related service providers reported that due to travel time, they are not able to provide all the direct services needed by the multiple districts in which they work.

Personnel in four of eight districts reported that IEP services are identified based on staff availability rather than student need. Personnel in one district reported a delay in the beginning of related services or early termination of services in order to complete evaluations. Some personnel reported delaying the beginning of services between two weeks and two months while others reported terminating services between two months and two weeks before school ends in order to complete files, paperwork and evaluations. One provider indicated a waiting list due to a staff member leaving. Another district reported shortages in speech pathology. In one location, a teacher reported that some students need more occupational therapy and physical therapy than they are getting but it is not included on the IEP or provided to the children due to case load restrictions.

Personnel in two of eight districts reported that sometimes placement has been largely dependent upon provider availability, caseloads and class sizes, resulting in more restrictive placements than students would otherwise require. For example, a teacher in one facility stated that due to her large caseload, children with mild or moderate disabilities were not provided with services specified by their IEPs. Children with disabilities cannot be placed in regular education settings in another location because regular education class sizes are filled.

The majority of districts use an IEP form, which has an initiation date and ending date for the IEP (the ending date constituting the duration of the IEP). The IEPs contained another page where related services are listed that includes columns for initiation, duration, frequency and location, while specifying that initiation and duration need only be completed if they are different from the beginning/ending dates of the IEP. In no IEPs reviewed were the initiation/duration dates different for related services; however, as mentioned above, one district reported a delay in the beginning of related services or early termination of services in order to complete evaluations. Some personnel reported delaying the beginning of services between two weeks and two months while others reported terminating services between two months and two weeks before school ends in order to complete files, paperwork and evaluations.

3. Availability and Provision of Extended School Year Services

34 CFR §300.300 requires that a free appropriate public education be made available to all children with disabilities. In addition, 34 CFR §300.309(a)(3) states that a public agency may not limit extended school year services to particular categories of children with disabilities or unilaterally limit the type, amount or duration of those services. Also, 34 CFR §300.309(b)(1) requires that extended school year services be provided in accordance with the child’s IEP.

As discussed below, OSEP determined that PDE did not ensure that all children with disabilities who require extended school year services as part of a free appropriate public education are provided these services, in accordance with an appropriate IEP.

Personnel in five of eight districts reported that extended school year services are provided only to certain categories of students with disabilities. A teacher and an administrator in one district stated extended school year services are only provided to children with autism. In another district, teachers stated that extended school year services were only for children in life skills support classes, autistic support classes and multiply-disabled support classes. Teachers and related services providers in a third district stated that extended school year services were for students with multiple disabilities only. A teacher reported that she had several students with mental retardation who required the service as part of a free appropriate public education, but that it was not available to them. When asked about the section on the IEP regarding extended school year services, the special education director reported that page seven of the IEP states “IEP team has considered and discussed with a determination made for every student.” The director says he has instructed the team member to write “yes” because no one understood what it means and it therefore was “meaningless.” Two teachers report that they aren’t sure what extended school year services are and confused it with summer school programs.

Personnel in three of eight districts report that extended school year services are not based on a current, approved IEP which identifies specific goals or objectives to be covered, or services to be provided through extended school year services. One special education director reports that teachers pull extended school year goals and objectives off the IEP and transfer them to the “Extended School Year IEP” which parents sign – but it is not done through an IEP team process. In 51 of 61 IEPs reviewed where extended school year services were identified as appropriate, the IEP did not address the goals or objectives or services that would be provided.

Personnel in three of eight districts report that eligibility for extended school year services is determined through a computation of regression/recoupment but that it is only computed over short breaks such as Christmas or Thanksgiving and is not computed over long breaks, such as summer. Personnel state that more students would qualify for extended school year services if regression/recoupment was computed over summer break, as there is more significant regression over summer.

Personnel in two of eight districts report that for all students receiving extended school year services, the services are provided for the same number of days and weeks, and that all students participate during those times, regardless of individual student need.

4. Provision of Psychological Counseling Services

34 CFR §300.347(a)(3) requires that the IEP include a statement of the specific special education and related services that will be provided to the child to advance appropriately toward attaining the annual goals; to be involved and progress in the general curriculum and to participate in extracurricular and other nonacademic activities; and to be educated and participate with other children with disabilities and nondisabled children. 34 CFR §§300.300 and 300.24(a) and (b)(9)(v) require that public agencies provide psychological counseling services to children with disabilities who need them to benefit from special education.

As discussed below, OSEP determined that PDE did not ensure that all children with disabilities who require psychological counseling to benefit from special education are provided with this service, in accordance with an appropriate IEP.

Personnel in seven of eight districts reported that psychological counseling services (including crisis intervention and behavior management) are not considered a related service and are not included on the child's IEP, regardless of individual student need. Personnel reported that if children with disabilities need counseling services, they are referred to a mental health facility/agency outside the school district and that this service is billed to the parent's insurance provider. In six of the seven districts, parents are expected to ensure that the counseling is provided outside of school hours and to provide transportation. In one of the seven districts, the high school is a satellite program for the mental health agency and the counselors provide services to the high school students during school hours and no transportation is required. This same convenience is not available to the middle and elementary children with disabilities in this district.

Counseling is not included on IEPs in any of the seven districts, regardless of individual student need. Personnel in the eighth district indicated that counseling may be put on IEPs as "counseling as needed" or "counseling one time per week" and be provided in the form of crisis intervention by the guidance counselors; however, if psychological counseling is needed, where services from a qualified person other than a guidance counselor are necessary, students are "referred out" as described above. Therapeutic counseling is never included on IEPs. Some personnel in this district reported that "referral out" counseling may be included on the "linkages" page in the transition section of the IEP but that this means the district has no responsibility to ensure that it is done. A related service provider in this district reported that they don't want to include anything on the IEP that they might not be able to deliver and that psychological counseling services are not available through the school; therefore, it is not included on IEPs, regardless of individual student need.

5. Provision of Alternate Assessments

34 CFR §300.347(a)(5)(ii) requires that if the IEP team determines that a child will not participate in a State or district-wide test of student achievement (or part of an assessment), the IEP team must include a statement of why the assessment is not appropriate for the child and how the child will be assessed. 34 CFR §300.138(b) requires that PDE develop guidelines for participation of children with disabilities in alternate assessments when they cannot participate in State and district-wide assessment programs, develops alternate assessments and, beginning not later than July 1, 2000, conducts the alternate assessments.

As discussed below, OSEP determined that PDE did not ensure that all children with disabilities who do not participate in all, or part of, Pennsylvania's Statewide assessment of student achievement are assessed, using an alternate assessment. PDE staff reported to OSEP that an alternate assessment would be available by February or March of 2001; however, unless districts reconvened IEP meetings for all currently non-participating students, these students would not be able to participate in this program. It is unlikely that, even if the alternate assessment was available at this time, sufficient training of staff to administer this test or implement guidelines

identifying the students who should participate in the alternate assessment could be provided in time for students currently not participating in the State-wide assessment program receive an alternate assessment during school year 2000-2001.

Personnel in six of eight districts reported that alternate assessments are not provided to children with disabilities who do not participate in all or part of the Pennsylvania System of School Assessment. In one district, teacher observations and teacher assessments are utilized to determine whether students are accomplishing IEP goals. While this information cannot be scored and reported as an alternate assessment, it is the method currently being used to assess children with disabilities. The special education director in this district reports receiving no information or guidelines from the State regarding alternate assessment. An administrator in another district was unaware of the development of any alternate assessment. Personnel in another district reported that if students are not taking the Statewide assessment, some other test would have to be given but they have received no information about what that should/would be.

A building administrator in yet another district stated that they have received no information or guidance regarding an alternate assessment. Teachers in another district reported that they are looking around and reviewing assessment instruments to use as alternate assessments. A teacher reported that he is evaluating his students through accomplishment of their IEP goals, as he is not sure what he is supposed to be doing and there are no other assessments available to him.

One teacher reported that a student with emotional disturbance did not take the writing portion of the Statewide test given this fall and no alternate has been given even though the IEP states criterion-referenced tests as his alternate. One related service provider in another district indicated that a low-incidence assessment had been developed by the district for students in life skills support classrooms and that informal assessment is used for children in autistic support classrooms. One teacher indicated that teacher assessments are used for children with trainable mental retardation. A special education director in another district stated that nothing is done consistently for students who do not participate in the regular assessments – there is no guidance from the State. What is done varies widely from teacher to teacher. The special education supervisor indicated that nothing is needed except teacher-made tests.

In addition, in over half of the IEPs reviewed for students not participating in all, or part of, the Statewide assessment program, no form of alternate assessment was specified. In a very few cases where the alternate assessment was addressed, it was indicated to be the Brigance or assessment of achievement of IEP goals and objectives.

6. Categorical Exemptions from State-wide Assessment

34 CFR §300.300(a)(3)(i) requires that 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 child's disability. 34 CFR §300.347(a)(5) requires that State or district-wide assessments of student achievement are addressed in the child's IEP and that if a child will not participate in part, or all, of an assessment, that the IEP include a statement of why the child will not participate and how the child will be assessed.

As discussed below, OSEP found that PDE did not ensure that decisions regarding participation in State or district-wide assessment are based on the child's unique needs and not on the child's disability.

Personnel in three of eight districts reported that students in certain categories of disabilities do not participate in Statewide assessments. The special education director in one location reported that PDE has developed an alternate assessment that would be available in February 2001 and would be used with children with trainable mental retardation, children with multiple disabilities and children in life skills support classes. Until that time, none of these children in that district could be included in the State assessment program. Personnel in another location reported that all students take the Statewide assessment except students in life skills support and autistic support classes. In a third location, personnel reported the students in life skills support classes are automatically exempted from Statewide assessment while the administrator reported that students in autistic support classes are automatically exempted.

Personnel in a fourth location reported that students with low-incidence disabilities are not expected to participate in Statewide assessment programs. A teacher in this district stated that students with visual impairments and physical impairments would be exempted because of their category of disability.

The special education director in a fifth district reported that 95 percent of children are to participate in the Statewide assessment program if you exclude students in life skills support classes, autistic support classes and students with multiple disabilities. He stated: "Almost 0% of these students take the test because they don't have the cognitive ability to do it." One teacher of children in autistic support classes stated that all of her students are exempted. The special education supervisor reported that all students participate in the Statewide assessment with modifications and accommodations except for the children in autistic support classes who are exempted.

Personnel in a sixth district reported that students in multiple disabilities support classes are exempted. A teacher in that district reported that his low-functioning students are all exempted.

7. Identification of Types and Amounts of Services

34 CFR §300.347(a)(6) requires that the IEP identify the projected date for the beginning of special education and related services, supplementary aids and services, and program modifications that will be provided to the child, or on behalf of the child, and supports for school personnel that will be provided for the child. In addition, the IEP must identify the anticipated frequency, location and duration of those services and modifications.

As discussed below, OSEP determined that PDE did not ensure that IEPs for children with disabilities identify the initiation, duration, frequency and location of services and modifications provided to, or on behalf of, children with disabilities.

The IEPs do not reflect these changes in beginning/ending dates of related services. None of the IEPs reviewed contained initiation/duration information (unless you assume it is the date the IEP

begins/ends) or frequency or location of any other supplementary aids and services, program modifications or supports for school personnel (i.e., the provision of personal aides, the provision of oral testing, consultation with students or with their teachers, etc.). In the majority of IEPs reviewed, frequency of even the listed related services was not present. Teachers of preschool and school-age students in two districts report that this allows them more flexibility in scheduling and to adjust services as students require the service rather than being “locked” into specific amounts and frequencies of service.

Location of service is not specified in any of the IEPs reviewed. Related services did not specify group or individual (although some IEPs included both as options) and special education services did not identify whether the service was provided in the general education setting or in resource room settings or segregated settings. IEPs specify services as “full-time” or “part-time;” however, given the State definitions of these terms, there is no mechanism to determine from these designations how much or how often a child receives a service or where the service is delivered.

C. SUGGESTED AREAS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

1. Functional Behavior Assessment and Behavior Management Plans

There are significant discrepancies within districts and across districts regarding the implementation of functional behavioral assessments. Personnel reported a variety of criteria for implementation of this process, including: during reevaluation for a significant change in placement related to behavior, when a new behavior is targeted, when a pattern of behavior is identified or when an extreme behavior occurs. Although personnel reported a variety of criteria for when to do a functional behavior assessment, no one mentioned the requirement to provide a functional behavioral assessment when a student has been suspended more than ten days in a school year and no evidence existed to demonstrate that one was, in fact, performed for these students. In one instance, the question was specifically asked about a group of students who had been suspended more than ten days and the special education director was unaware of the length of the suspensions but knew that they should have had a functional behavioral assessment at some point although he wasn't certain when it should have occurred.

Review of existing behavior plans in IEPs indicated that they are often identical from student to student; address very general behaviors, such as “obey civil and school rules;” and contain positive reinforcements and negative consequences that are not directly related to the behaviors. In 24 of 47 IEPs containing behavioral intervention plans, the intervention plans did not target the existing behaviors or were general and the same from student to student. The use of individualized, appropriate behavioral intervention plans, based on functional behavior assessments, for children with behavioral concerns could significantly increase opportunities for children with behavior concerns to participate in general education environments and progress in the general curriculum. Some examples of how behavior was addressed are provided below.

1. One student's comprehensive evaluation report indicates that he has a “lack of concentration in all academics, refusal to do assignments and he is easily

frustrated...[he] constantly makes noise (singing, humming), hands in his pants several times per day.” His behavior goals consisted of “to improve pro-social behavior weekly” and included the following objectives/benchmarks: “Goldstein’s skill streaming,” “to become more aware of positive options through internal locus of control,” and “decrease physical aggression.” None of these address the behaviors identified in the evaluation report.

2. Another student’s IEP indicated that the child is “very passive,” and that he “needs to become more socially involved proactively and take a more active role in his academics.” There was one goal in the IEP related to behavior: “Improve social skills, weekly.” Objectives/benchmarks included: “will improve prosocial interactions,” “will improve positive responses when addressed in a social or academic setting,” and “will initiate conversations through skillstreaming.” Reinforcement was indicated as “positive reinforcement – variable schedule” and “continuous reinforcement.” Positive behavioral supports were not included nor was it clear from the objectives what behaviors were expected or solicited.
3. A third student’s comprehensive evaluation report indicates that the student “becomes physical when things do not go her way. [The student] can be nice at times but is mostly mean and nasty to others.... Needs include turn taking skills/sharing, cooperative play skills. [The student] has difficulty controlling her temper.” Her IEP indicates that the student does not exhibit behaviors that impede his/her learning or that of others.

Personnel in four of eight districts reported that “appropriate” behavior plans are not always included in IEPs when required. Personnel in one location indicated that a functional behavioral assessment or a behavior intervention plan is written after an IEP meeting during which it is discussed and then sent home. It is not included in the IEP as part of the IEP meeting. A teacher in one location indicated that there is no behavior plan written even when the comprehensive evaluation report indicates one is needed. Personnel reported that behavior plans are not individualized and are not part of the IEP meeting – they are written afterward, attached to the IEP and a copy sent home to the parent.

The appropriate use of functional behavior assessments and development and use of individualized behavior intervention plans could result in improved results for children with disabilities whose behavior impedes their learning or that of others.

2. Assistive Technology Devices and Services

Personnel in five of eight districts reported that needed training for staff, parents and/or children with disabilities in the use of assistive technology devices is not always provided or that devices and services are not available as needed. A special education director stated that he knows of six students who he believes are not getting the communication devices they need because of uncertified speech language pathologists who do not know enough about devices, determining which device a student needs or how the devices work.

A related service provider in another district has been working for a year with one student to get a needed device. She applied for a grant which was denied so she had to find alternate means of funding; however, once the device was obtained, she discovered they had to find funding for a

cart, software, cables, etc. so the student still does not have the needed device. Another related service provider in the same district stated that funding is a problem and can cause significant delays. A second location reported that while devices may be provided, cables and software are often lacking; therefore, students are unable to use the devices. In a third location, the special education director stated that the IEP will reflect that an evaluation will be provided to determine the need for assistive technology devices or services. The evaluation is usually completed within a week and a determination made; however, it was apparent that while the determination is reflected in the IEP, it is not done at an IEP meeting.

Teachers in one district reported that any assistive technology device that is not readily available within the district is funded either through Medicaid or the parents' insurance (when medically necessary) or it is requested through the State. If the State denies it or delays payment, or if the Medicaid is denied, the device cannot be purchased until the next budget cycle (when it can be included in the overall funding request of the district) and the student doesn't get the device. Providers reported that they "try to make do" but that the bottom line is that the student's devices or services are delayed or denied.

The appropriate provision of assistive technology devices and services when needed by a child with a disability to achieve a free appropriate public education could remove barriers to inclusion in Statewide assessment programs, participation in nonacademic and extracurricular activities and more participation in the general curriculum.

VIII. PART B: SECONDARY TRANSITION

The National Longitudinal Transition Study reported 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 identified 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 showed that post-school success is associated with youth who had a transition plan in high school that specifies an outcome, such as employment, as a goal. The secondary transition requirements of IDEA focus on the active involvement of students in transition planning, consideration of students' preferences and interests by the IEP team, and the reflection, in the IEP, of a coordinated set of activities within an outcome-oriented process which promotes movement from school to post-school activities. Through parent and student involvement, along with the involvement of all agencies that can provide transition services, student needs can be appropriately identified and services provided that best meet those needs.

Validation Planning and Data Collection

Monitoring: In 1994, OSEP made no findings of noncompliance related to secondary transition.

Self-Assessment: The Pennsylvania Self-Assessment Report indicated that high school completion and dropout data are not gathered on an ongoing basis. In addition, no data are collected on whether students who leave school actually move on to post-school activities such as employment or further education. During the last monitoring cycle of 25 percent of school districts in Pennsylvania, 71 percent (of those 25 percent) were found to be in compliance with the documentation of transition; however, no data is collected to determine whether students' post-school outcomes are being achieved.

With regard to available linkages to transition providers outside the school system, the Report commented that "it is often difficult to access Superintendent's signatures, prioritized attention and engagement to interagency agreements."

A review of the 1998-99 cyclical monitoring data stated that the comprehensive evaluation report includes the students interests, preferences, aptitudes for 72.6 percent of 870 cases reviewed and, based on the review of the steering committee, it is uncertain whether the IEP is based on current information about students' interests, preferences or aptitudes.

The Report also stated that through a Model Transition Replication Project, the Bureau of Special Education is in the process of replicating model programs in 14 sites, including a specific focus on decreasing the drop-out rates of all students.

Public Input Process: Two of the focus questions asked during the public input meetings were: "Describe the transition planning process for students with disabilities," and "Are students receiving the services they need?" Responses in half of the 12 locations where public meetings were held indicated that participants did not know what transition requirements were and

therefore were unable to participate in the transition planning process. Participants in five locations reported that transition is just a paper process with no programming to back it up while four locations reported that it is the responsibility of parents to be knowledgeable about transition in order to drive the services needed for their children. Parents expressed concern about limited opportunities available to their children, both during the transition process and after completion of high school.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) agency linkages are identified and established; (2) appropriate transition goals, services and activities are addressed in IEPs; (3) opportunities for community experiences are available; and (4) transition services represent a coordinated set of activities within an outcome-oriented process designed to promote movement from school to post-school activities.

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

A. STRENGTH

Philadelphia Secondary Transition Programs

PDE has invested substantial financial and personnel resources in the improvement of special education services, including secondary transition services, in the 30 clusters of the Philadelphia School District. The five clusters visited in Philadelphia demonstrated a high degree of sophistication in the area of secondary transition. Administrators are supportive and staff are knowledgeable and dedicated. Students have a wide range of opportunities for community experiences, on-site employment and pre-employment exploration, and considerable informal agency involvement.

B. AREAS OF NONCOMPLIANCE

In each district, OSEP collected interview data from special education teachers, regular education teachers, related services providers, parents, students and administrators. We only report data below from any individual district that is confirmed by multiple informants.

1. Coordinated Set of Activities Within An Outcome-Oriented Process

34 CFR §300.347(b)(1) states that the IEP must include, for each student beginning at age 14 (or younger if determined appropriate by the IEP team), and updated annually, a statement of the transition service needs of the student that focuses on the student's courses of study. In approximately half of IEPs reviewed (24 of 52) across all eight districts, courses and activities related to an overall goal for students beginning at age 14 were not included. Personnel in five of the eight districts reported that transition service needs, addressed under appropriate components of the IEP, related to a course of study, are not identified for students at age 14.

34 CFR §300.347(b)(2) states that for each student beginning at age 16 (or younger, if determined appropriate by the IEP team), each IEP must include a statement of needed transition services, including, if appropriate, a statement of the interagency responsibilities or any needed linkages. 34 CFR §300.29 states that transition services means a coordinated set of activities for a student with a disability that is designed within an outcome-oriented process that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Transition services are based on individual student's needs taking into account the student's preferences and interests and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives and if appropriate, acquisition of daily living skills and functional vocational evaluation.

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

In 39 of 66 IEPs reviewed for students with disabilities beginning at age 16, needed community experiences were not addressed. Personnel responsible for these IEPs confirmed that community experiences were needed but not addressed due to lack of availability. Personnel in four of eight districts visited reported that children with disabilities are not involved in community activities such as job shadowing or career exploration or orientation. One of the districts indicated that some students are not involved in community activities and that higher-functioning students are seldom involved. One teacher in another district reported not accessing community activities for his higher-functioning students because there are few options available in rural settings and the life skills support students need it more than his students need it.

Based on records reviewed and interviews with teachers and administrators, IEPs in all eight districts visited are not addressing transition as a coordinated set of activities under a goal-oriented approach. Beginning at age 14, IEPs contain a "transition plan" which identifies activities to be undertaken by the school, student, parent, school personnel and representatives of outside agencies. However, there is no evidence in most IEPs reviewed, of goals, objectives or services related to the achievement of the identified activities for students aged 16 and older. In many cases, the activities did not relate to an identified outcome or goal for the student. Personnel in three of eight districts visited reported that transition services do not represent a coordinated set of activities within an outcome-oriented process. There was a clear lack of connection in all districts visited between the content of the IEP and the actual services being provided to students, as indicated by the examples below.

One 17-year-old severely-retarded student who, according to the IEP, will require total adult supervision for life and who is not able cognitively to benefit from academic instruction, has no goals in his IEP related to employment nor does the IEP reflect any interests he might have nor does it indicate a need for functional vocational evaluation, career education, work-based learning or vocational-technical education (all are checked "no"). The IEP states that the employment outcome "will

be evaluated during _____'s junior year (2003).” While the IEP indicates that he will be “exposed to community-based experiences throughout schooling,” the IEP indicates none that will be provided. Goals and objectives focus on increasing upper extremity mobility and eye contact.

The IEP for a 19-year-old girl indicated that she is unsure of her future goals and from that point, listed what her mother wants her to do (supported employment and living at home). No indication of the child’s interests or preferences was evident in the IEP. Goals and objectives addressed pre-vocational skills, basic math operations of addition, subtraction, multiplication and division, and functional sight vocabulary.

Another IEP indicated that a 17-year-old wants “to go to train for a job.” In addition, the student would like to “work in a McDonald’s and cook and clean.” He plans to live with his mother. Goals and objectives included adding and subtracting two/three-digit numbers with regrouping, adding and subtracting fractions with the same denominators, multiplication with a calculator, improving comprehension skills across content areas, and improving handwriting skills. Nothing in the IEP indicated preparation for getting a job, or learning to cook and clean. No independent living skills were addressed.

Personnel in four of eight districts reported that needed linkages and services are not always provided children with disabilities beginning at age 16. Personnel in three of eight reported that responsibilities of various agencies are not identified on IEPs. Personnel in one of the three districts reported that all that appears on the IEPs is the agency, the contact person at the agency and a phone number (this was confirmed through review of the IEPs). Parents may make the contact or someone at the IEP meeting may volunteer to make the contact but it is not formal and is never included as a responsibility on the IEP. The responsibilities of the various agencies or the school district are also not documented on the IEP. Interview data indicate that most linkages depend on the relationships among the school personnel and the representatives of the agencies. If those relationships are not in place (through turnover or disputes), services are not provided.

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

34 CFR §300.344(b)(3)(i) requires that, if a 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. 34 CFR §300.344(b)(3)(ii) states that if an agency invited to send a representative to a meeting does not do so, the public agency shall take other steps to obtain the participation of the other agency in the planning of any transition services.

As discussed below, OSEP found that PDE does not ensure that IEP notification and invitation meet IDEA requirements regarding transition.

In 52 of 66 student files reviewed for students aged 16 and older, the invitation provided to the parent did not reflect the inclusion of any other agency that was likely to be responsible for

providing or paying for transition services. Even fewer of the IEPs reviewed reflected participation of outside agency personnel and district personnel reported that representatives were not invited until the students' senior year, even when agencies existed who were likely to be responsible for providing or paying for transition services as indicated by the linkages listed in the IEP. Personnel in seven of eight districts report that outside agencies are seldom invited to transition services planning meetings. In one district, all connections with outside agencies are the responsibility of the parents or students, according to district personnel. In other districts, OSEP found a wide variety of other methods used to obtain agency participation in transition services planning; however, no evidence of agency participation or commitment was documented in the IEPs.

IX. 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 and Data Collection

Monitoring: In 1994, OSEP reported that: (a) Pennsylvania did not use effective methods of enforcing Part B requirements in agencies under PDE's general supervisory authority; (b) PDE's monitoring system was insufficient to ensure implementation of requirements regarding children with disabilities in juvenile and adult correctional facilities, parochial and other private schools, content of IEPs, evaluation and identification of children with specific learning disabilities, arranging IEP meetings at a mutually agreed upon time and place; and (c) PDE did not ensure that complaints are investigated and resolved within 60 days after receipt of the complaint.

PDE's Fiscal Year 2000 IDEA Part B grant award was released subject to special conditions. Specifically, OSEP determined that PDE had not ensured that its process for verifying the completion of local school district corrective actions resulted in the effective correction of identified noncompliance. For the 2000-20001 school year, PDE initiated revised procedures for verifying the completion of corrective actions; however at the time of OSEP's October 23, 2000 visit, these procedures had not been in place long enough for OSEP to determine their effectiveness. Therefore, OSEP conducted an on-site review on May 15 and 16, 2001, for the purpose of collected data relative to this issue. OSEP visited four school district that had been monitored by PDE and for which PDE had determined that all deficiencies had been corrected. OSEP collected data regarding the same issues for which PDE had previously found noncompliance, and concluded that deficiencies had in fact been corrected.

Self-Assessment: The Pennsylvania Self-Assessment Report indicated that PDE has not corrected, in a timely manner, systemic deficiencies identified through complaints, monitoring, and due process hearings in certain districts, despite multiple founded complaints on the same issues and repeated findings of violations. In addition, data are not collected or analyzed regarding the frequency or effectiveness of enforcement actions. Despite the creation of a Basic Education Circular regarding enforcement actions, PDE did not maintain historical data linking

the application of enforcement techniques and sanctions with the resolution of serious, documented, long-term noncompliance.

PDE has revised its monitoring process so that the same person who manages complaint resolution in a district also chairs the monitoring team and manages the corrective action process. This helps ensure that complaint data are utilized as part of the monitoring and decision-making process. The Self-Assessment reported that preschool monitoring data for the past three years are not in an automated data system. This limits PDE's capability to access and analyze the results of their monitoring efforts. In addition, there is a need to create preschool performance goals and indicators.

The Self-Assessment indicated that data on due process and review decisions are not accessible and usable to enable databased decision-making.

The Self-Assessment reported that complaint investigation is now completed within the 60-day time line.

According to the Self-Assessment, PDE has done a significant amount of training and technical assistance as well as creating guidance documents on a variety of IDEA-related topics; however, the effectiveness of training may not be adequately measured and there has been limited past participation of parents.

The Report indicates a lack of available data across many of OSEP's cluster components. In many cases, where data exists, the Report indicates that it is either not utilized in planning and decision-making or is inaccurate.

Public Input Process: One of the focus questions asked during the public input meetings for Part B was: "To what extent does the PDE ensure provision of appropriate services through cyclical monitoring of school districts and early intervention programs?" Responses indicated that there are no significant consequences for noncompliance; filing a complaint is "fruitless" because districts are not afraid of PDE. PDE is responsive but has no "teeth" and the child suffers in the end when monitoring is not purposeful and there is no feedback or sanctions imposed.

After discussing information obtained through the Self-Assessment, public input process, and other available data, OSEP determined that additional data would be collected regarding whether (1) monitoring results in systemic changes and improvement in results for children with disabilities; (2) enforcement actions are taken, when appropriate, and whether such actions result in systemic changes; and (3) the State is taking appropriate action to alleviate personnel shortages.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews of State personnel, local program administrators, teachers, and parents and found the following strengths, areas of noncompliance and suggested areas for improvement.

A. STRENGTHS

1. Restructuring of the Dispute Resolution Systems

PDE has brought together its State-level systems for due process hearing decision implementation management, complaint management and mediation to more closely monitor implementation of decisions and corrective actions. The intent is to create a system that is more responsive to parents and ensures that decisions and corrective actions are implemented in a timely manner. One individual serves as the liaison between the hearing office and complaint management unit so that information is provided to complaint advisors when hearing decisions are not implemented and one individual, the Division Chief for Complaint Resolution (either for the east side or west side of the State), becomes responsible for ensuring that actions are completed in that region of the State.

2. Technical Assistance and Commitment of Resources

PDE has created a Statewide system of technical assistance, the Pennsylvania Training and Technical Assistance Network, that provides technical assistance, upon request, to districts and intermediate units. PDE has made a significant investment in technical assistance efforts to improve results for children with disabilities. Such a commitment of manpower and resources was made specifically over the past three years to the Harrisburg City School District and five clusters of the Philadelphia School District (Olney, Washington, West Philadelphia, Strawberry Mansion, and Roxborough) resulting in significant progress and improvement in services to children with disabilities.

3. State-Wide Initiatives

The PDE has undertaken, during the past year, a number of initiatives intended to coordinate and improve State systems related to special education services. Among these initiatives, OSEP found the following to be the most promising in promoting systems change and improved results for children with disabilities:

- Development of State academic standards that apply to all students, including children with disabilities, and the measurement of those standards through the Pennsylvania System of School Assessment, although more work is needed to ensure that all children with disabilities participate;
- Development of an alternate assessment for children with disabilities who do not participate in all, or part of, the Pennsylvania System of School Assessment that will be available to districts in the spring of 2001;
- Convening an interagency workgroup, under a memorandum of understanding, that will set up seven regional training sessions for 1,000 participants to assist them in working in interagency groups within their counties;
- Development of a resource kit to assist charter schools in understanding their special education responsibilities;
- Establishment of a records center for children with disabilities in corrections facilities; and

- Development of a monitoring system that encompasses both compliance and results that will soon be piloted.

B. AREAS OF NONCOMPLIANCE

1. Charter School Policies and Procedures

34 CFR §300.220 requires that local education agencies have on file with the State education agency the policies and procedures that are consistent with State policies and procedures providing for the education of children with disabilities.

OSEP found that while PDE considers charter schools to be local education agencies, they do not have on file with PDE their policies and procedures related to special education. OSEP confirmed the absence of the policies and procedures through interviews at the State education agency.

2. Requirement for Parent Consent to Transfer Records

34 CFR §300.505(d) states that a State may establish parental consent requirements for services and activities in addition to the parent consent required by Federal law, if it ensures that each public agency in the State establishes and implements effective procedures that a parent's refusal to consent does not result in a failure to provide the child with a free appropriate public education. 34 CFR §300.300(a) requires that the State has in effect a policy that ensures that all children with disabilities aged 3 through 21 residing in the State have the right to a free, appropriate public education. In addition, 34 CFR §300.125 requires that the State have in effect policies and procedures to ensure that all children with disabilities who are in need of special education and related services, are identified, located and evaluated.

As discussed below, OSEP found that PDE does not ensure that the requirement for consent does not result in a failure to provide a child with a free appropriate public education. OSEP found that the requirement for consent may result in a failure to identify, locate and evaluate some children with disabilities who are in need of special education and related services.

Act 212 of the Pennsylvania Code covers early intervention services for children from birth through the age of beginners. The Act requires that records may be transferred to a school district when the child attains the age of beginners (the age established by the school district for entering first grade). If a child transfers from early intervention services to a school district prior to the age of beginners, the Act requires parental consent prior to transferring the records. The agencies holding the records are mutually-agreed-upon-written-arrangement agencies under contract to PDE to provide preschool educational services under Part B of IDEA and are therefore, educational agencies. There is no Federal requirement to obtain parental consent when transferring records between educational entities responsible for providing educational services to children.

Personnel in mutually-agreed-upon-written-agreement agencies visited by OSEP indicated that when a parent refuses to provide consent, records – and even the name of the child – are

withheld from the district and the child enters kindergarten as a regular education student. Personnel reported that when names are withheld, only when the district suspects that the child may have a disability and institutes the procedures for identification and evaluation does the child receive needed services. During the period from the time the child enters school until he/she is identified and receives an IEP, a free appropriate public education is not provided.

C. SUGGESTED AREAS FOR IMPROVED RESULTS FOR CHILDREN AND YOUTH WITH DISABILITIES

1. Inter-relationship of Due Process Hearings and Complaint Resolutions

As noted in OSEP's 1994 monitoring report, Pennsylvania had no method of monitoring implementation of due process decisions and took no action to ensure that due process decisions were implemented unless the parents filed a complaint about the failure to implement the decision. In OSEP's 2000 monitoring review of due process hearing decisions and complaint resolutions that occurred in close proximity and involved the same parties, indicated that the issues were the same in 21 of 50 files reviewed. It would appear that PDE has yet to effectively ensure that due process hearing decisions are implemented. However, the reorganization by PDE of dispute resolution mechanisms may serve to alleviate this problem.

If, as part of PDE's reorganization of dispute resolution, it institutes a mechanism to track the overlap between hearing determinations and complaint resolution and ensure that decisions and corrective actions are fully implemented in a timely manner to reduce the overlap, this action could facilitate the resolution of issues and concerns for children with disabilities across the Commonwealth. In addition, PDE would have trend data that could facilitate the identification of systemic problems as part of their monitoring data.

2. Due Process Hearing Time Lines

A review of hearing decision files along with telephone and action logs indicated that in a substantial number of instances, the hearing decisions are not reached within 45 days after the receipt of a request. Further examination of the available documentation indicated that extensions sometimes occur because of an apparently unilateral decision by the hearing officer and it is difficult to ascertain from the files that extensions granted are at the request of one of the parties.

Interviews with staff from the Office of Dispute Resolution indicate that other files that document the extensions may exist in the personal files of the hearing officers but that, at this time, these files are not available for review by the State. PDE has requested the hearing officers to provide copies of their personal files so that it can monitor compliance with the hearing time lines.

Additional collection of data from the hearing officers will allow PDE to determine whether extensions are, in fact, unilateral or are occurring at the request of either party. Completion of hearing decisions within 45 days from the request of the hearing will be facilitated if PDE identifies and remedies causes for unilateral extensions.