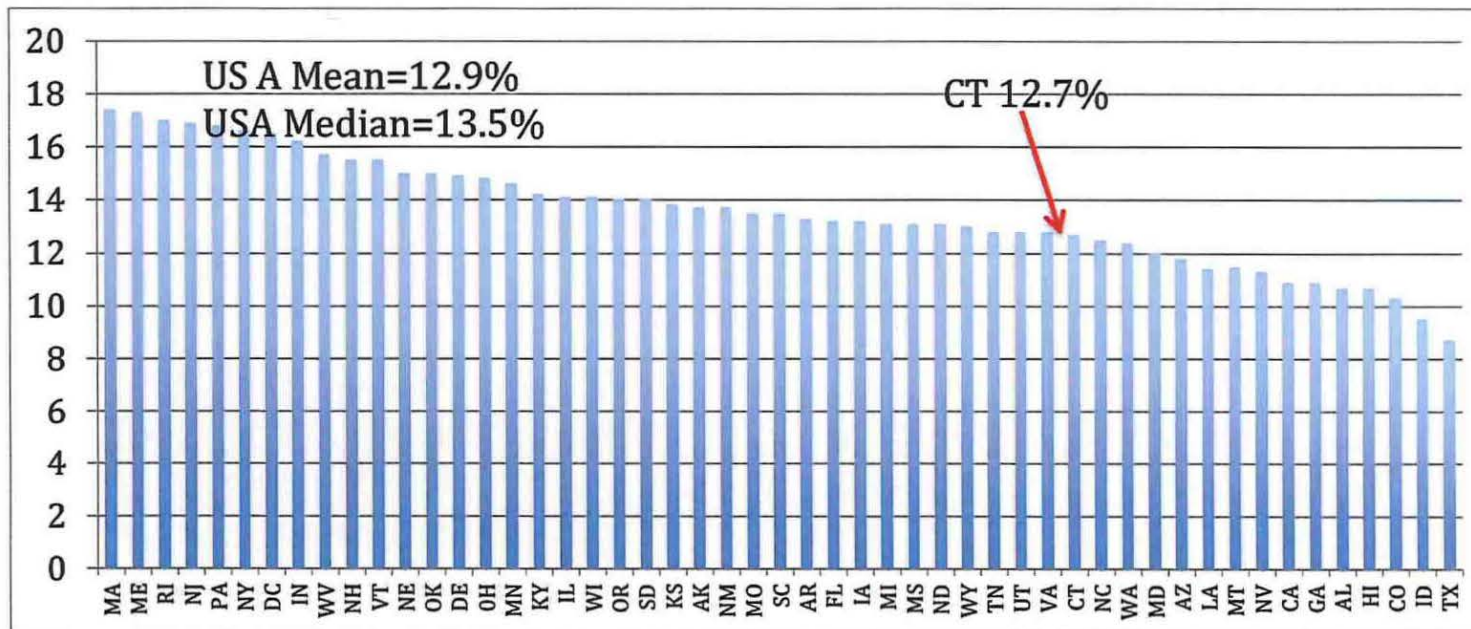


## Update of Tables and Figures from the Reschly (2014, April) Report

The following figures and tables from the Reschly (2014, April) are updated below using more recent data from the State of Connecticut, United States Department of Education 35<sup>th</sup> and 36<sup>th</sup> Annual Reports to Congress on the Implementation of the Individuals with Disabilities Education Act, and the 2014 Digest of Educational Statistics. Sources for the updates are provided with the figures and tables.

**Figure 1 Updated. Students with Disabilities (SWD) Prevalence by State in 2012-2013 (Source Table 204.70, Digest of Educational Statistics downloaded August 31, 2015 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp))**



Note. The numerator is the SWD count age 3-21. The denominator is the school enrollment pre-school through grade 12

**Significance: Connecticut prevalence of students with disabilities continues to be slightly below the national average.**

**Table 2 Updated. Trends in the Prevalence of Students with Disabilities in Connecticut and the USA age 3-21 as a Percent of Pre K through 12<sup>th</sup> Grade Enrollment.**

Time/ Year	All SWD	SLD	ED	ID	OHI	SP/L	OTHER	AUTISM
US 2012-13	12.9%	4.6%	0.7%	0.9%	1.6%	2.7%	1.6%	1.0%
US 2000-01	13.5%	6.1%	1.0%	1.3%	0.6%	3.0%	1.2%	0.2%
Difference 2012-13 less 2000-2001	-0.6%	-1.5%	-0.3%	-0.4%	+1.0%	-0.3%	+0.4%	+0.8%
CT 2012-13	12.6%	3.9%	0.9%	0.4%	2.3%	2.1%	1.5%	1.3%
CT 2000-01	13.1%	5.5%	1.3%	0.7%	1.4%	2.7%	1.3%	0.2%
Difference 2012-13 less 2000-2001	-0.5%	-1.6%	-0.4%	-0.3%	+0.9%	-0.6%	+0.2%	+1.1%

Notes:

1. 2000-2001 data for the US and CT are derived from the US DOE 24<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.
2. US 2012-2013 data derived from Digest of Educational Statistics at [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp) downloaded 8-31-2015.
3. CT data for 2012-13 derived from [http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/CEDaR\\_DataTables\\_2011-12\\_2012-13.zi](http://sdeportal.ct.gov/Cedar/WEB/ct_report/CEDaR_DataTables_2011-12_2012-13.zi) and Digest of Educational Statistics (Enrollment), See Table 203.20 and 203.30 at [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp) downloaded 8-31-150.
4. Abbreviations and definitions: SWD=Students with Disabilities; SLD=Specific Learning Disability; ED=Emotional Disturbance; ID=Intellectual Disability; OHI=Other Health Impaired; Sp/L=Speech Language Impaired; Other=the combined prevalence of Deaf-Blindness, Developmental Delay, Hearing Impairment, Multiple Disabilities, Orthopedic Impairments, Traumatic Brain Injury, and Visual Impairments.

**Significance: Changes in the Connecticut distribution of disabilities are consistent with national trends.**

**Table 3 Updated. Distribution of Disabilities Grades K-12 by School District 2012-13 Enrollment Categories**

**Significance: Connecticut continues to have many small enrollment school districts. Prevalence of students with disabilities varies slightly by district size with very small districts with <500 student enrollment having the largest SWD prevalence.**

		All Disabilities Total				Specific Learning Disability			
Enrollment	N	Min.SWD	Mean.SWD	Median.SWD	Max.SWD	Min.SLD	Mean.SLD	Median.SLD	Max.SLD
<500	28	7.6	13.1	12.3	21.0	0.7	4.1	3.8	7.9
500-999	19	7.5	10.9	10.2	15.6	1.6	3.6	3.4	6.2
1000-4999	89	6.9	11.8	11.7	19.4	2.0	3.8	3.6	6.2
>5000	30	7.7	12.0	11.8	17.1	2.0	3.9	3.9	6.7

		Intellectual Disability				Emotional Disability			
Enrollment	N	Min.ID	Mean.ID	Median.ID	Max.ID	Min.ED	Mean.ED	Median.ED	Max.ED
<500	28	0.0	0.3	0.3	1.0	0.0	0.5	0.4	3.3
500-999	19	0.0	0.4	0.3	0.9	0.1	0.7	0.9	1.8
1000-4999	89	0.0	0.4	0.4	1.5	0.0	0.9	0.8	2.7
>5000	30	0.1	0.4	0.3	0.8	0.2	1.0	0.9	2.2

		Speech Language Impairment				Other Health Impaired			
Enrollment	N	Min.SpLang	Mean.SpLang	Median.SpLang	Max.SpLang	Min.OHI	Mean.OHI	Median.OHI	Max.OHI
<500	28	0.0	3.4	2.8	11.8	0.0	2.2	2.3	5.2
500-999	19	0.7	2.0	1.6	4.3	0.9	2.2	2.1	3.6
1000-4999	89	0.7	2.0	1.9	4.1	0.6	2.4	2.3	5.0
>5000	30	0.8	2.1	2.0	3.4	1.1	2.4	2.4	3.6

		Autism Spectrum Disorder				Other Disabilities (DB, HI, MD, OI, TBI, VI Combined)			
Enrollment	N	Min.Autism	Mean.Autism	Median.Autism	Max.Autism	Min.Other	Mean.Other	Median.Other	Max.Other
<500	28	0.0	1.5	1.4	4.9	0.0	1.1	0.9	3.9
500-999	19	0.0	1.2	1.1	2.3	0.3	0.8	0.7	1.6
1000-4999	89	0.5	1.4	1.4	2.9	0.1	0.8	0.7	3.1
>5000	30	0.8	1.3	1.3	1.7	0.3	1.0	1.0	1.9

**Table 4a Updated. IDEA Part B (Age 6-21) US DOE Compliance Ratings for States in the Northeast Regional Resource Center, 2007-2015**

State/ Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total Citations
CT	MR	NA	NA	MR	MR	MR	MR	NA	MR	3
ME	NA	NA2	NA2	NA4	NA2	NI	NA	NA2	NA2	9
MA	NA	NA2	NA2	NA4	NA2	MR	NA	MR	MR	6
NH	NA	NA2	NA2	NA4	NA2	NA2	MR	MR	MR	6
NJ	NA	NA2	NA2	MR	NA	NA2	MR	MR	MR	5
NY	NA	NA2	NA2	NA4	NA2	NI	NA2	NA2	NA2	9
PA	MR	MR	MR	MR	MR	MR	MR	MR	MR	0
RI	NA	NI	NI	NA	NA2	MR	MR	NA	MR	6
VT	NA	MR	MR	NA2	NA2	NA2	MR	MR	MR	4

**Table 4b Updated. IDEA Part C (Age 3-5) US DOE Compliance Ratings for States in the Northeast Regional Resource Center, 2007-2015.**

State/ Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total Citations
CT	MR	MR	MR	MR	MR	MR	MR	MR	MR	0
ME	NI	NI2	NI2	NA2	NA2	NA2	NA2	NA2	NA2	9
MA	NA	MR	MR	NI	MR	MR	MR	NA	NA2	4
NH	NA	MR	MR	MR	MR	MR	MR	MR	MR	1
NJ	NA	MR	MR	MR	NA	MR	MR	MR	MR	2
NY	NI	NA2	NA2	NA4	NA2	NA2	NA2	NA	NA2	9
PA	NA	MR	MR	MR	MR	MR	MR	MR	NA	2
RI	NI	NA	NA	NA	MR	MR	MR	MR	NA	5
VT	NA	NA2	NA2	MR	MR	MR	MR	MR	NA	4

Note: Data in Tables 4a and 4b are based on the US Department of Education Determination Letters on State Implementation of IDEA, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, and 2015

Note: MR means Meets Requirements, NA means Needs Assistance, NA2 means Needs Assistance for two or more consecutive years, NI means Needs Intervention, and NI2 means Needs Intervention two or more consecutive years.

**Significance: Connecticut continues to be successful in implementing the Individuals with Disabilities Education Act based on evaluations by the US Department of Education. Connecticut is more successful than most other states in the Northeast Region.**



**Table 6 Updated. Kind of SWD, Presumed Etiology, and US Prevalence**

Disability Category	Low, Moderate, High Prevalence	Identifiable Biological Basis	USA 2012-2013 Prevalence
Deaf/Blind	Low	Yes	0.0% (rounds to zero)
Hearing Impaired and Deaf	Low	Yes	0.2%, (2 per thousand)
Multiple Disabilities	Low	Yes	0.3% (3 per thousand)
Orthopedic Impairment	Low	Yes	0.1% (1 per thousand)
Traumatic Brain Injury	Low	Yes	0.1% (1 per thousand)
Visual Impairment and Blindness	Low	Yes	0.1% (1 per thousand)
Autism	Moderate	Mix of causes	1.0% (8 per thousand)
Developmental Delay	Moderate	Mix of causes	0.8% (7 per thousand)
Intellectual Disability	Moderate	Mix of causes	0.9% (9 per thousand)
Other Health Impaired	High	Mix of causes Increasingly Functional/Behavioral	1.6% (14 per thousand)
Emotional Disturbance	Moderate	Functional/ Behavioral	0.7% (8 per thousand)
Specific Learning Disability	High	Functional/Behavioral	4.6% (49 per thousand)
Speech Language Impairment		Functional/Behavioral	2.7% (29 per thousand)

Note. USA 2012-2013 SWD prevalence source, Table 204.30, downloaded August 31 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp)

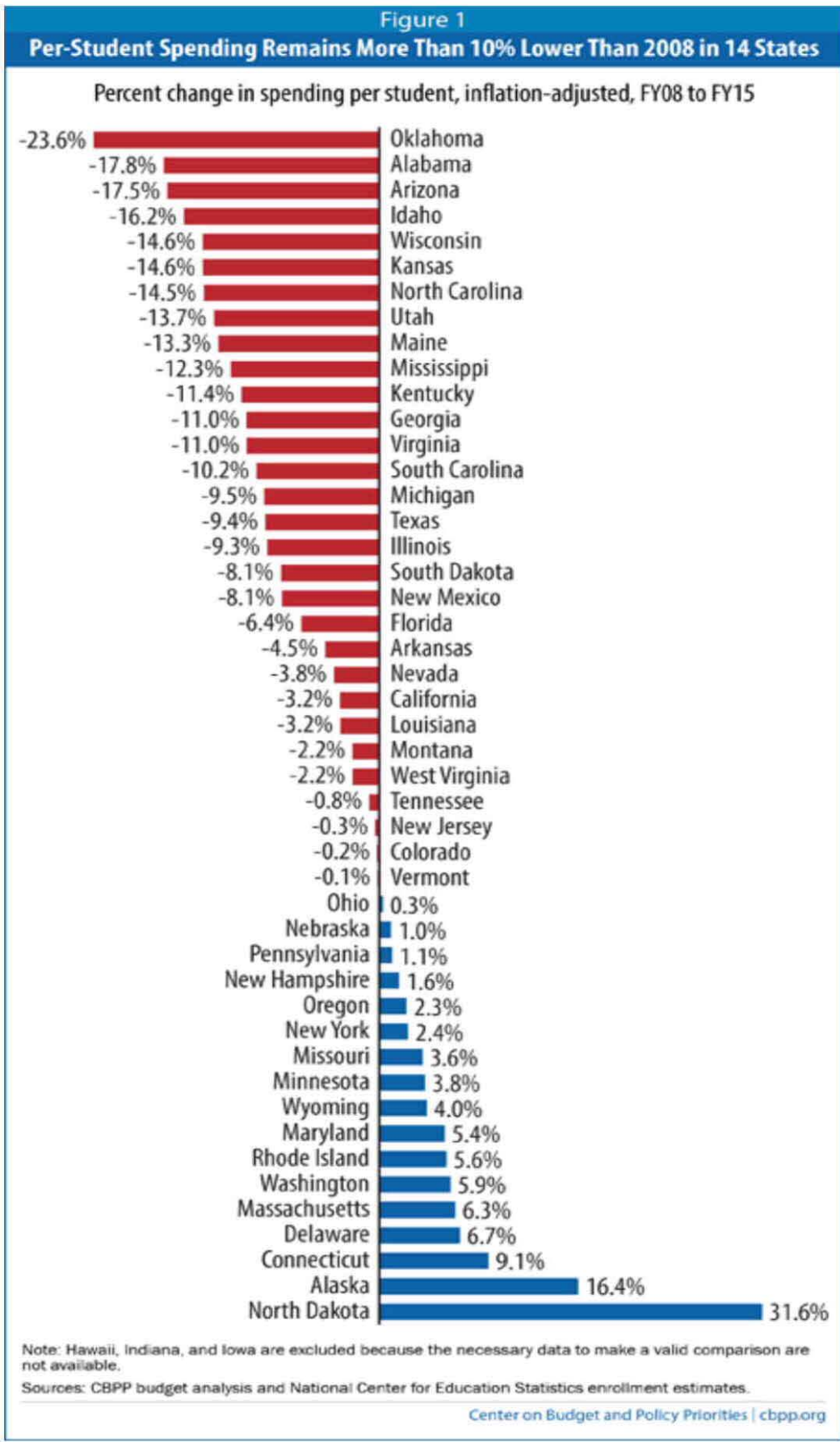
**Significance: The 2012-2013 distribution of students with disabilities over different kinds of disabilities is consistent with prior years. Costs vary significantly by kind and etiology of disability.**

**Table 8 Updated. Average Student Expenditures, Poverty Levels, and SWD Prevalence in Northeastern States and Maryland** (Source Tables 236.65, 204.10, 204.30 downloaded August 31, 2015 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp))

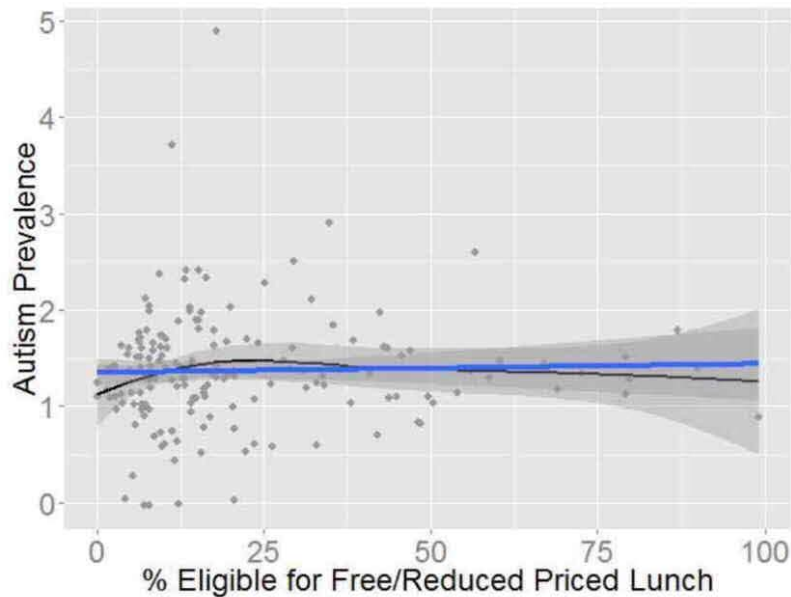
**Significance: The strong Connecticut commitment to educational funding despite a significant state and national recession is apparent from the following table and the figure on the next page. Unlike most states, Connecticut increased educational funding during the recent recession.**

State	Average Spending per Student 2009-2010	Average Spending per Student 2011-2012	Increase +/% Decrease - /%	Poverty FRPL 2010-2011	Poverty FRPL 2012-2013	Poverty Change +/- %	SWD Identification 2012-2013
CT	\$16,133	17,403	+1,270/+8%	34.5%	36.6%	+2.1%	12.7%
ME	\$14,008	12,736	-1,271/-9%	43.0%	45.0%	+2.0%	17.1%
MA	\$15,411	15,327	-84/-0.5%	34.2%	37.0%	+2.8%	17.5%
NH	\$13,424	14,222	+798/+6%	25.2%	26.9%	+1.7%	15.3%
NJ	\$18,060	18,567	+507/+3%	32.8%	36.8%	+4.0%	16.5%
NY	\$19,965	20,027	+62/+0.3%	48.3%	47.9%	-0.4%	16.6%
PA	\$13,078	13,517	+439/+3%	39.4%	41.5%	+2.1%	16.5%
RI	\$16,073	15,666	-407/-2%	42.9%	46.2%	+3.3%	17.6%
VT	\$16,946	17,193	+247/+1%	36.8%	39.0%	+2.8%	14.4%
USA Ave	\$11,445	11,014	-431/-4%	48.1%	51.3%	+3.2%	13.0%
MD	\$14,937	14,322	-615/-4%	40.1%	42.8%	+2.7%	12.1%

See Figure on next page from <http://www.cbpp.org/research/most-states-still-funding-schools-less-than-before-the-recession>

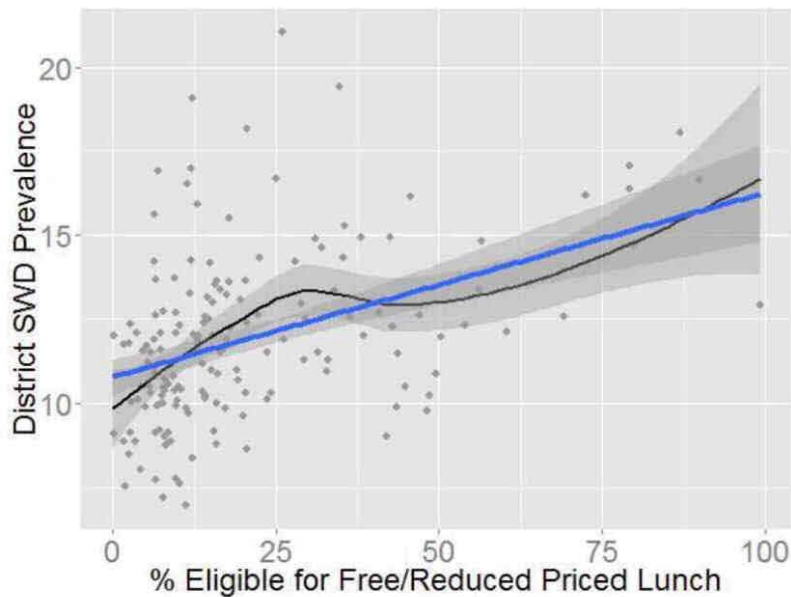


**Figure 3 Updated. Relationship between District Poverty and Autism Prevalence in All CT Districts Responsible for Special Education Expenditures in 2012-2013 (Correlation = 0.03, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

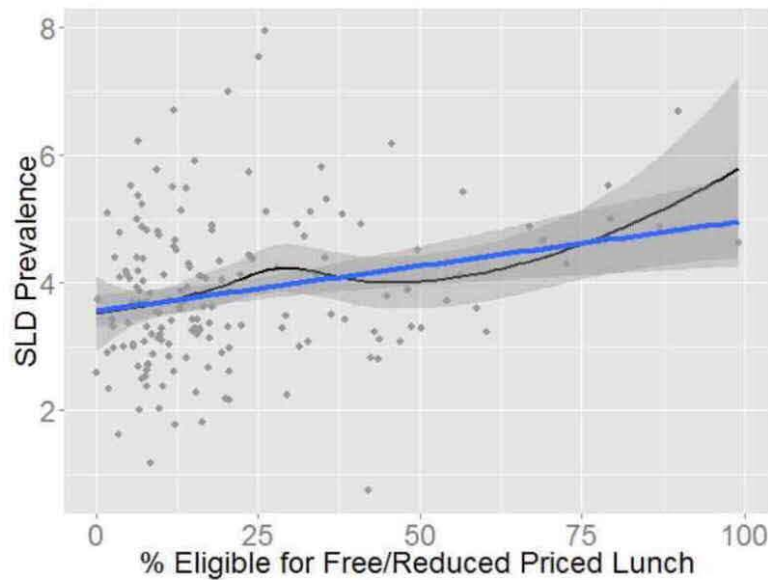
**Figure 4 Updated. Relationship of Total SWD Prevalence and District Poverty in 2012-2013 (Correlation=0.53, N=166)**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

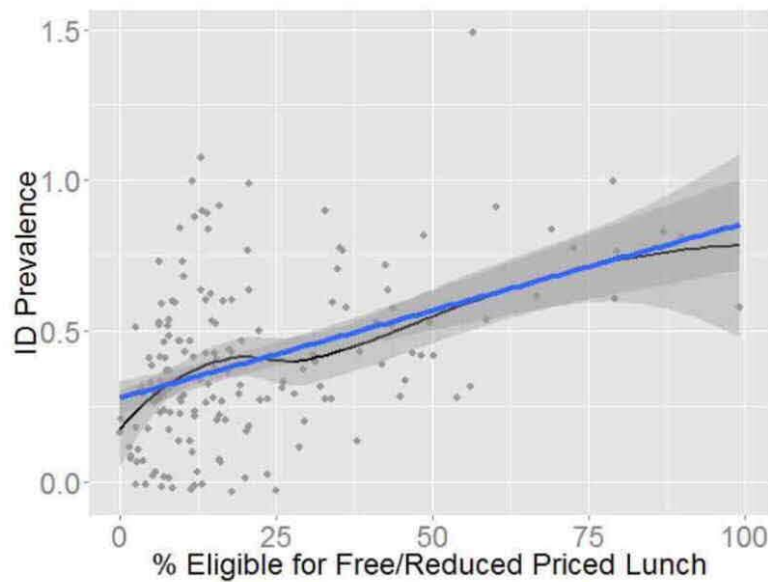


**Figure 5 Updated. Relationship between District Specific Learning Disabilities Prevalence and District FRPL in 2012-2013 (Correlation=0.24, N=166).**



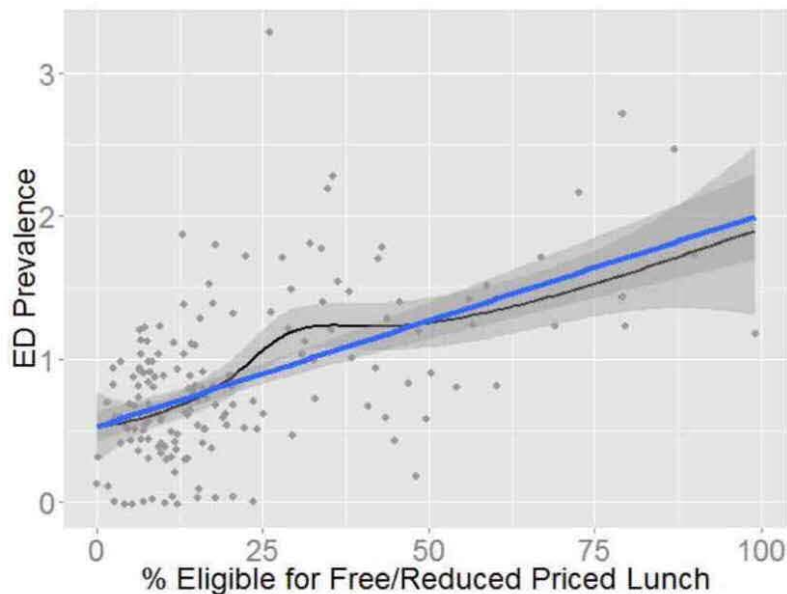
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 6 Updated. District Poverty and Prevalence of Intellectual Disability in 2012-2013 (Correlation=0.43, N=166).**



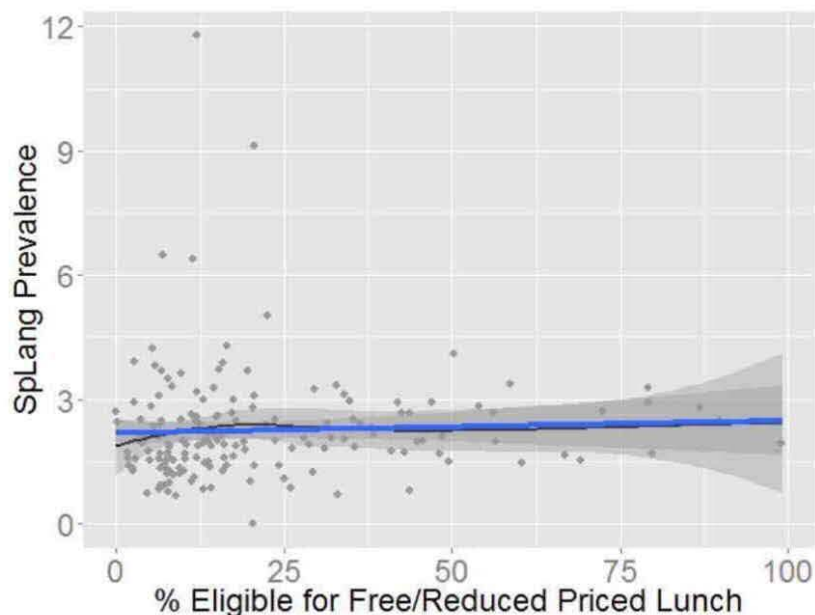
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 7 Updated. District Poverty and Prevalence of Emotional Disturbance in 2012-13 (Correlation=0.53, N=166)**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 8 Updated. District Poverty and Speech/Language Impairment Prevalence in 2012-2013 (Correlation=0.04, N=166)**



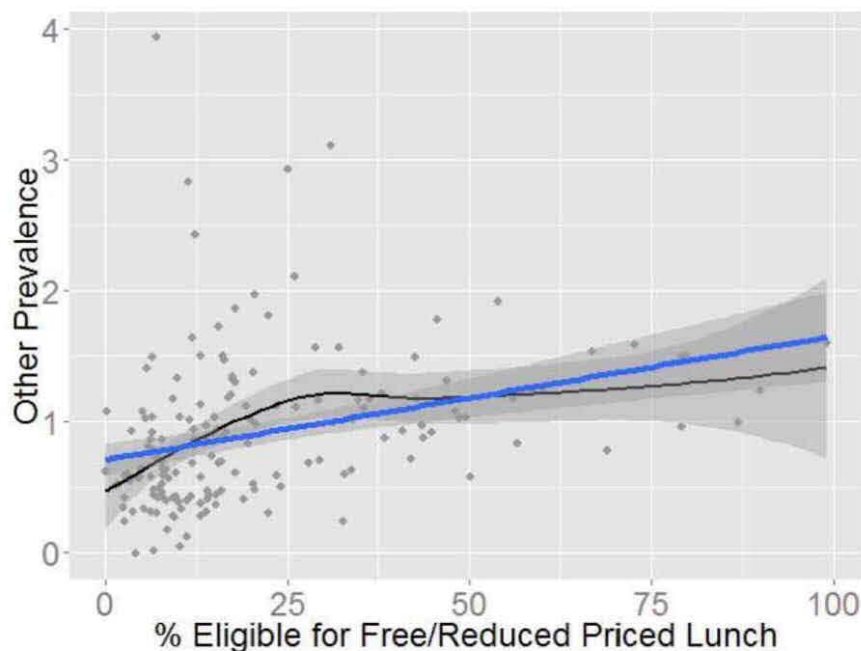
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 9 Updated. District Poverty and OHI Prevalence in 2012-2013 (Correlation=0.16, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 10 Updated. District Poverty and the Prevalence of Low Incidence Disabilities (Correlation=0.32, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Significance: The relationship of FRPL to the prevalence of different disability categories continues to vary by category. The relationship is small to moderate for most categories and near zero for autism spectrum disorders.**

**Table 10 Updated. Special Education Costs Per Pupil in 2011-2012 by District Enrollment**

Enrollment	N	Min	Mean	Median	Max
<500	28	16,545	25,662	24,555	39,558
500-999	21	18,493	29,309	30,242	40,646
1000-4999	88	19,392	26,104	25,108	42,341
>5000	29	17,183	27,060	26,775	44,533

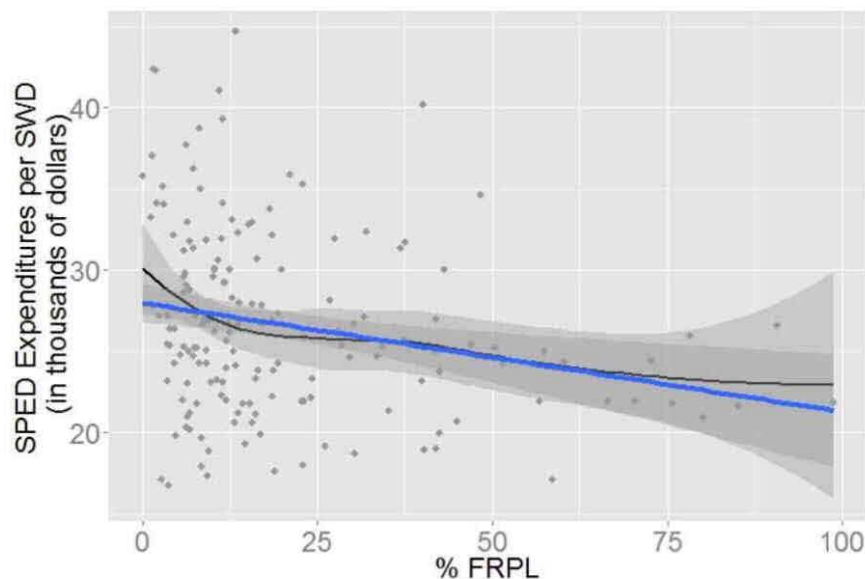
Source: CCJEF Suppressed Part 1/Finance/spexp12.xls; CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls

**Table 11 Updated. Special Education Costs Per Pupil in Plaintiff and Non-Plaintiff Districts in 2011-2012.**

Plaintiff	N	Min	Mean	Median	Max
Non-Plaintiff	144	16,545	26,863	25,726	44,533
Plaintiff	22	17,183	24,894	24,506	35,400

Source: CCJEF Suppressed Part 1/Finance/spexp12.xls

**Figure 11. Updated. District Poverty and Special Education Per Student Expenditures in 2011-2012 (Correlation= -0.23, N=166)**



Source: CCJEF Suppressed Part 1/Finance/spexp12.xls; CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls

**Significance:** The levels of spending on students with disabilities continues to vary slightly by district size and district FRPL levels. The correlation between district FRPL and per student special education costs is slightly negative, meaning that districts with higher FRPL levels per pupil have slightly lower per special education costs.



**Table 13 Updated. Least Restrictive Environment (LRE) Profile for CT, MD, USA, and Northeast States in 2012-2013**

Place- ment Option	CT State- wide	<sup>1</sup> CT Plain- tiffs	<sup>2</sup> CT Non Plain- tiffs	ME	MA	NH	NJ	NY	PA	RI	VT	USA	MD
≥80%	69%	67%	72%	56%	58%	73%	45%	57%	62%	72%	73%	61%	68%
40%- 79%	16%	16%	17%	30%	19%	15%	26%	12%	24%	8%	13%	20%	10%
<40%	6%	8%	5%	11%	15%	8%	17%	21%	9%	12%	7%	14%	13%
Separate Setting	7%	9%	7%	3%	7%	3%	8%	6%	5%	6%	6%	3%	7%

Note. Percent rounded to the nearest whole number. Sources:

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/ct-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/me-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/ma-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/nh-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/nj-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/ny-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/pa-acc-statedatadisplay-12-13.pdf>

<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/ri-acc-statedatadisplay-12-13.pdf>

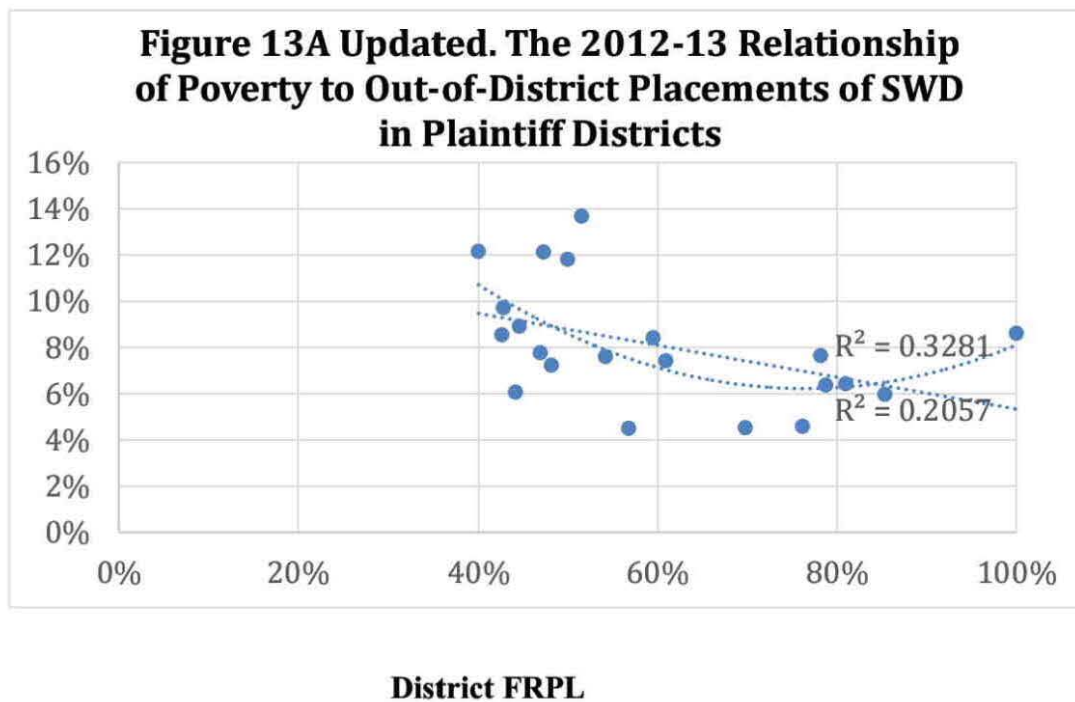
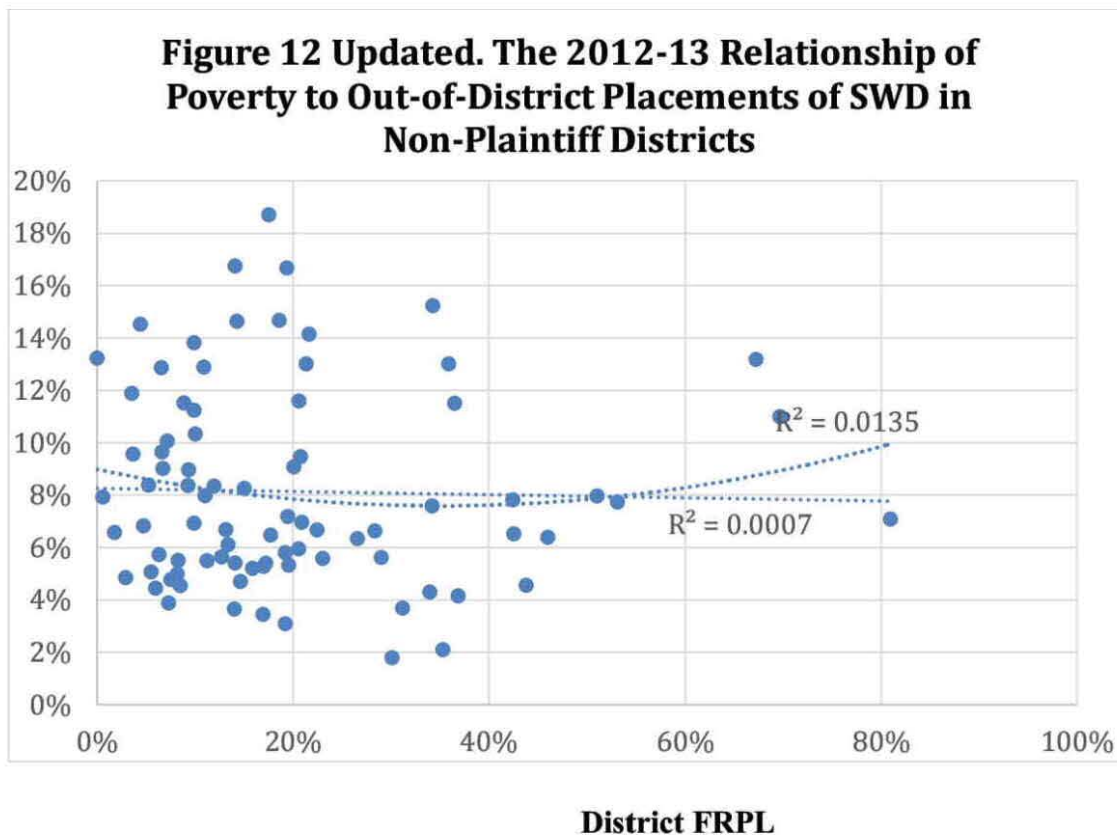
<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/vt-acc-statedatadisplay-12-13.pdf>

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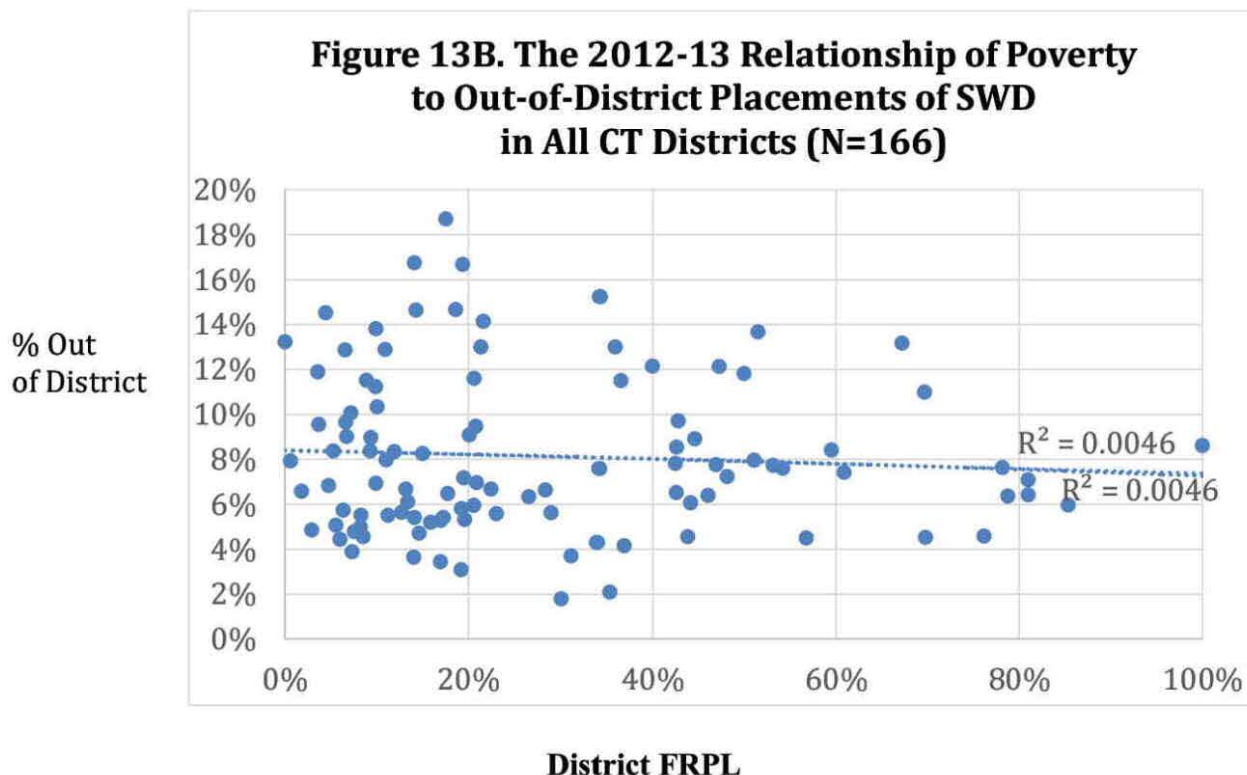
**Significance:** The Connecticut Least Restrictive Environment profile compares favorably to the US averages for each kind of placement for students with disabilities. Both plaintiff and non-plaintiff districts have profiles that are superior to US averages. There is no universally accepted consensus on the “correct” profile. The USDOE urges states to increase the enrollment of SWD in the least restrictive option, full-time special education involving ≥ 80% of the school day in general education classrooms.

<sup>1</sup> Based on 2011-2012 Data

<sup>2</sup> Based on 2011-2012 Data



Source: CCJEF\_2012 – Supp [(SWDs) Tb14, (Placements) Tb129]; (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213);



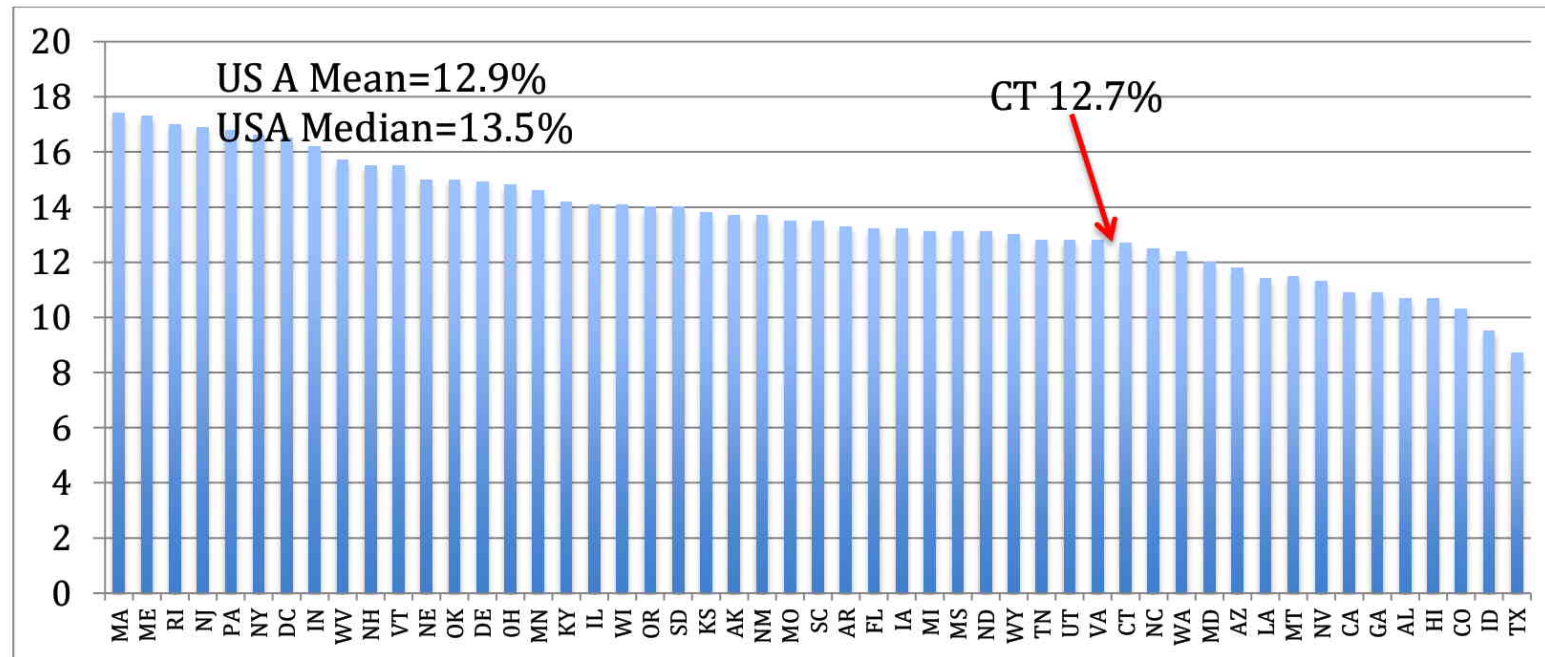
Source: CCJEF\_2012 – Supp [(SWDs) Tbl4, (Placements) Tbl29]; (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213);

**Significance:** Figures 12, 13A, and 13B show results indicating that school district FRPL levels are not related to proportion of students with disabilities served in out of district placements for all districts and for plaintiff and non-plaintiff districts.

## Update of Tables and Figures from the Reschly (2014, April) Report

The following figures and tables from the Reschly (2014, April) are updated below using more recent data from the State of Connecticut, United States Department of Education 35<sup>th</sup> and 36<sup>th</sup> Annual Reports to Congress on the Implementation of the Individuals with Disabilities Education Act, and the 2014 Digest of Educational Statistics. Sources for the updates are provided with the figures and tables.

**Figure 1 Updated. Students with Disabilities (SWD) Prevalence by State in 2012-2013 (Source Table 204.70, Digest of Educational Statistics downloaded August 31, 2015 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp))**



Note. The numerator is the SWD count age 3-21. The denominator is the school enrollment pre-school through grade 12

**Significance: Connecticut prevalence of students with disabilities continues to be slightly below the national average.**



**Table 2 Updated. Trends in the Prevalence of Students with Disabilities in Connecticut and the USA age 3-21 as a Percent of Pre K through 12<sup>th</sup> Grade Enrollment.**

Time/ Year	All SWD	SLD	ED	ID	OHI	SP/L	OTHER	AUTISM
US 2012-13	12.9%	4.6%	0.7%	0.9%	1.6%	2.7%	1.6%	1.0%
US 2000-01	13.5%	6.1%	1.0%	1.3%	0.6%	3.0%	1.2%	0.2%
Difference 2012-13 less 2000-2001	-0.6%	-1.5%	-0.3%	-0.4%	+1.0%	-0.3%	+0.4%	+0.8%
CT 2012-13	12.6%	3.9%	0.9%	0.4%	2.3%	2.1%	1.5%	1.3%
CT 2000-01	13.1%	5.5%	1.3%	0.7%	1.4%	2.7%	1.3%	0.2%
Difference 2012-13 less 2000-2001	-0.5%	-1.6%	-0.4%	-0.3%	+0.9%	-0.6%	+0.2%	+1.1%

Notes:

1. 2000-2001 data for the US and CT are derived from the US DOE 24<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.
2. US 2012-2013 data derived from Digest of Educational Statistics at [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp) downloaded 8-31-2015.
3. CT data for 2012-13 derived from [http://sdeportal.ct.gov/Cedar/WEB/ct\\_report/CEDaR\\_DataTables\\_2011-12\\_2012-13.zi](http://sdeportal.ct.gov/Cedar/WEB/ct_report/CEDaR_DataTables_2011-12_2012-13.zi) and Digest of Educational Statistics (Enrollment), See Table 203.20 and 203.30 at [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp) downloaded 8-31-150.
4. Abbreviations and definitions: SWD=Students with Disabilities; SLD=Specific Learning Disability; ED=Emotional Disturbance; ID=Intellectual Disability; OHI=Other Health Impaired; Sp/L=Speech Language Impaired; Other=the combined prevalence of Deaf-Blindness, Developmental Delay, Hearing Impairment, Multiple Disabilities, Orthopedic Impairments, Traumatic Brain Injury, and Visual Impairments.

**Significance: Changes in the Connecticut distribution of disabilities are consistent with national trends.**

**Table 3 Updated. Distribution of Disabilities Grades K-12 by School District 2012-13 Enrollment Categories**

**Significance: Connecticut continues to have many small enrollment school districts. Prevalence of students with disabilities varies slightly by district size with very small districts with <500 student enrollment having the largest SWD prevalence.**

		All Disabilities Total				Specific Learning Disability			
Enrollment	N	Min.SWD	Mean.SWD	Median.SWD	Max.SWD	Min.SLD	Mean.SLD	Median.SLD	Max.SLD
<500	28	7.6	13.1	12.3	21.0	0.7	4.1	3.8	7.9
500-999	19	7.5	10.9	10.2	15.6	1.6	3.6	3.4	6.2
1000-4999	89	6.9	11.8	11.7	19.4	2.0	3.8	3.6	6.2
>5000	30	7.7	12.0	11.8	17.1	2.0	3.9	3.9	6.7

		Intellectual Disability				Emotional Disability			
Enrollment	N	Min.ID	Mean.ID	Median.ID	Max.ID	Min.ED	Mean.ED	Median.ED	Max.ED
<500	28	0.0	0.3	0.3	1.0	0.0	0.5	0.4	3.3
500-999	19	0.0	0.4	0.3	0.9	0.1	0.7	0.9	1.8
1000-4999	89	0.0	0.4	0.4	1.5	0.0	0.9	0.8	2.7
>5000	30	0.1	0.4	0.3	0.8	0.2	1.0	0.9	2.2

		Speech Language Impairment				Other Health Impaired			
Enrollment	N	Min.SpLang	Mean.SpLang	Median.SpLang	Max.SpLang	Min.OHI	Mean.OHI	Median.OHI	Max.OHI
<500	28	0.0	3.4	2.8	11.8	0.0	2.2	2.3	5.2
500-999	19	0.7	2.0	1.6	4.3	0.9	2.2	2.1	3.6
1000-4999	89	0.7	2.0	1.9	4.1	0.6	2.4	2.3	5.0
>5000	30	0.8	2.1	2.0	3.4	1.1	2.4	2.4	3.6

		Autism Spectrum Disorder				Other Disabilities (DB, HI, MD, OI, TBI, VI Combined)			
Enrollment	N	Min.Autism	Mean.Autism	Median.Autism	Max.Autism	Min.Other	Mean.Other	Median.Other	Max.Other
<500	28	0.0	1.5	1.4	4.9	0.0	1.1	0.9	3.9
500-999	19	0.0	1.2	1.1	2.3	0.3	0.8	0.7	1.6
1000-4999	89	0.5	1.4	1.4	2.9	0.1	0.8	0.7	3.1
>5000	30	0.8	1.3	1.3	1.7	0.3	1.0	1.0	1.9

**Table 4a Updated. IDEA Part B (Age 6-21) US DOE Compliance Ratings for States in the Northeast Regional Resource Center, 2007-2015**

State/ Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total Citations
CT	MR	NA	NA	MR	MR	MR	MR	NA	MR	3
ME	NA	NA2	NA2	NA4	NA2	NI	NA	NA2	NA2	9
MA	NA	NA2	NA2	NA4	NA2	MR	NA	MR	MR	6
NH	NA	NA2	NA2	NA4	NA2	NA2	MR	MR	MR	6
NJ	NA	NA2	NA2	MR	NA	NA2	MR	MR	MR	5
NY	NA	NA2	NA2	NA4	NA2	NI	NA2	NA2	NA2	9
PA	MR	MR	MR	MR	MR	MR	MR	MR	MR	0
RI	NA	NI	NI	NA	NA2	MR	MR	NA	MR	6
VT	NA	MR	MR	NA2	NA2	NA2	MR	MR	MR	4

**Table 4b Updated. IDEA Part C (Age 3-5) US DOE Compliance Ratings for States in the Northeast Regional Resource Center, 2007-2015.**

State/ Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total Citations
CT	MR	MR	MR	MR	MR	MR	MR	MR	MR	0
ME	NI	NI2	NI2	NA2	NA2	NA2	NA2	NA2	NA2	9
MA	NA	MR	MR	NI	MR	MR	MR	NA	NA2	4
NH	NA	MR	MR	MR	MR	MR	MR	MR	MR	1
NJ	NA	MR	MR	MR	NA	MR	MR	MR	MR	2
NY	NI	NA2	NA2	NA4	NA2	NA2	NA2	NA	NA2	9
PA	NA	MR	MR	MR	MR	MR	MR	MR	NA	2
RI	NI	NA	NA	NA	MR	MR	MR	MR	NA	5
VT	NA	NA2	NA2	MR	MR	MR	MR	MR	NA	4

Note: Data in Tables 4a and 4b are based on the US Department of Education Determination Letters on State Implementation of IDEA, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, and 2015

Note: MR means Meets Requirements, NA means Needs Assistance, NA2 means Needs Assistance for two or more consecutive years, NI means Needs Intervention, and NI2 means Needs Intervention two or more consecutive years.

**Significance: Connecticut continues to be successful in implementing the Individuals with Disabilities Education Act based on evaluations by the US Department of Education. Connecticut is more successful than most other states in the Northeast Region.**

**Table 6 Updated. Kind of SWD, Presumed Etiology, and US Prevalence**

Disability Category	Low, Moderate, High Prevalence	Identifiable Biological Basis	USA 2012-2013 Prevalence
Deaf/Blind	Low	Yes	0.0% (rounds to zero)
Hearing Impaired and Deaf	Low	Yes	0.2%, (2 per thousand)
Multiple Disabilities	Low	Yes	0.3% (3 per thousand)
Orthopedic Impairment	Low	Yes	0.1% (1 per thousand)
Traumatic Brain Injury	Low	Yes	0.1% (1 per thousand)
Visual Impairment and Blindness	Low	Yes	0.1% (1 per thousand)
Autism	Moderate	Mix of causes	1.0% (8 per thousand)
Developmental Delay	Moderate	Mix of causes	0.8% (7 per thousand)
Intellectual Disability	Moderate	Mix of causes	0.9% (9 per thousand)
Other Health Impaired	High	Mix of causes Increasingly Functional/Behavioral	1.6% (14 per thousand)
Emotional Disturbance	Moderate	Functional/ Behavioral	0.7% (8 per thousand)
Specific Learning Disability	High	Functional/Behavioral	4.6% (49 per thousand)
Speech Language Impairment		Functional/Behavioral	2.7% (29 per thousand)

Note. USA 2012-2013 SWD prevalence source, Table 204.30, downloaded August 31 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp)

**Significance: The 2012-2013 distribution of students with disabilities over different kinds of disabilities is consistent with prior years. Costs vary significantly by kind and etiology of disability.**

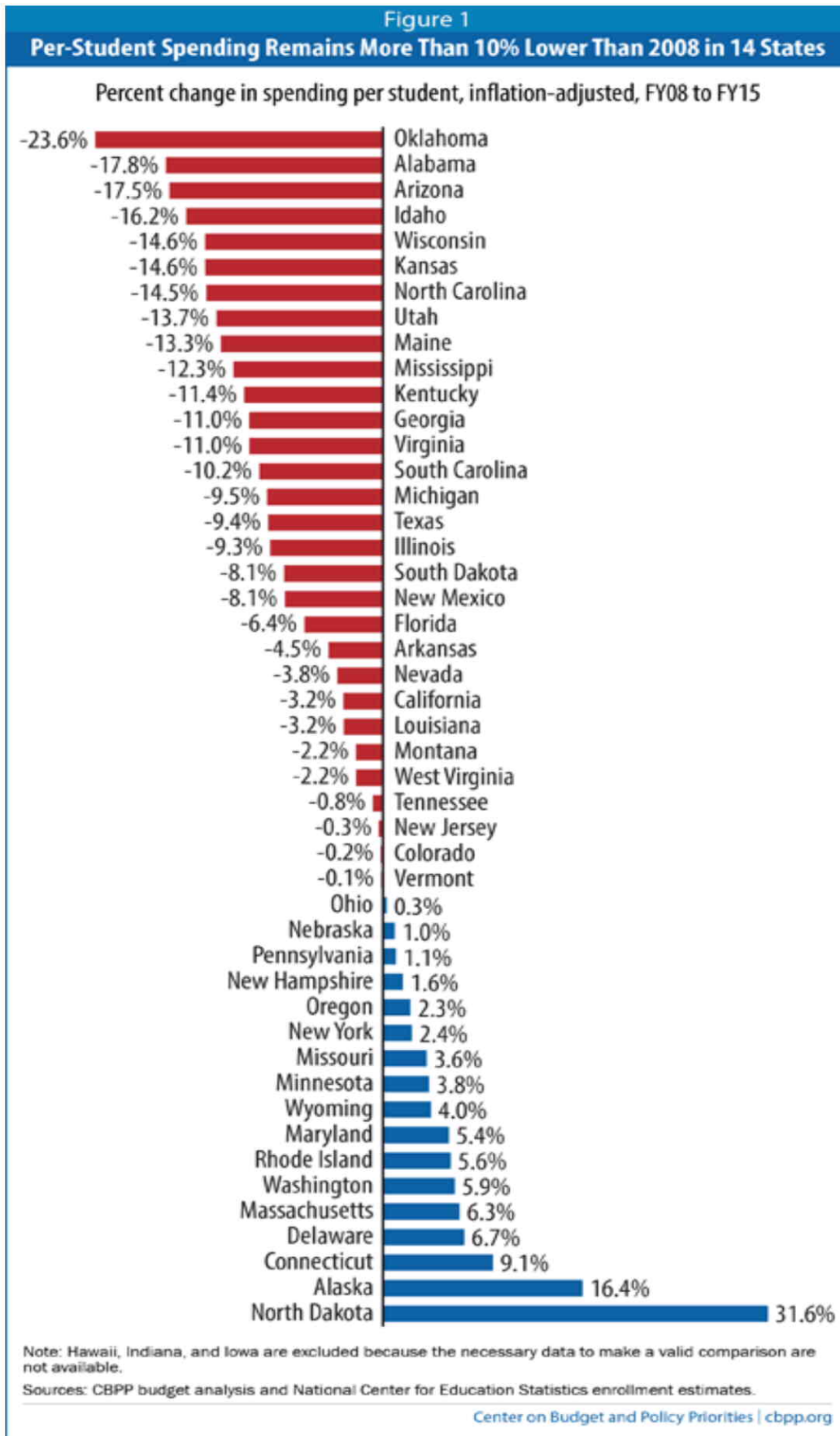


**Table 8 Updated. Average Student Expenditures, Poverty Levels, and SWD Prevalence in Northeastern States and Maryland** (Source Tables 236.65, 204.10, 204.30 downloaded August 31, 2015 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp))

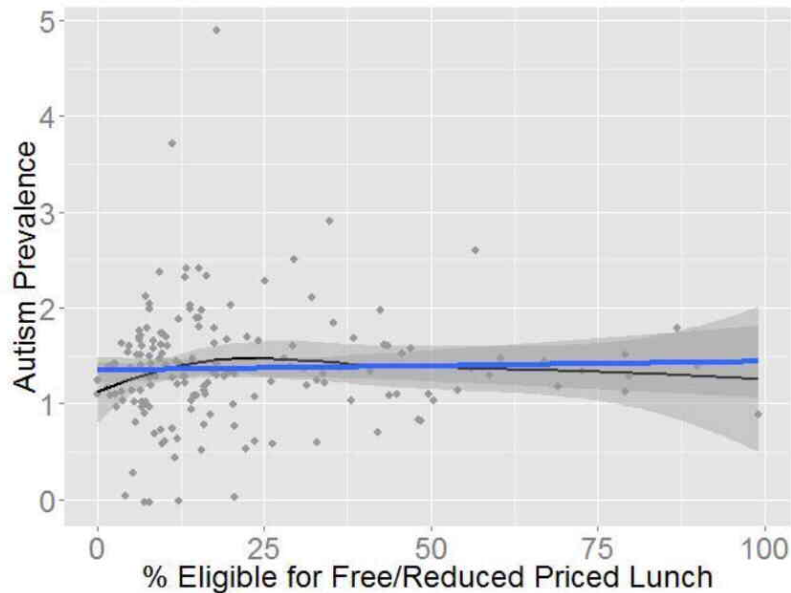
**Significance: The strong Connecticut commitment to educational funding despite a significant state and national recession is apparent from the following table and the figure on the next page. Unlike most states, Connecticut increased educational funding during the recent recession.**

State	Average Spending per Student 2009-2010	Average Spending per Student 2011-2012	Increase +/% Decrease - /%	Poverty FRPL 2010-2011	Poverty FRPL 2012-2013	Poverty Change +/- %	SWD Identification 2012-2013
CT	\$16,133	17,403	+1,270/+8%	34.5%	36.6%	+2.1%	12.7%
ME	\$14,008	12,736	-1,271/-9%	43.0%	45.0%	+2.0%	17.1%
MA	\$15,411	15,327	-84/-0.5%	34.2%	37.0%	+2.8%	17.5%
NH	\$13,424	14,222	+798/+6%	25.2%	26.9%	+1.7%	15.3%
NJ	\$18,060	18,567	+507/+3%	32.8%	36.8%	+4.0%	16.5%
NY	\$19,965	20,027	+62/+0.3%	48.3%	47.9%	-0.4%	16.6%
PA	\$13,078	13,517	+439/+3%	39.4%	41.5%	+2.1%	16.5%
RI	\$16,073	15,666	-407/-2%	42.9%	46.2%	+3.3%	17.6%
VT	\$16,946	17,193	+247/+1%	36.8%	39.0%	+2.8%	14.4%
USA Ave	\$11,445	11,014	-431/-4%	48.1%	51.3%	+3.2%	13.0%
MD	\$14,937	14,322	-615/-4%	40.1%	42.8%	+2.7%	12.1%

See Figure on next page from <http://www.cbpp.org/research/most-states-still-funding-schools-less-than-before-the-recession>

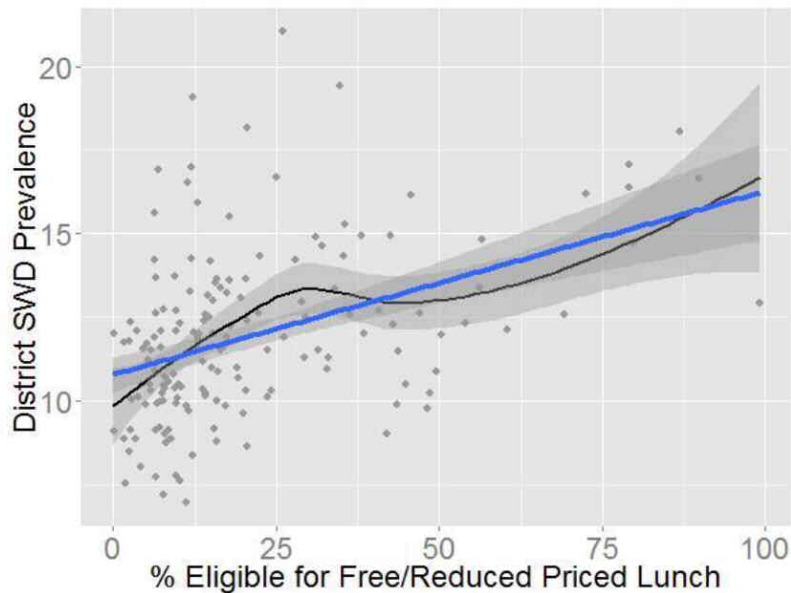


**Figure 3 Updated. Relationship between District Poverty and Autism Prevalence in All CT Districts Responsible for Special Education Expenditures in 2012-2013 (Correlation = 0.03, N=166).**



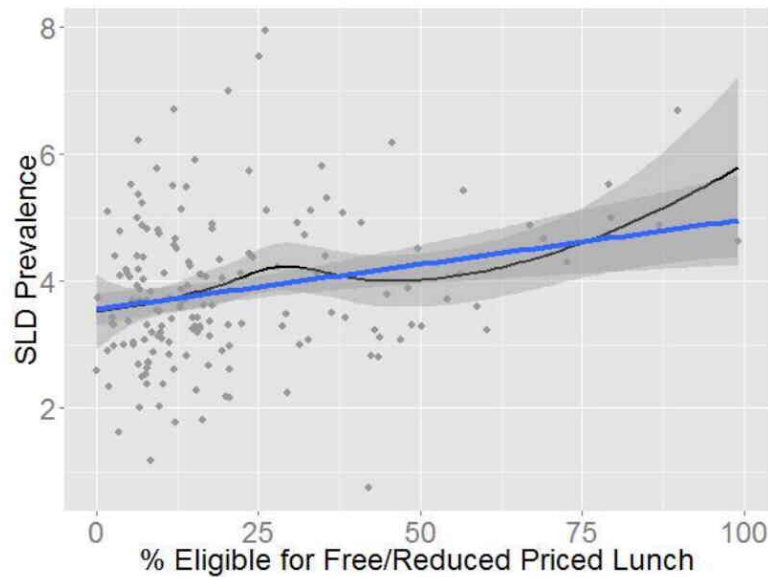
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 4 Updated. Relationship of Total SWD Prevalence and District Poverty in 2012-2013 (Correlation=0.53, N=166)**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 5 Updated. Relationship between District Specific Learning Disabilities Prevalence and District FRPL in 2012-2013 (Correlation=0.24, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

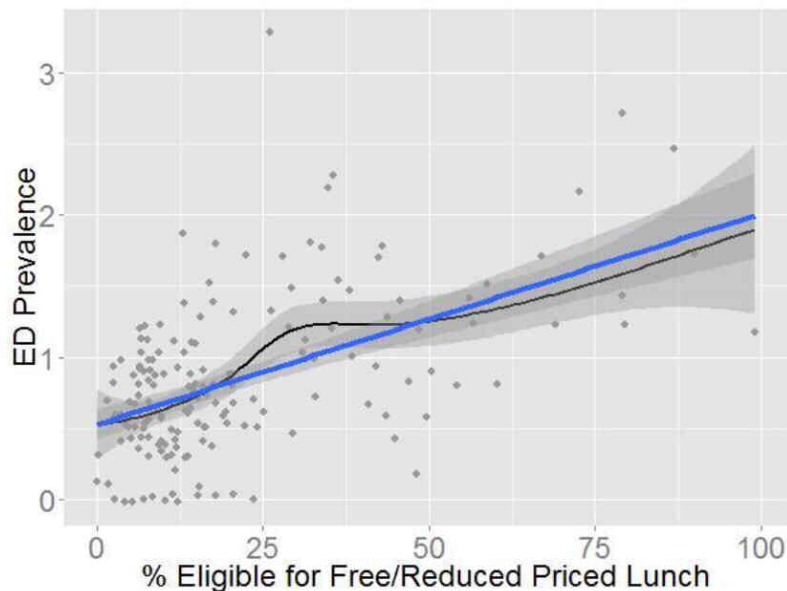
**Figure 6 Updated. District Poverty and Prevalence of Intellectual Disability in 2012-2013 (Correlation=0.43, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

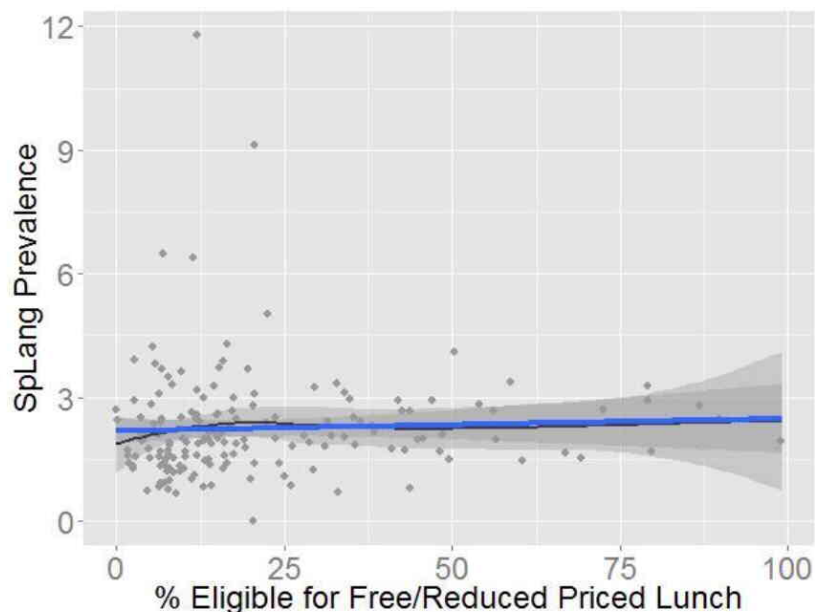


**Figure 7 Updated. District Poverty and Prevalence of Emotional Disturbance in 2012-13**  
**Correlation=0.53, N=166)**



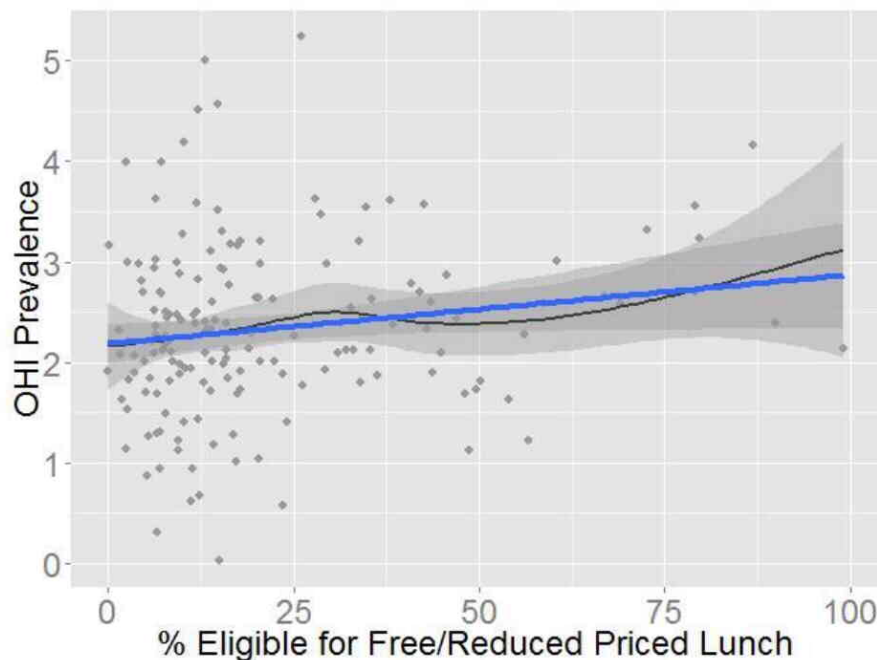
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 8 Updated. District Poverty and Speech/Language Impairment Prevalence in 2012-2013 (Correlation=0.04, N=166)**



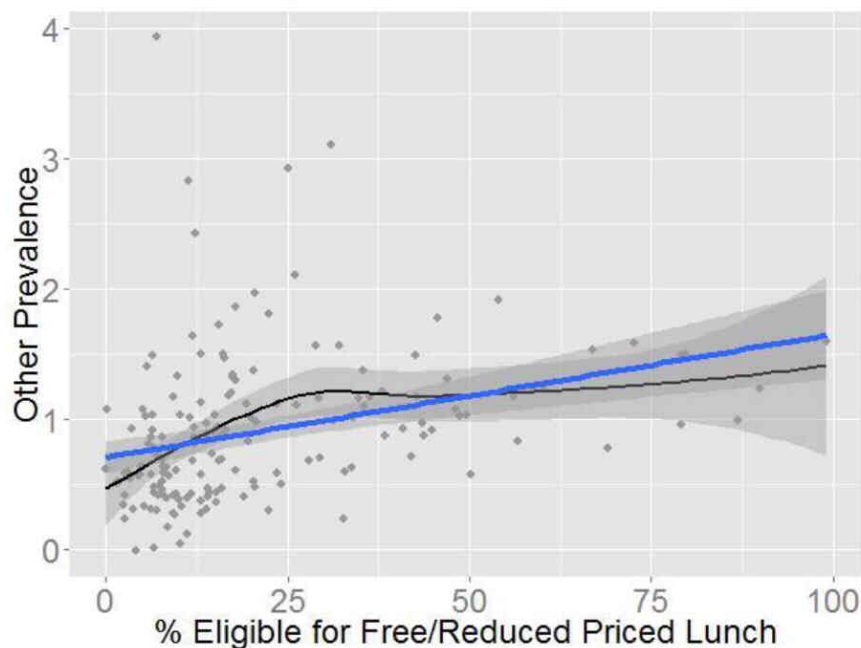
Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 9 Updated. District Poverty and OHI Prevalence in 2012-2013 (Correlation=0.16, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Figure 10 Updated. District Poverty and the Prevalence of Low Incidence Disabilities (Correlation=0.32, N=166).**



Source (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213); (Prevalence) CCJEF\_2012 - Supp.xls (Tbl39)

**Significance: The relationship of FRPL to the prevalence of different disability categories continues to vary by category. The relationship is small to moderate for most categories and near zero for autism spectrum disorders.**

**Table 10 Updated. Special Education Costs Per Pupil in 2011-2012 by District Enrollment**

Enrollment	N	Min	Mean	Median	Max
<500	28	16,545	25,662	24,555	39,558
500-999	21	18,493	29,309	30,242	40,646
1000-4999	88	19,392	26,104	25,108	42,341
>5000	29	17,183	27,060	26,775	44,533

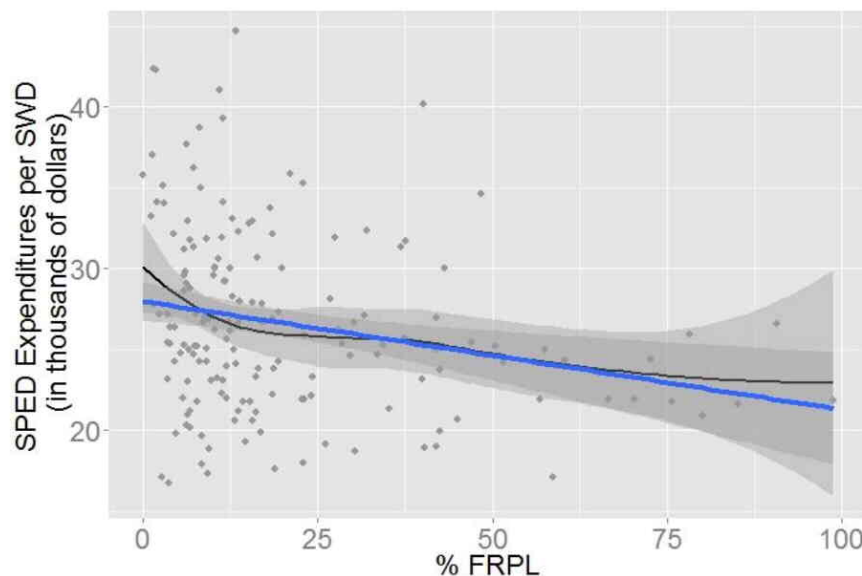
Source: CCJEF Suppressed Part 1/Finance/spexp12.xls; CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls

**Table 11 Updated. Special Education Costs Per Pupil in Plaintiff and Non-Plaintiff Districts in 2011-2012.**

Plaintiff	N	Min	Mean	Median	Max
Non-Plaintiff	144	16,545	26,863	25,726	44,533
Plaintiff	22	17,183	24,894	24,506	35,400

Source: CCJEF Suppressed Part 1/Finance/spexp12.xls

**Figure 11. Updated. District Poverty and Special Education Per Student Expenditures in 2011-2012 (Correlation= -0.23, N=166)**



Source: CCJEF Suppressed Part 1/Finance/spexp12.xls; CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls

**Significance:** The levels of spending on students with disabilities continues to vary slightly by district size and district FRPL levels. The correlation between district FRPL and per student special education costs is slightly negative, meaning that districts with higher FRPL levels per pupil have slightly lower per special education costs.

**Table 13 Updated. Least Restrictive Environment (LRE) Profile for CT, MD, USA, and Northeast States in 2012-2013**

Placement Option	CT State-wide	<sup>1</sup> CT Plain-tiffs	<sup>2</sup> CT Non Plain-tiffs	ME	MA	NH	NJ	NY	PA	RI	VT	USA	MD
≥80%	69%	67%	72%	56%	58%	73%	45%	57%	62%	72%	73%	61%	68%
40%-79%	16%	16%	17%	30%	19%	15%	26%	12%	24%	8%	13%	20%	10%
<40%	6%	8%	5%	11%	15%	8%	17%	21%	9%	12%	7%	14%	13%
Separate Setting	7%	9%	7%	3%	7%	3%	8%	6%	5%	6%	6%	3%	7%

Note. Percent rounded to the nearest whole number. Sources:

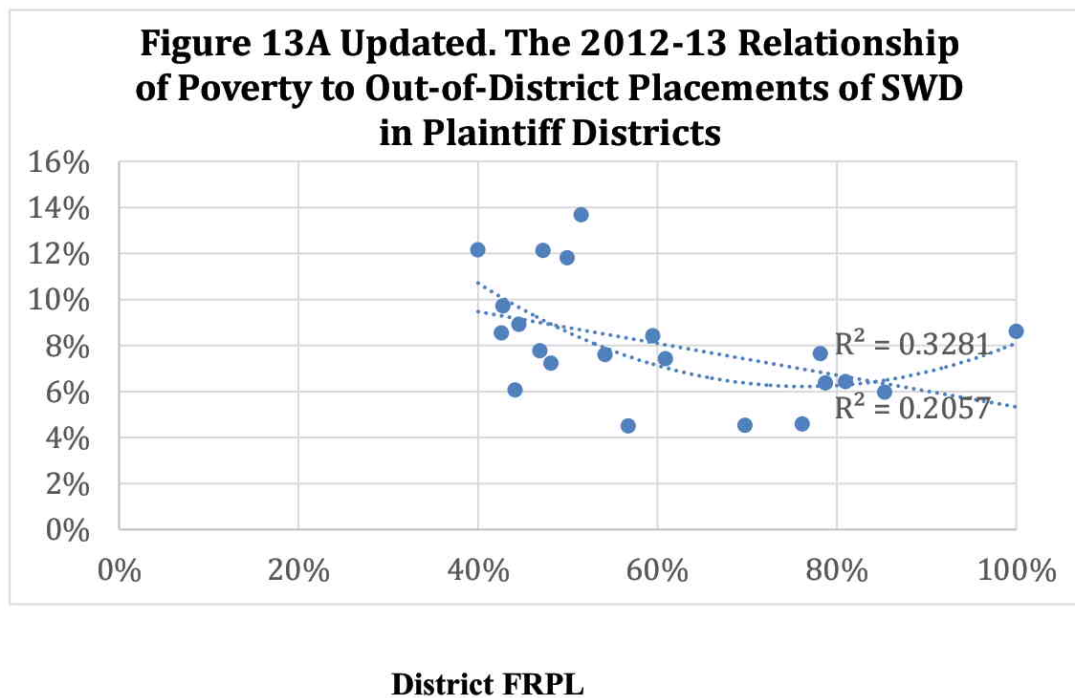
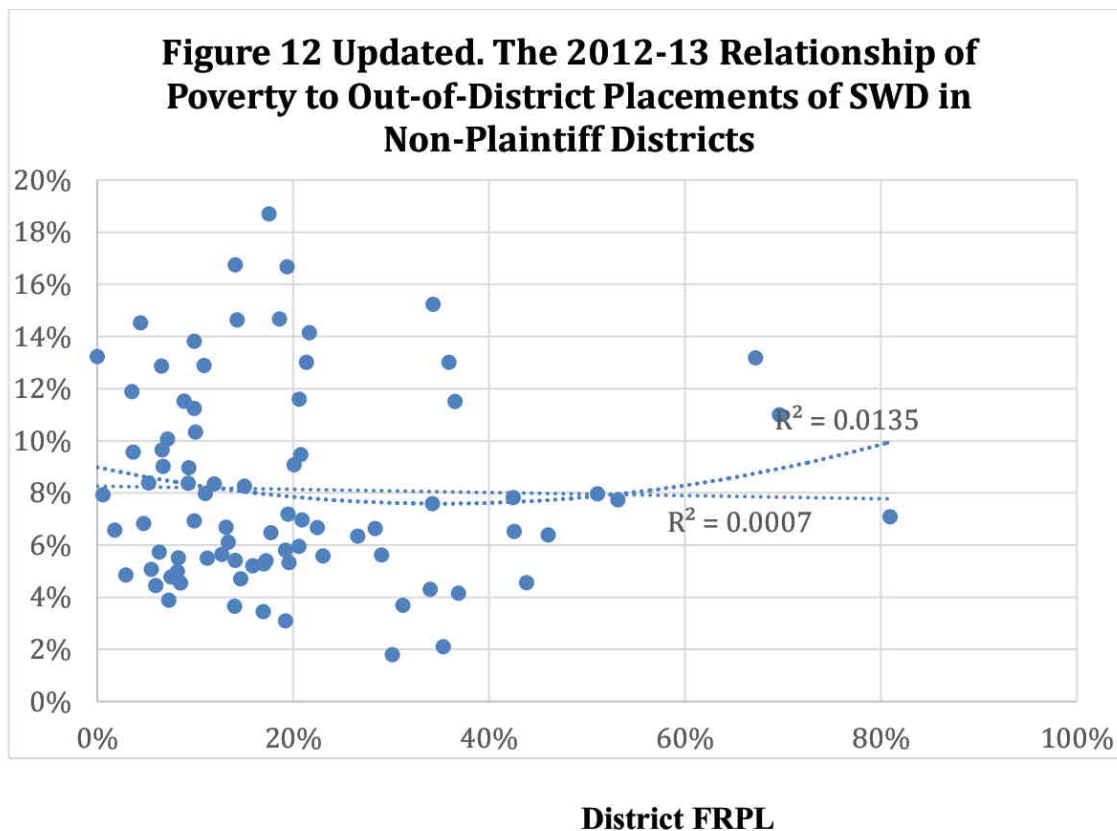
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<http://www2.ed.gov/fund/data/report/idea/partbspap/2014/md-acc-statedatadisplay-12-13.pdf>

**Significance:** The Connecticut Least Restrictive Environment profile compares favorably to the US averages for each kind of placement for students with disabilities. Both plaintiff and non-plaintiff districts have profiles that are superior to US averages. There is no universally accepted consensus on the “correct” profile. The USDOE urges states to increase the enrollment of SWD in the least restrictive option, full-time special education involving ≥ 80% of the school day in general education classrooms.

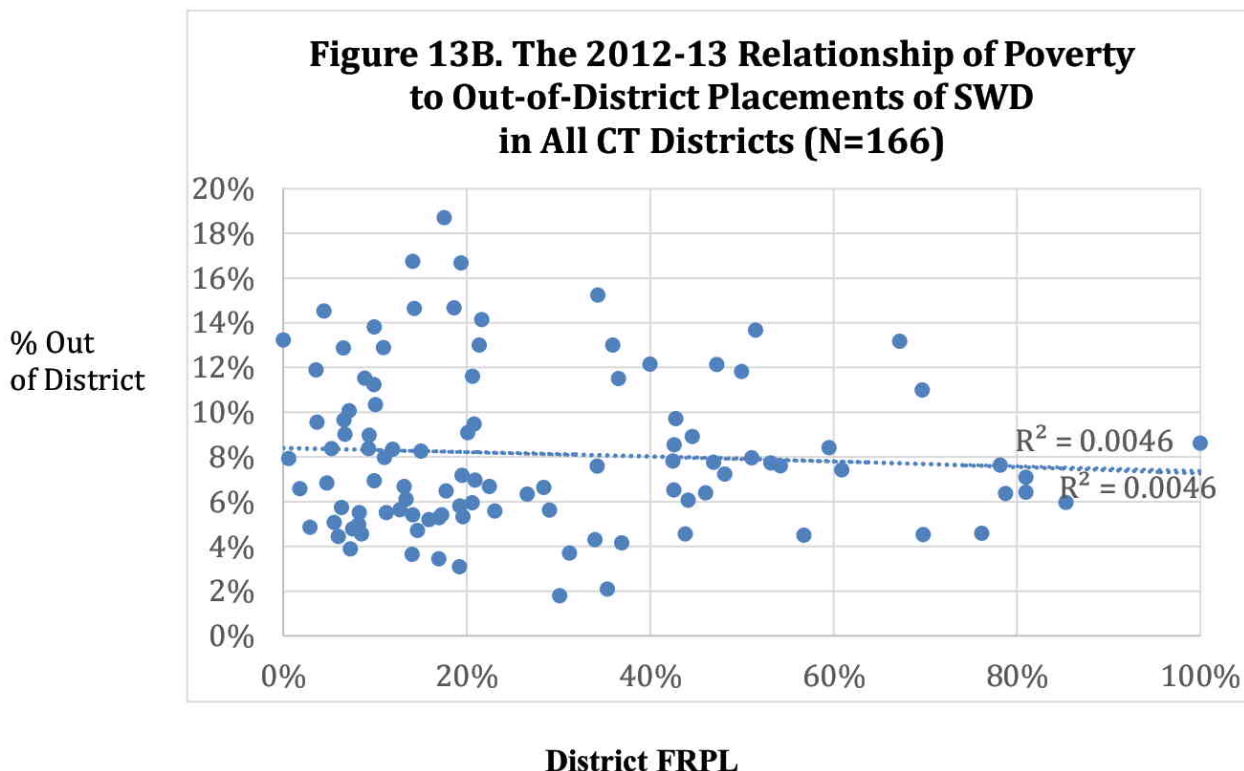
<sup>1</sup> Based on 2011-2012 Data

<sup>2</sup> Based on 2011-2012 Data





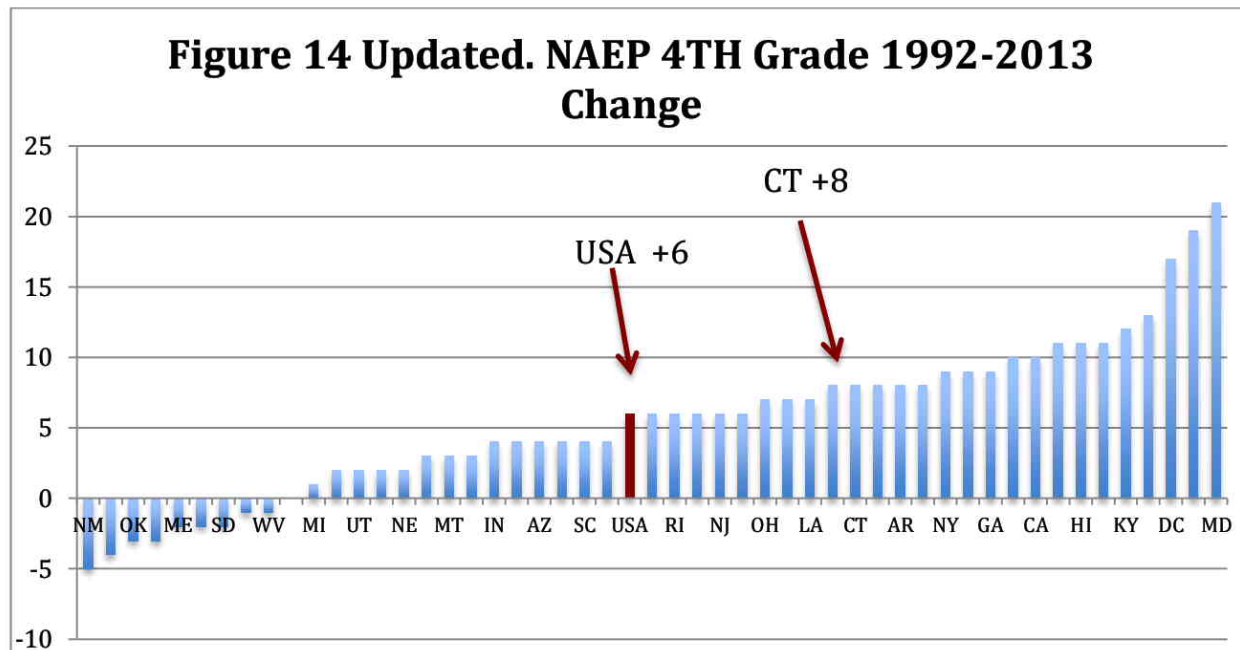
Source: CCJEF\_2012 – Supp [(SWDs) Tb14, (Placements) Tb129]; (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213);



Source: CCJEF\_2012 – Supp [(SWDs) Tbl4, (Placements) Tbl29]; (%FRPL) CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014\_200910DistrUpdated.xls (dist1213);

**Significance:** Figures 12, 13A, and 13B show results indicating that school district FRPL levels are not related to proportion of students with disabilities served in out of district placements for all districts and for plaintiff and non-plaintiff districts.

**Significance: Reading levels are improving in Connecticut slightly more rapidly than in the USA overall. It appears that the reading projects and requirements established by the State of Connecticut are successful.**



**Table 20 Updated. Students with Disabilities (SWD) Ratio to Teachers (Tchr), Speech/Language Therapists (Sp/L), and School Psychologists in the USA and Connecticut.**

Gov Unit	SWD Total Number (N)	Teacher: N	Ratio SWD:Tchr Ratio	Sp/L Total N	Ratio SWD:SpL Ratio	Sch Psych N	SWD:Sch Psych Ratio
USA	5,823,894	372,726	15.6 to 1	64,024	91.0 to 1	33,466	174.0 to 1
CT-All Districts	63,880	5,206	12.3 to 1	976	65.4 to 1	872	73.2 to 1
CT Non-Plaintiff	42,502	3,578	11.9 to 1	708	60.0 to 1	636	66.8 to 1
CT Plaintiff	21,378	1,628	13.1 to 1	268	79.8 to 1	236	90.6 to 1

SWD:Tchr means number of students with disabilities per special education teacher.

SWD:SpL means number of students with disabilities per speech/language specialist.

SWD:Sch Psych means the number of students with disabilities per school psychologist.

Sources: CCJEF Req Staff 2012.xlsx FTE by type (no GET); CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014.xls (dist1213).

USA teacher data from USDOE 35<sup>th</sup> Annual Report, Exhibit 56 p. 112 and Exhibit 70 p. 158

USA speech/language pathologists and school psychologists from USDOE 36<sup>th</sup> Annual Report Exhibit 40 p.64, and USA total SWD from Table 204.70, Digest of Educational Statistics, downloaded September 1, 2015 from [https://nces.ed.gov/programs/digest/2014menu\\_tables.asp](https://nces.ed.gov/programs/digest/2014menu_tables.asp);

**Significance: Although Connecticut ratios of students with disabilities to teachers, speech/language therapists, and school psychologists vary among districts within the state; all comparisons to national USA levels indicate that Connecticut districts are well staffed to deliver educational and related services to students with disabilities.**



## Addendum

### Evaluation of Special Education Funding, Costs, Achievement, and Implementation of the Individuals with Disabilities Education Act (2004)

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Vanderbilt University

April 2014 (Main Report)

November 3, 2014 (Addendum)

#### Overview

This addendum applies to page 41 in the Main Report, dated April 2014. Errors in the analysis reported in Table 13, p. 41 of the Main Report were identified on November 2, 2014. A subsequent analysis revealed that a mistake was made in coding the Free Reduced Price Lunch (FRPL) data for the Plaintiff districts. The data were corrected and a re-analysis completed. The raw data and the results of the re-analysis appear on subsequent pages.

In the new Figure 13, see next page, the relationship between FRPL and Proportion of Students with Disabilities placed out of district (OOD) is depicted. First, there were no OOD placements in one Plaintiff district (East Granby), so 21 rather than 22 points appear on the chart. Second, there is a restriction in range on the FRPL variable, varying from about 46% to 99%. A broader range might have yielded a stronger relationship. The relationship, however, is small and slightly negative, meaning that Plaintiff districts with higher FRPL had slightly lower OOD. The relationship is not in the direction hypothesized in the Plaintiffs' expert report (McLaughlin, 2014).

The next chart, Figure 13a, replacing Figure 12 in the Main Report, depicts the absence of any relationship between FRPL and OOD for Non-Plaintiff districts. Although there is sufficient variability on both FRPL and OOD, there simply is no relationship between FRPL and the use of out of district placements for students with disabilities.



Figure 13. 2012 Relationship between % of SWDs Eligible for FRPL (x-axis) and % of SWDs Placed Out of District (by District) (y-axis) *Plaintiff Districts*

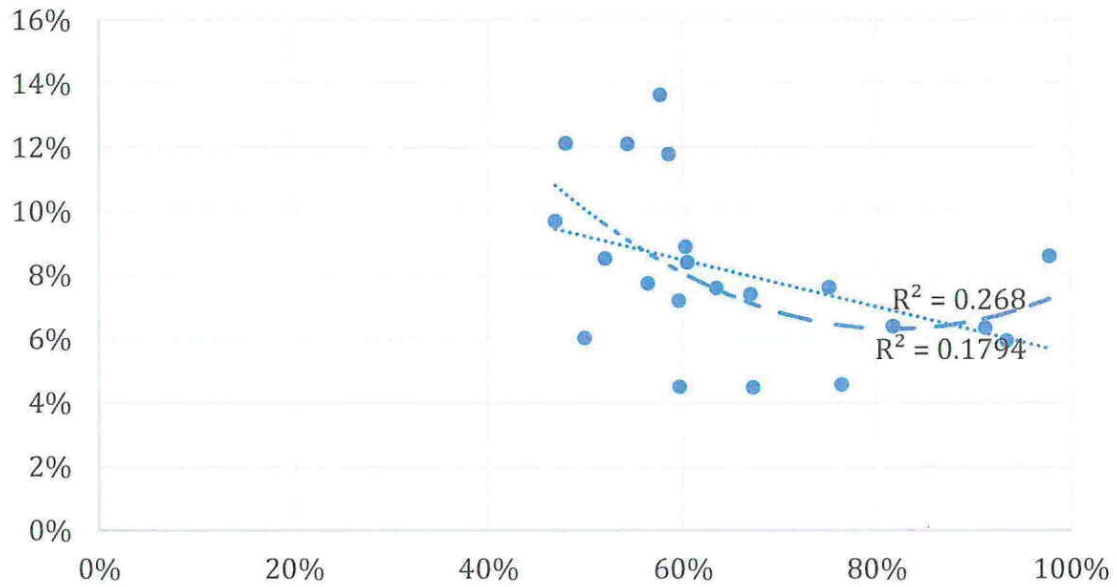
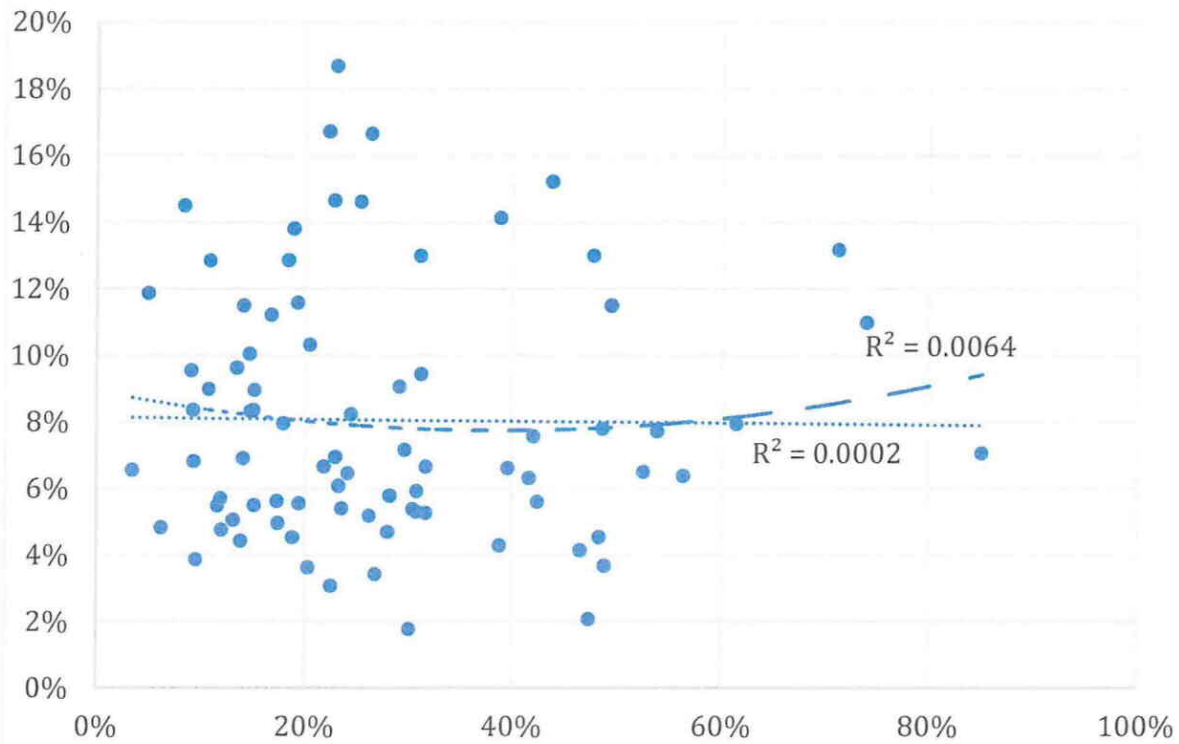
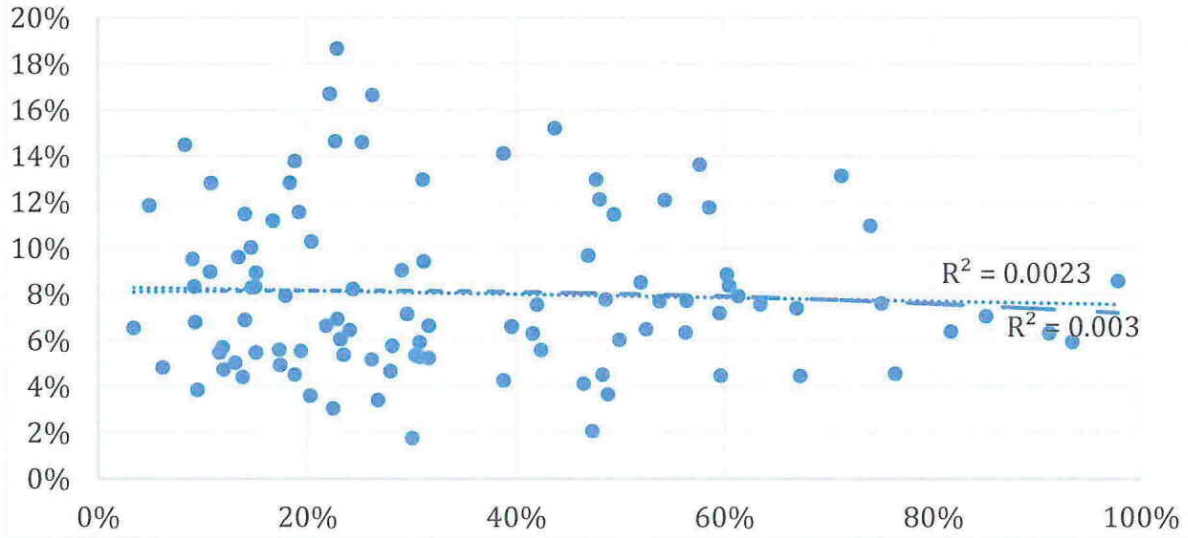


Figure 13a. 2012 Relationship between % of SWDs Eligible for FRPL (x-axis) and % of SWDs Placed Out of District (by District) (y-axis) *Non-Plaintiff Districts*



In Figure 13b, on the next page, the relationship between FRPL and ODD is depicted for all Connecticut districts, both Plaintiff and Non-Plaintiff. There is no relationship between school district FRPL and the use of out of district placements. High and low rates of ODD occur at all levels of district FRPL. District wealth, as represented by FRPL, simply is not related to the use of the typically more expensive out of district placements.

2012 Relationship between % of SWDs Eligible for FRPL (x-axis) and % of SWDs Placed Out of District (by District) (y-axis) All Districts





Se.Nexus District	Party Placing	Total SWDs Placed Out of District	Total SWDs	% Total SWDs Eligible for FRPL	% SWDs Placed OOD by District	Plaintiff
Ansonia	District	44	334	71.3%	13.2%	N
Avon	District	17	383	13.8%	4.4%	N
Berlin	District	20	328	23.2%	6.1%	N
Bethel	District	22	340	24.1%	6.5%	N
Branford	District	31	476	31.7%	6.7%	N
Bristol	District	88	1328	52.5%	6.5%	N
Brookfield	District	17	305	15.1%	9.0%	N
Brooklyn	District	16	159	39.6%	6.6%	N
Canterbury	District	12	72	19.4%	5.6%	N
Cheshire	District	27	499	14.6%	10.1%	N
Clinton	District	12	213	26.3%	16.7%	N
Colchester	District	20	379	23.5%	5.4%	N
Columbia	District	11	75	17.3%	5.6%	N
Coventry	District	18	227	31.7%	5.3%	N
Cromwell	District	16	207	22.7%	14.7%	N
Darien	District	26	626		7.9%	N
Derby	District	29	210	53.8%	7.7%	N
East Haven	District	53	472	48.3%	4.5%	N
East Windsor	District	22	213	46.5%	4.2%	N
Ellington	District	14	308	18.8%	13.8%	N
Enfield	District	38	808	47.3%	2.1%	N
Fairfield	District	44	1193	16.7%	11.2%	N
Farmington	District	36	461	20.4%	10.3%	N
Glastonbury	District	31	649	18.8%	4.5%	N
Greenwich	District	28	907	28.0%	4.7%	N
Griswold	District	18	260	48.8%	3.7%	N
Groton	District	52	762	48.6%	7.8%	N
Guilford	District	42	382	12.0%	4.8%	N
Ledyard	District	23	360	22.5%	3.1%	N
Litchfield	District	16	121	14.0%	6.9%	N
Madison	District	20	376	9.3%	6.8%	N
Meriden	District	126	1399	74.0%	11.0%	N
Milford	District	58	869	31.1%	13.0%	N
Monroe	District	21	389	10.8%	12.9%	N
Montville	District	12	309	43.7%	15.2%	N
Naugatuck	District	11	616	56.3%	6.4%	N
New Canaan	District	14	407		13.2%	N
New Milford	District	31	623	30.8%	5.3%	N
Newington	District	32	582	22.9%	7.0%	N
Newtown	District	36	430	10.7%	9.0%	N

North Branford	District	11	302	22.2%	16.7%	N
North Haven	District	54	372	21.8%	6.7%	N
Old Saybrook	District	11	227	30.4%	5.4%	N
Oxford	District	14	168	9.5%	3.9%	N
Plainville	District	19	345	30.1%	1.8%	N
Plymouth	District	15	262	41.6%	6.3%	N
Portland	District	11	138	26.8%	3.4%	N
Preston	District	12	82	24.4%	8.3%	N
Region 10	District	16	276	13.4%	9.6%	N
Region 12	District	17	132	17.4%	5.0%	N
Region 14	District	24	207	11.6%	5.5%	N
Region 15	District	23	535	9.2%	8.4%	N
Region 16	District	15	296	20.3%	3.6%	N
Region 5	District	32	278	8.3%	14.5%	N
Region 7	District	13	113	15.0%	8.4%	N
Region 9	District	23	123	4.9%	11.9%	N
Ridgefield	District	33	466	6.2%	4.8%	N
Rocky Hill	District	12	231	14.7%	8.3%	N
Shelton	District	36	606	31.2%	9.5%	N
Simsbury	District	51	562	15.1%	5.5%	N
Somers	District	14	176	11.9%	5.7%	N
South Windsor	District	56	586	17.9%	8.0%	N
Southington	District	61	850	25.3%	14.6%	N
Stafford	District	13	198	42.4%	5.6%	N
Stonington	District	42	323	28.2%	5.8%	N
Suffield	District	19	263	18.3%	12.9%	N
Thomaston	District	13	151	19.2%	11.6%	N
Thompson	District	19	139	38.8%	4.3%	N
Tolland	District	25	337	13.1%	5.1%	N
Trumbull	District	39	655	14.0%	11.5%	N
Vernon	District	41	480	49.4%	11.5%	N
Wallingford	District	63	829	22.9%	18.7%	N
Waterbury	District	189	3122	85.1%	7.1%	N
Waterford	District	24	374	26.2%	5.2%	N
Watertown	District	28	367	30.8%	5.9%	N
West Hartford	District	75	1180	29.1%	9.1%	N
West Haven	District	114	940	61.4%	8.0%	N
Westport	District	27	598	9.0%	9.6%	N
Wethersfield	District	44	494	29.6%	7.2%	N
Wilton	District	24	534	3.4%	6.6%	N
Windsor	District	48	619	42.0%	7.6%	N
Windsor Locks	District	18	214	47.7%	13.0%	N
Wolcott	District	11	240	38.8%	14.1%	N
Bloomfield	District	16	240	59.6%	7.2%	Y

Bridgeport	District	270	3011	97.8%	8.6%	Y
Danbury	District	55	1209	57.7%	13.7%	Y
East Hartford	District	24	1147	67.0%	7.4%	Y
Hamden	District	113	869	48.0%	12.1%	Y
Hartford	District	472	3669	93.4%	6.0%	Y
Killingly	District	60	394	52.0%	8.5%	Y
Manchester	District	69	991	63.5%	7.6%	Y
Middletown	District	110	657	49.9%	6.1%	Y
New Britain	District	112	1768	81.7%	6.4%	Y
New Haven	District	204	2472	75.1%	7.6%	Y
New London	District	65	674	91.2%	6.4%	Y
Norwalk	District	108	1291	54.3%	12.1%	Y
Norwich	District	115	968	59.7%	4.5%	Y
Plainfield	District	30	317	60.3%	8.9%	Y
Putnam	District	11	196	67.3%	4.5%	Y
Stamford	District	124	1636	58.6%	11.8%	Y
Stratford	District	108	764	46.9%	9.7%	Y
Torrington	District	95	782	56.4%	7.8%	Y
Winchester	District	32	271	60.5%	8.4%	Y
Windham	District	54	556	76.4%	4.6%	Y

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East Granby does not appear in the raw data for the Plaintiff districts because there were no out of district placements in that district.



## **Reschly Interviews Notes with Special Education Directors:**

### **Derby Public Schools April 22, 2014**

Questions: Semi-Structured Interview: Person/District Dr. Stacey Chambers  
New at Derby in 2013-2014

1. Primary implementation challenges?

*Strength in CT is local district discretion on how sp ed monies are used.*

*CT state dept is very helpful*

*Challenge is the continuum of services; previously had less of a continuum. Staffing and continuum is a challenge. Overcoming prior CT pattern of more segregated programs.*

*Derby cited for some number of students sent out; Working hard on pre-school ASD programs, earlier intervention,*

*Has monies to do PD greater integration of students; SERC assistance on PD has been very helpful*

*Has grant from CT DE Ellen Cohn office to do DIBELS Next*

*Very technology oriented district*

*Paperless district;*

*Smarter Balance implemented, all grades except 10, 11. Funded with regular school money, plus grants*

*Derby has been aggressive in seeking additional monies*

2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*History of some compliance problems due to staff turnover, esp the chief accountant, etc. Doing much better with compliance now; Some issues with total consistency of data. Doing much better now. Prior problems due to staff turnover and absence of clear lines of responsibility for ensuring compliance*

*Appointed 2 sp ed supervisors to ensure compliance, they are clearly responsible*

*Need training on efficient documentation to avoid litigation*

*Avoiding sending out kids. LRE challenges; Need more help with autism and behavior.*

3. SWD prevalence in district? Growing? Declining? Reasons?

*Prevalence is stable; believe they are not over identifying;*

*Thinks it is steady--*

4. Autism prevalence? Autism costs? Autism Spectrum?

*Challenges? Some students with ASD are not a challenge re programming*



*Main challenges is with ASD in early grades—behavior and good curriculum;  
Teacher knowledge gap re behavior and appropriate interventions is a problem*

5. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*Does not do costs by category; Depends on severity within categories*

6. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*Working to reduce out of district placement—Note LRE efforts*

*Also courts placing kids in programs without district participation*

7. Procedural Safeguards Challenges?

*Not a lot of challenges, due to their structure; 2 sp ed supervisors manage that*

8. IEP Compliance?

*Improving IEPs with PD*

9. Timely evaluations timelines---

*major challenge is the changing number of days to complete all work;*

*do not have trouble meeting the timelines due to the supervisors in schools who are responsible for ensuring compliance*

10. Adequacy of resources to implement the law?

*More money to improve programs? YES, additional money would go to more intervention programs in general and special education programs. Must spend it smartly! Need more of a network of people working together.*

11. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Thinks they have some, cannot say numbers, mostly out of district placements; At middle and high school have less than 10.*

*Largest challenge is severe behavior*

12. Other challenges?

*Compliance problems due to organization and monitoring in district; Improving now and will be off the list of districts needing assistance*

## **Bristol Public Schools April 22, 2014**

Questions: Semi-Structured Interview: Person/District Mrs. Kim Hapken (Director of Special Education and Dr. Ellen Solek (Bristol Superintendent)

### 1. Primary implementation challenges?

*Many challenges; District of ab 9,000; Have been level funded in IDEA, SO HAVE TO CHANGE IDEA FUNDED TO REGULAR funding; Increasing poverty rate, from 20% 20 years ago to 45% today. More children with large behavior needs ASD particularly. More family poverty and wide spread family problems with poorer children.*

*Sp ed funding has sig impact on general ed funding.*

*Prevalence rate is 15% bec of ch with greater needs moving to the city. Sig number of children moving into Bristol group homes, many already placed in out of district options*

*Out of district placements 119 out of about 1300 SWD in out of district placements. Many were placed in sp ed before being in Bristol.*

*Problem of magnet and charter districts get the ECS ADA money; but regular district is responsible for sp ed costs*

### 2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*Depends on the state's focus monitoring priorities; e.g., Bristol was overrep in ASD white students*

*Current issue re cleaning file re LRE and implementing IEP; Issues with the system of reporting in Bristol, changed software vendors and some of info lost re LRE status leading to citations for compliance problems*

*SDE Bureau was marginally helpful*

*State fails to provide funding for focused monitoring interventions mandated*

### 3. SWD prevalence in district? Growing? Declining? Reasons? Growing somewhat; At 11% 20 years ago, in past 7 years the prevalence has been growing, a major factor is children moving in with existing eligibility and IEPs.

*No added staff in 7 years due to level funding—lost 5 staff mbrs a few years ago.*

*Lacks sufficient staff to meet kids' needs. General ed is strapped as well*

*High cost students >4.5 as well as state-placed kids, Excess costs go to the city, when funding gap exists betw sp ed funding and ECS, funds go to the city of Bristol. **Typically the city does not move those funds to the district.***

4. Autism prevalence? Autism costs? Autism Spectrum?

*ASD population has grown over last 15 years; Bristol has a strong ASD program; Many have severe academic and behavioral problems. Challenged to meet the needs of children with ASD.*

*ASD programs compromised due to limited resources*

*IDEA funds have not changed in last 7 years. IDEA monies previously could be used for both personnel and materials/supplies. Less monies for PD sponsored by district.*

*Funding gap with IDEA coupled by growing SWD needs, plus flat funding by city Bristol*

*Does not see the phenomenon of diagnostic substitution. Has done ADOS training; Have teams trained incl SP/L and sch psychologists;*

5. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*Kids with ASD are costlier, but ED also due to the extensive tmt for behavior. Beh issues are more difficult today*

6. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*More costly; etc.*

*Also students with severe mental health issues are sometimes diagnosed by another agency (DCF) and placed out of state; School has to pay*

*More SWD placed out of district, grown annually each year over last 7 years*

7. Procedural Safeguards Challenges?

*Changes in law shortens time frame to complete referral, diagnosis, IEP proposal, Now is about 30 school days. Difficult to schedule meetings, conduct the evaluation, etc.*

8. IEP Compliance?

*Believe services consistent with IEPs are implemented*

9. Timely evaluations timelines

*see notes above*

10. Adequacy of resources to implement the law?

*Need more resources to implement the law fully*

11. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*See notes above re excess cost monies kept by town*

12. Other challenges?



## Newington April 22, 2014

Questions: Semi-Structured Interview: Person/District \_Newington Martha Hartranft

*SWD=560 and about 4500*

1. Primary implementation challenges?
  - *Budgetary, cites excess cost issues, getting 78% rather than 100% of the excess costs; per state placed yields \$14,000, PPT (DISTRICT) ? \$65,000*
  - *Multiple roles of SDE people, getting less specialized services*
  - *Multiple and increasing numbers of state reports*
  - *Increasingly complex students with greater needs, over 11 years went from 20 ASD to 70 ASD*
  - *Strong positive district support, good culture,*
  - *Need more PD monies*
2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?
  - *No problems, occasionally have a mediation. 2 due process hearings in past 11 years, none in past 9 years*
  - *Uses IEP Direct software; technology tools have helped tremendously*
  - *CMT scores have improved; both for SWD and Gen'l ed*
3. Autism prevalence? Autism costs? Autism Spectrum?
  - *ASD are highly variable in terms of needs, from Asburger's to severe*
  - *Serve all but 3 or 4 ASD students within district*
  - *Improving staff re autism*
  - *Going to model next year for alternative Tuesday afternoons for 90 min PD; Mostly in district resources and funds for PD*
- *Seeing more Down's Syndrome*
4. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*High cost students usually have multiple disabilities or severe behavior problems. Sometimes leads to out of district placements.*

5. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?
6. Procedural Safeguards Challenges?

*Doing well, IEP Direct has helped with data management; IEP Direct started in NY, Used in NJ then to CT Software also translates IEP into any language; great help with non English speaking families*

7. IEP Compliance?

- *See above*
  - *May go to electronic with all records*
  - *Dealing with parental expectations, wanting more effective programs.*
8. Timely evaluations timelines
- *Largely resolved with better monitoring*
9. Adequacy of resources to implement the law?
- *Resources are adequate, but much more could be done if more resources were available*
  - *Funding for excess costs >4.5; Town receives the monies, but assigns to schools.*
  - *Attempting to reduce out of district placements in order to save money AND provide better programming in integrated settings.*

## **Norwich April 23, 2014**

Questions: Semi-Structured Interview: Person/District MARY DONNELLY  
NORWICH

*Norwich is a reform school district due to low ach on CMT; some Alliance Schools due to specific groups being identified as being esp low ach.*

*77% of students are FRCL; Large lunch program incl in the summer*

*One cause of poverty here is casino workers who are paid low wages; many work in casinos;*

1. Primary implementation challenges?

*Challenge of unfunded mandates--*

*Funding always an issue, but do provide appropriate programs.*

*Gave me a list of unfunded mandates to local districts, nearly all listed apply to all districts*

2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*Have issues with some of the timelines, 45 day rule re completing initial evaluations.*

*Bilingual evaluations—have 34 spoken languages in district so harder to do bilingual eval, esp if not Spanish, have several staff with Spanish and some other language competencies*

3. SWD prevalence in district? Growing? Declining? Reasons?

*Identification rates are higher in Norwich; Cited for disprop due to white males in autism*

*Have increasing autism; ABA program that can accommodate 12 students; Need more resources to support growing numbers of ASD. Needs for more 1 to 1 aides and adult supports for children with severe behavior*

*More behavioral issues today than previously*

*More training for staff on de-escalation procedures to defuse tense situations*

4. Autism prevalence? Autism costs? Autism Spectrum?

*Notes increase*

*Some fewer students in ID, although varies by age; More Mild ID identified later in high schools*

*Some decline in orthopedic impairment*

5. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*Yes and NO—More SLD students going to resource; SRBI non responders;*

*Have interventionists at every grade level; Doing SBRI, generally well. Reduces Sld prevalence*

6. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*Excess cost kids and monies; District gets ab \$2m per year, will need more this year due to high needs kids moving in to Norwich. Town has to meet district request.*

*Norwich school does not get all of the excess monies, but receives what is requested.*

*Problems of students coming in after funding cutoff, after March, then cannot get funding for last few months of services*

7. Procedural Safeguards Challenges?

*Never been cited for implementation problems in consecutive years, that is, have always responded immediately*

*Largest needs? Priorities if more money was available: 1. Tchrs doing more push in rather than pull out, 2. More training for paraprofessionals, 3: Improve LRE, fewer special class placements, 4 More creative in using resources, 5 Better space to reduce moving around during the school year.*

8. IEP Compliance? *See above*

9. Timely evaluations timelines *See above*

10. Adequacy of resources to implement the law? *Can implement the law with current resources, but need additional resources to implement the law fully.*

11. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*See above*

12. Other challenges?



## **Bridgeport April 23, 2014**

Questions: Semi-Structured Interview: Person/District \_Robert Arnold

*22K students; sp ed=3200, poverty FRCL 100% free and reduced lunch  
Economic base is limited; 2 sports teams, Peoples Bank; Very limited econ base  
beyond those two*

### **1. Primary implementation challenges?**

*Resources limited; Need more staff, huge case loads for special services personnel,  
starting salaries are about \$10K lower than adjacent districts  
N=32 school psych; Delivering PD, limited time available and limited resources  
Do not have adequate days in schedule for example to do a full day SERC training  
Limited supervision resources for PD esp Sp Ed teachers*

### **2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?**

*Have some citations from state; He asked them to come in early for monitoring  
Changed software, many problems. Going to IEP Direct*

### **3. SWD prevalence in district? Growing? Declining? Reasons?**

*Prevalence is stable; It is average for their resource group District Resource Group—  
DRG—  
At 12-14%*

### **4. Autism prevalence? Autism costs? Autism Spectrum?**

*Increasing, one supervisor focuses on autism exclusively; Have 32 autism home bases;  
recently hired 5 ABA therapists, cannot find fully credentialed BCBA (Board Certified  
Behavior Analysts)  
Autism in one of best programs;*

### **5. Diagnostic substitution? ID to Autism? ED to Autism?**

*Not much if at all; Have some psychs who are autism trained, ADOS*

### **6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?**

*High cost students are the medically fragile; highest cost student is \$180,000; have  
one deaf/blind*

### **7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?**

*It is a big issue bec many parents do not have faith in the public ed system.  
Have 260 students placed out of district, some by DCS, some by MDs, Hallbrook in  
Westport is a psychiatric facility where MDs sometime place students*

*Have developed now programs to keep students within district. Likely will reduce numbers of out of district placements in future*

*Strong advocate for integration of SWD*

8. Procedural Safeguards Challenges?

*Have some issues with timelines, due to truancy, absence of PD with staff; large within district movement each year, 32% of students change attendance site during the year*

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9. IEP Compliance?

*Challenges with IEP compliance; main problem is annual review; addressing transition, lack of staff*

10. Timely evaluations timelines *See above*

11. Adequacy of resources to implement the law?

*Yes, can implement the law, but barely hanging on!!*

12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Yes, have many 4.5 kids, many are out of the district, some in district, e.g., student given 1 to 1 ABA; Another student with full-time nurse*

*Excess cost money goes to city, some problems with getting the money returned to the school*

13. Other challenges?

*Tough in urban district; Always have to struggle with resources compared to needs*

## **Sharon Bremner East Hartford April 23, 2014**

Questions: Semi-Structured Interview: Person/District \_\_\_ Dr. Sharon Bremner

### *East Hartford (EH)*

*Students=7000, ab. 1200 SWD; highly transient population; lots moving in and out*

*Traditionally EH was a blue collar, Italian and Irish, workers at Pratt Whitney;*

*Characterized now as an inner ring suburb with urban characteristics*

*42% Hispanic, 34% black, 17% white, with 5% Asian*

*Many ELL*

*High poverty is 67% FRPL*

*Sch psych is 14*

#### **1. Primary implementation challenges?**

*Unfunded mandates in CT*

*Appropriate programs vs families wanting "Cadillac" of programs*

*Some unrealistic advocates; and litigious climate*

*EH looking at budget cuts*

*Could use more money; but not biggest challenge, which is litigation*

*Many children come into district already identified, some should not be identified*

#### **2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?**

*Good relationship with CT DOE*

*Over identified black males in discipline; so anticipate some citation from state*

*Few problems in the past; Had an issue last yr re restraint/seclusion due to definitional problems, resolved to large degree this year.*

#### **3. SWD prevalence in district? Growing? Declining? Reasons?**

*It is increasing now; 1206 id in sp ed;*

#### **4. Autism prevalence? Autism costs? Autism Spectrum? Ing**

*Not over identifying in this district; Good LRE with most ASD. Have 4 self-contained autism classes. Also EH district has the segregated Woodland program, public school program that deals with most behaviorally severe. Also takes students from other districts who pay tuition to EH to place students at Woodland*

*Does not have an increase in autism*

#### **5. Diagnostic substitution? ID to Autism? ED to Autism?**

*Now seems like fewer Down's Syndrome children now. Decrease in ID*

*Families sometimes seeking ASD diagnosis from medical facilities, even though the school does not see the need for sp ed or ASD diagnosis. More families are seeking ASD.*

*Some MDs are diagnosing ASD and "prescribing" sp ed*

*ASD less stigmatizing*

*Parents also prefer the SP/L diagnosis, some have lots of services and support; SpL often is not a proper primary diagnosis*

6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*High cost kids; Kids at >4.5; usual diagnoses are ED. Spending \$1.7 million + on out of district placements—Some referrals to Grace Web, etc.*

*Out of district placements from district are ED; Also DCS also places students from district in out of district placements*

*Providing effectively for ASD so fewer out of district placements*

7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*Out of district costs typically are much larger*

8. Procedural Safeguards Challenges?

*Recent state change in document to parents, longer now*

*Only one hearing in past 5 years; had mediation; negotiated a settlement*

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9. IEP Compliance?

10. Timely evaluations timelines

*Some issues with timelines; usually due to communication; IEP software was a problem; Now in IEP Direct; Will help a lot with timeframes. Always learning curve with new software.*

*Changed from 60 to a 45 day to complete evals.*

11. Adequacy of resources to implement the law?

12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Excess cost kids; Excess costs go to the town; EH town is not giving to district bec. the district derives \$5m per year in tuition from other districts that district keeps*

13. Other challenges?

*RTI is getting better in district; Tier 1 id getting better; Lexia rdg program; IF used with fidelity, children will learn to read. Problem is fidelity of implementation.*

*Problems with tchr trning, not prepared to teach reading; Lots of support to teachers re RTI and behavior*



**Willington Ms. Holly McCarthy April 24, 2014**

Questions: Semi-Structured Interview: Person/District Holly McCarthy, Willington, CT, 860-429-1969

Hall Memorial School, 111 River Rd., Willington (Park across the street)

*Sp dir for 10 yrs, 5 in this distict; also has other assignments incl testing and 504 Enrollment N=480; P-8<sup>th</sup> grade; go to Regional High School; Has 79 SWD on IEP*

1. Primary implementation challenges?

*Small district, limited resources, also rural district kids are spread out, so that adds some costs; Some students with sig needs need to offer more specialized programs; Example one student on 1 to 1 instruction due to poor rdg ach, now has made 2 yrs growth;*

2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*No citations; real careful with timelines, monitors carefully timelines; Uses IEP Direct; Provides warning Thinks 80% of state uses IEP Direct*

3. SWD prevalence in district? Growing? Declining? Reasons?

*Says they are stable; LD is going down, ASD is going up SBRI is helping with SLD prevalence*

*Implementing SBRI well, catching kids early;*

4. Autism prevalence? Autism costs? Autism Spectrum?

*ASD increasing*

*Seems like there are more kids with serious mental health issues, both internalizing and externalizing*

*1 ASD student five years ago; Has 7 now. Only one placed out of district*

5. Diagnostic substitution? ID to Autism? ED to Autism?

6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*3 students in out of district placements; Get the excess costs back from town. No problem; Last yr gave some excess costs back bec did not need all; Have not stressed budget so far, but may be a problem in future*

8. Procedural Safeguards Challenges?

*Have had some issues, but never have had a hearing; So have figured out how to settle.*

*Never cited by state*

9. IEP Compliance?

10.

11. Timely evaluations timelines

12. Adequacy of resources to implement the law?

*Have sufficient resources to implement law;*

13. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

14. Other challenges?

*Biggest challenge is behavior! Have challenging cases, but can produce good program with extensive collaboration.*

*Has one school psych; Also a UCONN sch psych intern; so psych does counseling*

**New London Miriam Morales-Taylor April 24, 2014**

Questions: Semi-Structured Interview: Person/District, 37 Beech Drive, New London (NL), 860-439-7856; Cell=860-910-6553

*New London 3300 students; swd=640; FRCL==high 90%; Sp ed dir here since 2012*

1. Primary implementation challenges?

*Money; NL has been flat funded for 5 yrs; Problems in city with budget; Not sufficient funds for sp ed. Prior years there was high rate of non-compliance re IEP provisions; Since 2012 lots of catching up in implementing IDEA provisions  
Since 2012 have established procedures, ongoing effort to improve procedures;*

*Have 9.5 school psychologists*

*Major challenge with behavior, esp in K, 1, and 2 grades; Other districts report similar challenges*

2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*No citations from SDE re not implementing the law*

*Unlike Hartford where she worked previously, where there were a lot of problems Working with SERC-did audit in NL on education benefit of IEPs, FBAs, assistive technology, behavior supports, and SRBI process. She invited them into district to do this audit.*

*SERC provided training on the FBAs; Also training on de-escalation; Trainers in district now can do the training "growing their own" Doing application for SPDG to help with SBRI implementing; Every principal has written their part of grant*

3. SWD prevalence in district? Growing? Declining? Reasons?

4. Autism prevalence? Autism costs? Autism Spectrum?

*Increasing number of ASD, have to add programs*

*Had to establish a middle school program*

*Another program for K-2*

*Need to add program for ktg and preschool*

*Need to add 2 programs next year*

5. Diagnostic substitution? ID to Autism? ED to Autism?ey

*No decline in categories; Will audit soon the number of Sp/L referrals; All schools have SP/L, Will audit soon the identification of Sp/L students and whether there are excessive referrals and identification*

6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*High cost kids are the out of district placements*

*Example of one student who is costing \$78K for the program and \$55K for transportation*

*Is finding transportation savings in future by going to a different vendor*

7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*Have 27 out of district placed by the district; 30-35 placed by DCF; Some placed by courts in residential places,*

*Is reducing the school placed students out of district; Reducing out of district through better programs in school.*

*Using High Road Program---within the district---trained NL staff---better results---  
High Road is a private program operating within the district that saves a lot of money*

8. Procedural Safeguards Challenges?

*Had one due process hearing since 2012—State ruled in favor of the district  
2 mediations that resolved concerns*

9. IEP Compliance?

*No compliance problems*

10. Timely evaluations timelines

*No compliance problems*

11. Adequacy of resources to implement the law?

*Can implement the law, but need more resources*

12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Do receive the excess cost monies, the state gives them 70% of the 4.5 cost. So it is not adequate*

13. Other challenges?

*Need to do more re mental health, more and more students with all kinds of MH problems. Need to have psychiatric evals and treatments for the MH problems.*

*Also dealing with unrealistic parental expectations for school to fix serious mental health problems.*

**Windham April 24, 2014**

Questions: Semi-Structured Interview: Person/District **LeAnn Packer, Windham (Willimantic) 322 Prospect St. 860-465-2512**

*Enrollment ab 3000 to 3200; one HS, one MS, Stem Magnet 4-8, Elementary schools =4 and Preschool; SWD =459; FRCL= is very high probably also on universal feeding, even have a high school dinner program Ms. Packer's first yr as director*

*Generally poor population in district with little commercial tax base*

1. Primary implementation challenges?

*Major challenges are budget problems and losing staff*

*Goal to improve LRE; Reduce number placed out of district; Shortage of SpL due in part to salary; OK with School psychologists; Have 4 sch psych now, doing evals only*

2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*Part of focused monitoring group of districts; Asked to participate, involves staff and SDE people. Problems with over-identification of SpL, truancy level, and graduation rates*

3. SWD prevalence in district? Growing? Declining? Reasons?

*SWD prevalence is declining, except identified Sp/L which is higher than it should be, perhaps bec of ELL students, SpL is less stigmatizing so it is acceptable to parents  
Implementing SRBI, implemented for 2-3 years, early intervention process is reducing SLD*

4. Autism prevalence? Autism costs? Autism Spectrum?

*Increasing ASD, says they are doing well with ASD programming, esp at middle and high school. Has started program at elementary with help from East Conn-the regional educational service provider. EAST CONN has BCBA, and other specialized personnel who do training of tchrs and paras.*

*Has had good Pre-K ASD for several years.  
Also have ASD milder doing well in general education*

5. Diagnostic substitution? ID to Autism? ED to Autism?

*SLD is declining; getting better at the eval of SLD; Current prevalence SLD=4.4%; OHI=2.8%*

*Overall prev is getting better*

*Concerns ab ED—hardest to program, more severe aggressive beh at younger ages*

6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?



*Out of district; Trying to reduce out of district placements; Have brought some kids back; Attempting to improve district options  
Hope to develop an agreement with another agency to obtain 30 day sophisticated eval focusing on beh and interventions that can be taken back to the school.*

8. Procedural Safeguards Challenges?

*Had some complaints, reducing number, all have been workable; had one resolution this year. No due process hearings for a long time*

9. IEP Compliance?

*Uses IEP Direct---good for improving consistency and meeting timelines;*

10. Timely evaluations timelines

*IEP Direct helps; Not a problem now*

11. Adequacy of resources to implement the law?

*Resources are adequate to implement the law; have no choice, HAVE to implement it. But need more resources! Competition with general education*

*Problem of unfunded mandates including IDEA and others*

12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Excess costs never fully funded by the state. And those monies come directly to the district.*

13. Other challenges?

*Priorities if more monies were available? Major MH needs that affect school, but school does not have enough resources More challenges in this area  
More Department of Children and Families (DCF) referrals, DCF sometimes places students out of district in costly programs that the district has to pay  
Greater array of materials and technology.  
More in-house programs*

## **Hartford Public Schools April 24, 2014**

Questions: Semi-Structured Interview: Person/District **Clare Kennedy, 960 Main St., 8<sup>th</sup> Floor; (use rear elevators) Park in LAZ Lot, a parking garage on Market St. 860-695-8432**

*Enrollment is ab 25000, SWD=4000; Could not estimate FRCL, probably 100%  
Director about 2 years; was in West Hartford;*

### 1. Primary implementation challenges?

*Parental involvement, attending meetings, signing documents, meeting timelines in a large district; Over-identification complicated by kids moving in and out*

### 2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?

*Compliance problems due to timely delivery of services; Were monitored in ECE and doing well there now; Too many students being put in Home Bound or out of district; Sending data to the state weekly to improve monitoring and compliance.*

*Issues with seclusion and restraint; Improving, but still have a ways to go  
Increasing cooperation with state*

*IEP Direct is being used now and it is helping, reduced concerns ab records transmission now*

*Out of district placements-kids waiting too long*

### 3. SWD prevalence in district? Growing? Declining? Reasons?

*Problem of over-ID with Hispanic males in ED; OK in other categories; Overall prevalence is high, perhaps 17%; Why? High due to slow adoption of RTI, implementing RTI in all schools, seeing changes with implementation and with new reading initiatives; Implementing Orton Gillingham; reading is high priority. Getting help from state re training, Also CRACK. Schools at different levels of RTI*

### 4. Autism prevalence? Autism costs? Autism Spectrum?

*Several programs including continuum of services. ABA interventions; High school learning center program resource; two autism consultants who work with teachers/kids who are fully included*

### 5. Diagnostic substitution? ID to Autism? ED to Autism?

*SLD is going down, ASD up*

### 6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?

*ASD more expensive, particular in out of district; also in district with paras 1 to 1*

*Also contract with Creative Interventions for PD for teachers and paras on ASD, also provide support to parents of students with ASD*

### 7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?

*Reducing out of district; Added 100 places for kids with a variety of disabilities including ASD, ED, and Multiple disabilities more in district programs to reduce out of district; all in district programs involve integration based on kids' needs*

8. Procedural Safeguards Challenges?

*Met most complaints with mediation or resolution*

*No due process hearings in last year; May have a couple of current cases that will go to hearing. Issues that may go to hearing are requests from parents for residential placements*

9. IEP Compliance?

*Direct IEP is improving*

10. Timely evaluations timeline

*Improving, now at 95% compliance for timely evaluations*

11. Adequacy of resources to implement the law?

*Can implement the law-have adequate resources*

12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?

*Yes have those; Money goes directly to the Hartford Schools Budget,*

13. Other challenges?

*Legal requirements with SHEFF v O'Neil case; Kids sent to other districts, that district does the IEP, but Hartford has pay for the services they specify, without much if any input. So some students get placed out of district when Hartford has an appropriate program*

*Managing kids in magnet schools—Hartford responsible for paying for sp ed, but sometimes do not have appropriate input and influence.*

*Have 20 school psychs FTE,*

Questions: Semi-Structured Interview: Person/District \_\_\_\_\_

1. Primary implementation challenges?
2. Compliance Monitoring: CT process? Main challenges? Citations last 5 years? How to improve?
3. SWD prevalence in district? Growing? Declining? Reasons?
4. Autism prevalence? Autism costs? Autism Spectrum? Ing
5. Diagnostic substitution? ID to Autism? ED to Autism?
6. Cost of SWD by category? Do costs vary between categories? Do costs vary within categories?
7. Out of district placements? Costs compared to within district costs? Kinds of students placed outside of district?
8. Procedural Safeguards Challenges?

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9. IEP Compliance?
10. Timely evaluations timelines
11. Adequacy of resources to implement the law?
12. Funding for sp ed? How determined locally? Any 4.5 students? How to improve Sp Ed funding?
13. Other challenges?

# <sup>1</sup>Evaluation of Special Education Funding, Costs, Achievement and Implementation of the Individuals with Disabilities Education Act (2004)

Daniel J. Reschly, Ph.D.  
Professor of Educational and Psychology Emeritus  
Vanderbilt University

April 2014

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<sup>1</sup> Report to the *Connecticut Coalition for Justice in Education Funding* court.



## Executive Summary

The following conclusions are supported by the analyses and results described in this report.

1. The State of Connecticut and the school districts in Connecticut are successful in implementing the federal Individuals with Disabilities Education Act (IDEA). Connecticut has a more favorable record in implementing the IDEA than nearly all other states in the northeast region.
2. The funding of special education in Connecticut is sufficient to support Connecticut school districts' implementation of the federal IDEA and the parallel Connecticut special education statutes and rules.
3. The proportion of the general student population classified with education-related disabilities in Connecticut is consistent with traditional estimates of disability prevalence, and significantly below prevalence levels in most states.
4. Large differences in disability identification rates exist among Connecticut districts, including those that are and are not plaintiff districts.
5. District poverty is not related to the prevalence of Autism. Overall district poverty is slightly related to district disability prevalence.
6. Expenditures to deliver appropriate special education are lower in plaintiff than non-plaintiff districts. The difference in expenditures is approximately \$2000, possibly attributable in large part to economies of scale.
7. District directors of special education generally agreed that the current Connecticut funding was adequate to deliver appropriate education programs to students with disabilities. Directors advocated for increased funding to *fully* implement IDEA and expressed concerns about the funding of excess costs for the extremely expensive programs for students with disabilities with severe and complex needs. Districts expressed concerns about the town's transfer to them of Excess Cost funds received from the state.
8. Connecticut Education Reform legislation in 2012 is intended to improve school achievement through implementation of response to intervention systems and scientific research-based instruction, particularly in reading. The provisions of this law, once fully implemented, have significant potential to improve teacher preparation and achievement in general and special education.

### **Introduction**

This report was developed by the author at the request of the Office of the Attorney General, State of Connecticut. The findings may be used in the pending litigation, *Connecticut Coalition for Justice in Educational Funding v Rell*. In this report claims made on behalf of the plaintiffs in a report concerning special education in Connecticut (McLaughlin, Kolbe, & O'Reilly, 2012) are analyzed. On some points I agree with the content of that report and on other matters I respectfully disagree.

One of our basic disagreements with McLaughlin et al. is methodology. Many of the analyses contained in their report use categories of CT educational entities organized into five categories called Quintiles based on the proportions of students eligible for free or reduced price school lunch (FRPL), an approximate indicator of poverty status. The FRPL parameters for each category are never stated and, more troubling, the listings in Quintile 5, purporting to represent the most impoverished districts in Connecticut, include many atypical educational entities. Quintile 5 is composed of 31 entities of which about half are typical Connecticut districts and the other half (N=15) are various kinds of magnet and charter schools. The problem is that the magnet and charter schools are not financially responsible for the special education services that they provide; in fact, those services are financially supported by the student's residence district. Moreover, each of the magnet or charter schools is a unique entity that is not regulated in quite the same way as typical Connecticut districts.

These artificial categories of districts are used to make claims that districts with higher poverty statistics have more students with disabilities, particularly more students with Autism, who are then described as requiring greater expenditures. The Autism claim is analyzed later, but it makes no sense to make claims about the costs of students with disabilities for entities in Quintile 5 when nearly half of the members of that category (15 of 31) have no financial responsibility for paying for any special education programs including the programs for students with Autism.

Our analyses will focus on contrasting named plaintiff and non-plaintiff Connecticut school districts, which actually are responsible for paying for the costs of special education programs. Depending on the question, we designed analyses using continuous distributions such as FRPL and district prevalence of different disabilities. In other analyses we will compare

plaintiff with non-plaintiff districts. The districts designated as “Plaintiff” are listed in Table 9 of this report.

We reach the conclusion that the State of Connecticut and school districts in Connecticut are successful in implementing the Individuals with Disabilities Education Act and the parallel Connecticut special education statute and state rules. The current resources are adequate to meet the statutory requirements of the state and federal legislation.

The sources of information for this report are listed in an appendix and in the body of the report as appropriate to explain the sources of information for analyses and tables. The conclusions in this report may be modified if additional relevant information becomes available. One specific source of information is further interviews of district directors of special education. It is unlikely that new information will produce substantive changes in this report, but that possibility even if unlikely must be recognized.

### **Special Education Overview**

Approximately 6.4 million children and youth age 3-21 participated in special education programs and services out of the approximately 49.5 million public school students (Pre-K through 12<sup>th</sup> grade) in the 2010-2011 school year (Snyder & Dillow, 2013). The students with disabilities (SWD) prevalence in US public schools is approximately 13.0%, an easily misunderstood number (see later discussion of SWD prevalence). The total special education expenditures at all local, state, and federal governmental levels sum to approximately \$90 billion, with approximately \$12.5 billion allocated by the federal government (Lomax & Lordeman, 2011). The \$12.5 billion federal appropriation to support the implementation of the Individuals with Disabilities Education Act (IDEA; 2004) represents approximately one-third of all federal funding for elementary and secondary education.

IDEA has been characterized as a grant awarding statute to state and local education agencies to support special education services contingent on implementing complex legal requirements. The IDEA is the primary source of these legal requirements, most of which originated in landmark legal cases on behalf of SWD in the early 1970s (Reschly & Bersoff, 1999; Yell, 2012). The IDEA is the successor to the original landmark Education of the Handicapped Act (1975) that established fundamental legal requirements for the education of students with disabilities. Public schools in the US have been implementing these legal requirements for over 35 years. The legal requirements have a profound impact on educational services for SWD. All states including Connecticut implement the IDEA principles and receive special education funding from the federal government.

#### **Legal Principles in IDEA**

Legal requirements regarding the educational rights of persons with disabilities evolved slowly after World War II in most states until a series of landmark court cases were decided on behalf of parents and students with disabilities (SWD) in the late 1960s and early 1970s (Reschly & Bersoff, 1999; Yell, 2012). These cases established the educational rights of parents and SWD to educational services at public expense, due process procedural rights, services in normal environments to the extent possible, and protections against inappropriate identification. State legislatures, responding to court cases, and, in many cases, pending litigation in their own states,

enacted mandatory special education legislation consistent with the consent decrees in the early to mid 1970s.

It soon became apparent to states that funding services to SWD would be expensive. In this context, many states sought assistance from the federal government, culminating in the Education of All Handicapped Children Act (EHA; 1975). The name of this law was changed in 1991 to the Individuals with Disabilities Education Act (IDEA) and amended in that year and in 1997 and 2004.

The IDEA allocates funds to state education agencies (SEA) and local education agencies (LEA) contingent on implementation of the key principles in the law. Extensive compliance monitoring of SEA and LEA implementation of IDEA principles is conducted by a unit in the Office of Special Education Programs, a division of the Office of Special Education and Rehabilitation Services in the US Department of Education (USDOE). Findings of non-compliance and the associated negative publicity usually are sufficient to prompt efforts to improve services to SWD so that compliance is achieved. The ultimate sanction is withholding IDEA funds, an action that to my knowledge has never been applied despite evidence of continuing implementation problems in many states (Shah, 2012).

Basic principles were established in EHA and continued through IDEA (2004). Each of these principles has significant funding implications as well as potentially large additional financial burdens to states and school districts if services to SWD do not match the IDEA principles. Each of the key legal requirements establishes a general principle with many nuances that have been further defined in subsequent legislation and litigation (See Table 1). Special education is arguably the most legally complex area of education today (Yell, 2012).



Table 1. Summary of IDEA Legal Principles and Implications for Funding and Services

Principle	Services Required	Funding Implications
Child Find	Vigorous efforts to identify children who potentially have educationally related disabilities	Public awareness campaigns. Communications with medical, social services, and other agencies. School screening.
Eligibility Determination	Full and individual evaluations by appropriate specialists to determine if symptoms match a category of disability, interfere with education, and need exists for specially designed instruction	Salary and other costs for wide range of related services personnel such as psychologists, speech-language therapists, and others
Protection in Evaluation Procedures	Avoid both misclassifying normal students as SWD and failure to classify as SWD students with disabilities. Prevention of racial/ethnic discrimination	Expensive evaluation of students in all areas potentially related to an educational disability, team decision making, determination of specific educational needs, nondiscrimination in evaluation procedures and decision making
Free, Appropriate Education at Public Expense	Delivery of appropriate programs and related services for SWD, typically involving greater individualization and increased instructional intensity	Significantly higher costs for SWD than general education students due to greater intensity of instruction and necessary related services
Individualized Educational Program (IEP)	IEP that meets extensive regulations, developed by multidisciplinary team including parents. Goals, objectives, assessment of progress, supplementary aids and services, etc.	Personnel costs associated with staffing meetings, IEP annual review and update, implementation of all services listed on the IEP
Least Restrictive Environment	Education of SWD in most normal environment appropriate to delivering the IEP, provision of supplementary aids and services to facilitate attainment of LRE goals	Personnel costs to support SWD in more normal classroom settings; High costs of separate classes or settings
Procedural Safeguards	Extensive due process provisions involving informed parental consent prior to a full and individual evaluation prior to special education placement, parental involvement in decision making, right to appeal educational decisions, including cases brought to impartial hearing officer and to state and federal courts	Costs of legal assistance in establishing procedural safeguards, advice on parental appeals of multi-disciplinary decisions, defending the district in hearings or courts, indirect costs of defensive practices designed to avoid parental complaints, personnel to implement and monitor procedures

State and Local Education Agencies have significant discretion in the implementation of IDEA principles. All states must assure the Office of Special Education that the 13 categories of disabilities specified in IDEA (C.F.R. 300.8) are served; however, considerable discretion is allowed in the names for and the descriptions of the disabilities. Although conceptual definitions are provided for the 13 disabilities in IDEA, guidance on classification criteria is left entirely to the states in 12 of the 13 disabilities. The exception is the category of specific learning disabilities (SLD) for which IDEA provides general assessment and classification guidelines (34 C.F.R. 300.307-311). Despite the additional guidance regarding SLD identification, significant variations exist among states in criteria, assessments, and decision making (Reschly & Hosp, 2004). States vary significantly in classification criteria for a number of disabilities (e. g., Frankenberger & Fronzaglio, 1991) and in the interpretation of key provisions of the law such as the criteria for disproportionality (Albrecht, Skiba, Losen, & Middleberg, 2011; Burdette, 2007). Many more examples of state discretion in IDEA implementation could be cited.

#### **Prevalence (Identification Rates) of Students with Disabilities**

**State Variations in SWD Prevalence.**<sup>2</sup> Large state variations in prevalence exist in the identification of SWD. Figure 1 was constructed using the prevalence data in Snyder and Diller (2012, Table 48). The highest SWD prevalence was RI (18.1%), and the lowest in TX (9.2%). The median was 13.9% with half the states above and half below that level. The national weighted mean in 2009-2010 was 13.1%, weighted by state SWD age 3-21 numbers and state P-12 public school enrollment). These enormous variations in SWD prevalence are accepted by the federal IDEA compliance monitoring authorities, as indicated by the absence of any relationship between state SWD prevalence and the outcomes of compliance monitoring (see later section).

Differences in state prevalence of SWD do not seem to be related to the level of student poverty in the state. Massachusetts (MA) and Connecticut (CT) have similar rates of students eligible for Free or Reduced Price Lunch (FRPL), a well accepted but imperfect indication of

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<sup>2</sup> The numerator and denominator in prevalence estimates must be understood to avoid misperceptions. In the analyses presented here, the denominator is the public school enrollment (Snyder & Dillow, 2012, Table 51) and the numerator is the identification of SWD age 3 to 21. The resulting prevalence estimates are a bit high because the numerator includes SWD at ages 3, 4, 19, 20, and 21 who typically are not fully represented in the P-12 enrollment. There is no perfect solution to which denominator is most desirable to reflect accurately the proportion of SWD. In this analysis of prevalence, the P-12 denominator is used.

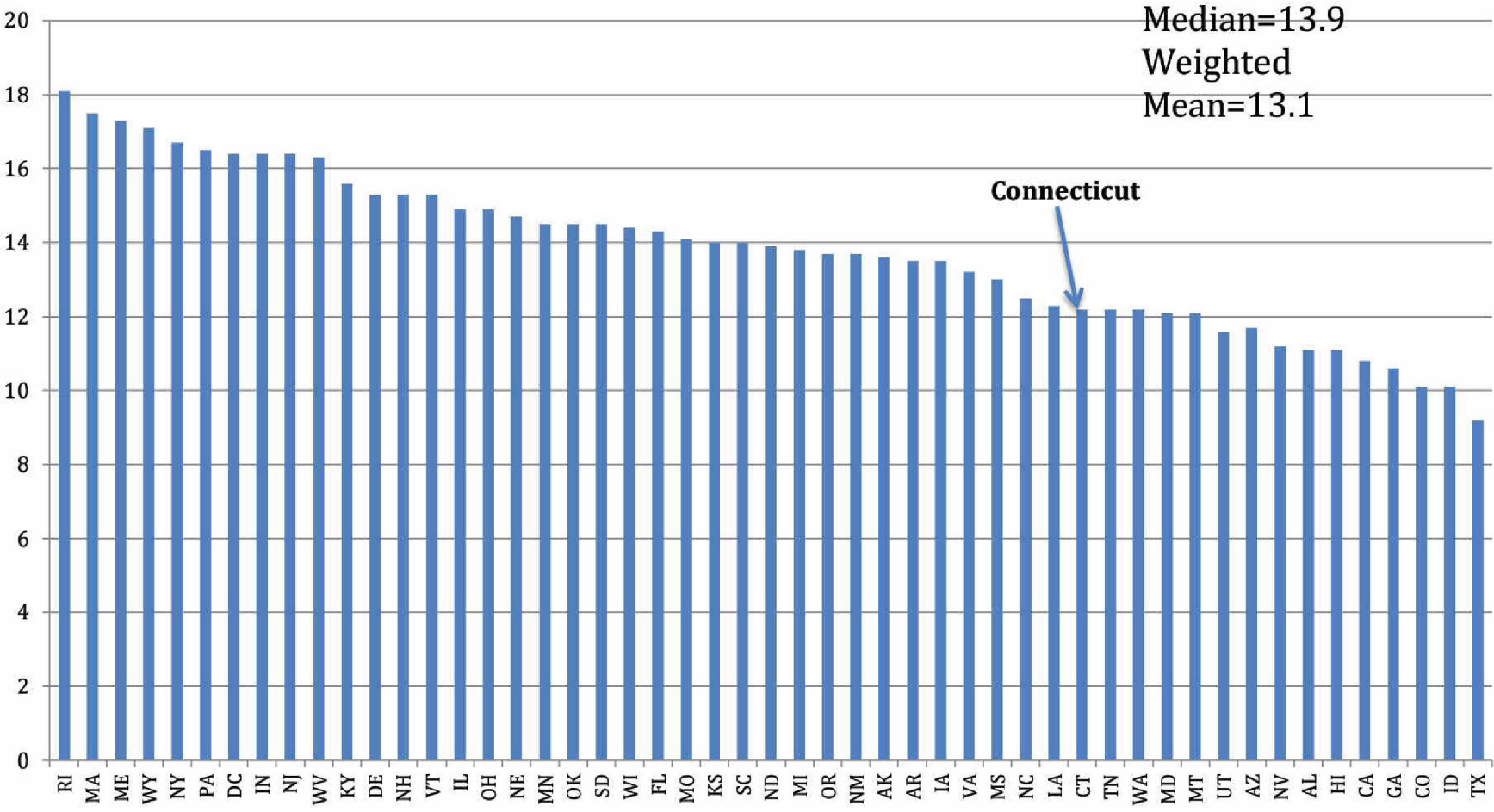
poverty. The 2010-2011 FRPL rates for MA and CT were 34.2% and 34.5%, respectively; however, the MA and CT prevalence of students with disabilities was markedly different, at 17.5% and at 12.2%, respectively. Moreover several relatively poor states with high FRPL statistics have low SWD identification, for example, AL=10.9%, MS=13.1%, and NM=13.8% (Snyder & Dillow, 2013, tables 46 and 51), further casting doubt on the link between student poverty and SWD identification.

Few efforts have been made to explain the large state variations in SWD prevalence. One obvious explanation is region, with higher prevalence in the Northeast and lower prevalence in the Mountain and Pacific coast states (see Figure 1). Confidence in this observation is undermined by the exceptions to regional patterns (WY=17.1%) and CT=12.2%). Moreover, no other variables have been identified to explain the large state differences. Region is related to prevalence, but how and why is as yet unexplained.

There is no right answer to the prevalence issue, that is, what is the “true” prevalence of students with disabilities. Identification rates in all the disability categories vary significantly across states and no explicit federal policy requires a specific level or even range of acceptable disability prevalence. IDEA financial grants to states are based on an upper prevalence limit of 12% meaning that states do not derive a higher amount of federal funds if they identify and serve higher proportions of students with disabilities.

The 2009-2010 Connecticut prevalence of students with disabilities is lower than the national median for states (13.9%) or the weighted mean (13.1%). Other states have SWD prevalence similar to and lower than Connecticut such as VA, MS, NC, LA, TN, WA, MD, MT, AZ, NV, AL, and HI. The prevalence of these states is close to the estimates of the number of students with disabilities in textbooks written prior to the enactment of the EHA in 1975 (e. g., Kirk, 1972).

**Figure 1: SWD Age 3-21 as Per Cent of P-12 Enrollment by State  
2009-2010 Year (Snyder & Dillow, 2012, Table 48)**



<sup>3</sup> The numerator is the SWD count age 3-21. The denominator is the school enrollment pre-school through grade 12.

United States and Connecticut prevalence trends over the past ten years are summarized in Table 2. First, the trend is toward declining overall prevalence in 2010-2011 compared to 2000-2001 (Snyder & Dillow, 2012). Some disabilities are increasing in the US and in CT (Other Health Impaired, Other disabilities, and Autism) while Specific Learning Disabilities (SLD), Emotional Disturbance (ED), Intellectual Disability (ID), Speech/Language Impairment (Sp/L) and Total Disabilities are decreasing. The shifts in IDEA disability prevalence are largely unexplained.

Table 2. Trends in the Prevalence of Students with Disabilities.

Time/ Year	All SWD	SLD	ED	ID	OHI	SP/L	OTHER	AUTISM
US 2010-11	13.0%	4.8%	0.8%	0.9%	1.4%	2.8%	1.6%	0.8%
US 2000-01	13.5%	6.1%	1.0%	1.3%	0.6%	3.0%	1.2%	0.2%
Difference	-0.5%	-1.3%	-0.2%	-0.4%	+0.8%	-0.2%	+0.4%	+0.6%
CT 2010-11	12.6%	3.9%	1.0%	0.4%	2.2%	2.3%	1.5%	1.3%
CT 2000-01	13.1%	5.5%	1.3%	0.7%	1.4%	2.7%	1.3%	0.2%
Difference	-0.5%	-1.6%	-0.3%	-0.3%	+0.8%	-0.4%	+0.2%	+0.9%

Notes:

1. 2000-2001 data for the US and CT are derived from the US DOE 24<sup>th</sup> Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.
2. US 2010-2011 data derived from Snyder & Dillow, 2013, Tables 36 and 48.
3. CT data for 2010-2011 derived from Table 19, 2011 files, *CCJEF* sp ed 2011.
4. Abbreviations and definitions: SWD=Students with Disabilities; SLD=Specific Learning Disability; ED=Emotional Disturbance; ID=Intellectual Disability; OHI=Other Health Impaired; Sp/L=Speech Language Impaired; Other=the combined prevalence of Deaf-Blindness, Developmental Delay, Hearing Impairment, Multiple Disabilities, Orthopedic Impairments, Traumatic Brain Injury, and Visual Impairments.

Some possible explanations for changes in prevalence include, first, evolving preferences for some and increasing rejection of other disability categories based on perceptions of stigma. Greater stigma is associated with Intellectual Disability (formerly called Mental Retardation) and Emotional Disturbance with less perceived stigma in Other Health Impaired and Autism. This phenomenon of diagnostic substitution, moving from less to more acceptable disability

categories, likely accounts for some of the rise in Autism (Maenner & Durkin, 2010). Second, the larger rise in Autism in CT compared to the US may be explained in part by how CT deals with the category of Developmental Delay. Connecticut state special education regulations restrict the use of Developmental Delay to the age range of 3-5. Most other states permit classification of children as Developmental Delay through age 9. Many diagnostic personnel avoid assigning a specific classification to children with Autism who often present with complex symptoms that do not easily fit in existing disability categories. In many other states these children continue with the diagnosis of developmental delay to age 9 while in CT it is required that a specific classification be made at age 5 and, for some, that decision is Autism.

Connecticut school districts also report significant variations in overall SWD identification and distribution of SWD over disability categories. In Table 3 data are presented for 4 categories of school district enrollment (<500, 500-999, 1000-4999, and > 5000) and 8 disability categories including an “other” category defined in the notes to Table 2. The primary message in this table is that there is substantial variation among districts in disability identification and distribution of disabilities across the categories. Overall disability identification (see columns SWD) varied from a low of 6.9% to a high of 21.0%, a factor of 3 times. Similar variations were identified in each of the disability categories, SLD from 0.7% to 7.9%; ID from 0.0% to 1.5%; ED from 0.0% to 3.3%; Speech/Language from 0.0% to 11.8%; OHI from 0.0% to 5.2% from 0.0% to 4.9%; Other from 0.0% to 3.9%.

Some of the largest differences across districts were in the smallest category of school enrollment, the 28 districts with enrollments of less than 500 students. Excluding the smallest enrollment category of districts does not change the overall conclusion. Disability identification in Connecticut districts, like disability identification across the states, varies significantly. For example overall SWD identification varied from 6.9% to 19.4% in the enrollment category of 1000 to 4999 students, a factor of 2.8 times. Wide variations in identification existed in all the enrollment categories.

The mean and median identification levels generally were relatively similar across districts varying in enrollment. SLD and Sp/L had the highest prevalence, about 3.8% and 2.0%, respectively, followed by Autism (about 1.4%), Other (about 1.0%), ED (about 0.8%), and ID (about 0.4%). Although the highest and lowest disability identification rates were quite different, the mean and median rates across districts varying in size were similar.



<sup>4</sup>Table 3. Distribution of Disabilities Grades K-12 by School District 2011-12 Enrollment Categories

Enrollment	N	Min.SWD	Mean.SWD	Median.SWD	Max.SWD	Min.SLD	Mean.SLD	Median.SLD	Max.SLD
<500	28	7.6	13.1	12.3	21.0	0.7	4.1	3.8	7.9
500-999	19	7.5	10.9	10.2	15.6	1.6	3.6	3.4	6.2
1000-4999	89	6.9	11.8	11.7	19.4	2.0	3.8	3.6	6.2
>5000	30	7.7	12.0	11.8	17.1	2.0	3.9	3.9	6.7

Enrollment	N	Min.ID	Mean.ID	Median.ID	Max.ID	Min.ED	Mean.ED	Median.ED	Max.ED
<500	28	0.0	0.3	0.3	1.0	0.0	0.5	0.4	3.3
500-999	19	0.0	0.4	0.3	0.9	0.1	0.7	0.9	1.8
1000-4999	89	0.0	0.4	0.4	1.5	0.0	0.9	0.8	2.7
>5000	30	0.1	0.4	0.3	0.8	0.2	1.0	0.9	2.2

Enrollment	N	Min.SpLang	Mean.SpLang	Median.SpLang	Max.SpLang	Min.OHI	Mean.OHI	Median.OHI	Max.OHI
<500	28	0.0	3.4	2.8	11.8	0.0	2.2	2.3	5.2
500-999	19	0.7	2.0	1.6	4.3	0.9	2.2	2.1	3.6
1000-4999	89	0.7	2.0	1.9	4.1	0.6	2.4	2.3	5.0
>5000	30	0.8	2.1	2.0	3.4	1.1	2.4	2.4	3.6

Enrollment	N	Min.Autism	Mean.Autism	Median.Autism	Max.Autism	Min.Other	Mean.Other	Median.Other	Max.Other
<500	28	0.0	1.5	1.4	4.9	0.0	1.1	0.9	3.9
500-999	19	0.0	1.2	1.1	2.3	0.3	0.8	0.7	1.6
1000-4999	89	0.5	1.4	1.4	2.9	0.1	0.8	0.7	3.1
>5000	30	0.8	1.3	1.3	1.7	0.3	1.0	1.0	1.9

<sup>4</sup> CCJEF\_2011 - Supp.xls (Tbl39); CCJEF\_2012 - Supp.xls (Tbl39)

Summary. States have considerable discretion in the use of the IDEA disability categories that are defined at 34 C.F.R. 300.8, including the names for the categories and classification criteria such as the highest IQ score permitting a diagnosis of ID or the degree of achievement deficit required for a diagnosis of specific learning disability. States exercise this discretion yielding different profiles of overall disability identification and the distribution of SWD over the 13 categories. Connecticut has a slightly lower overall disability identification rate than some states, but the CT distribution over the 13 categories is similar to the US overall patterns. Despite these variations in prevalence, states with quite different disability identification profiles are successful in implementing the IDEA requirements. Connecticut districts also exercise discretion in the identification of students with disabilities. Overall identification rates vary by a factor of 3 across CT districts. Moreover the distribution of disabilities also varies significantly across districts.

### **State Implementation of IDEA and Compliance Monitoring**

The US Department of Education, Office of Special Education Programs, monitors the states' implementation of the Individuals with Disabilities Education Act (IDEA) and has, beginning in 2007, published evaluations of state implementation. Implementation is summarized in four categories:

- Meets the requirements and purposes of IDEA
- Needs assistance in implementing the requirements of IDEA
- Needs intervention in implementing the requirements of IDEA or
- Needs substantial intervention in implementing the requirements of IDEA

Enforcement actions must be initiated if a state is listed as needing assistance for two or more consecutive years. The enforcement actions may include, "requiring the state to access technical assistance, designating the state as a high risk grantee, or directing the use of State set-aside funds to the area(s) where the State needs assistance." More drastic enforcement actions are available including "withholding further payments to the State" if the state fails to meet requirements for three or more years.

The US DOE compliance ratings for Connecticut and the other states in the Northeast Regional Resource Center (<http://www.rrcprogram.org/cms2/index.php/centers/serrc>) appear in Table 4. The following designations are used for US DOE compliance monitoring outcomes,

MR=Meets Requirements; NA=Needs Assistance; NI=Needs Intervention. In many instances a number appears after the abbreviation indicating the number of years the state has been cited for that level of non-compliance. For example in the 2012 column for the state of New Hampshire, in Part B, the notation of NA2 is entered meaning that the state had been cited as needing assistance for two consecutive years.

**Table 4a. IDEA Part B (Age 6-21) US DOE Compliance Ratings for States in the Northeast Region**

State/Year	2007	2008	2009	2010	2011	2012	2013	Total Citations
Connecticut	MR	NA	NA	MR	MR	MR	MR	2
Maine	NA	NA2	NA2	NA4	NA2	NI	NA	7
Massachusetts	NA	NA2	NA2	NA4	NA2	MR	NA	6
New Hampshire	NA	NA2	NA2	NA4	NA2	NA2	MR	6
New Jersey	NA	NA2	NA2	MR	NA	NA2	MR	5
New York	NA	NA2	NA2	NA4	NA2	NI	NA2	7
Pennsylvania	MR	MR	MR	MR	MR	MR	MR	0
Rhode Island	NA	NI	NI	NA	NA2	MR	MR	5
Vermont	NA	MR	MR	NA2	NA2	NA2	MR	4

**Table 4b. IDEA Part C (Age 3-5) US DOE Compliance Ratings for States in the Northeast Regional Resource Center.**

State/Year	2007	2008	2009	2010	2011	2012	2013	Total Citations
Connecticut	MR	MR	MR	MR	MR	MR	MR	0
Maine	NI	NI2	NI2	NA2	NA2	NA2	NA2	7
Massachusetts	NA	MR	MR	NI	MR	MR	MR	2
New Hampshire	NA	MR	MR	MR	MR	MR	MR	1
New Jersey	NA	MR	MR	MR	NA	MR	MR	2
New York	NI	NA2	NA2	NA4	NA2	NA2	NA2	7
Pennsylvania	NA	MR	MR	MR	MR	MR	MR	1
Rhode Island	NI	NA	NA	NA	MR	MR	MR	4
Vermont	NA	NA2	NA2	MR	MR	MR	MR	3

Note: Data in Tables 4a and 4b are based on the US Department of Education Determination Letters on State Implementation of IDEA, 2007, 2008, 2009, 2010, 2011, 2012, and 2013

The number of years that a state is evaluated as not meeting the IDEA implementation requirements is an approximate guide to the capacity of the state to design and establish appropriate educational and related services for students with disabilities. The numbers of non-compliance citations were summed for each state across implementation of Part B (Table 4a) and Part C (Table 4b). Pennsylvania has the best record with only one rating indicating non-compliance, followed closely by Connecticut with two such evaluations in 2008 and 2009). The other northeast states were less successful in IDEA implementation, with non-compliance citations of seven (NH, NJ, VT), eight (MA), Nine (RI), and 14 (ME and NY). Connecticut is highly successful in implementing the principles and requirements of the Individuals with Disabilities Education Act.

#### **Implementation of IDEA and Compliance Monitoring in Connecticut Districts**

There are 166 Connecticut school districts responsible for implementation of the federal Individuals with Disabilities Education Act (IDEA) and the Connecticut special education state statutes and rules. These districts vary significantly in size and student composition (see later discussion). The Connecticut Department of Education, Bureau of Special Education, is responsible for monitoring the implementation of IDEA in Connecticut districts. The Bureau of Special Education uses the same descriptors as the US DOE to evaluate implementation of the law, that is, Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. No Connecticut districts over the last five years have been described as Needs Intervention or Needs Substantial Intervention.

Connecticut Bureau of Special Education annual summary data were used to evaluate the districts' implementation of IDEA. Reports were available for the 2007-2008, 2008-2009, 2010-2011, and 2011-2012 school years. These reports are issued about one year after the school year has been completed. The most recent report was issued in 2013 for the 2011-2012 school year. In these reports the 166 Connecticut school districts responsible for the costs of special education services were evaluated. Different numbers of school districts were cited as needing assistance over these years, reflecting in large part the effects of focused monitoring. Focused monitoring involves greater scrutiny of specific aspects of the law through more thorough examination of relevant data.

In recent years intense scrutiny was devoted to determining if districts met timelines for conducting the initial evaluation, establishing the Individualized Educational Program for eligible children, initiating services, annual review, and triennial reevaluation. Moreover, the timeline for completing the first three steps was changed from 60 to 45 school days a few years ago. According to Bureau of Special Education staff, failure to meet timelines was the most frequent reason for district citations of failure to meet the requirements of the law.

Meeting timelines is not as easy as it may seem. First, in the initial phase of conducting the evaluation, usually involving one or more itinerant related services personnel, scheduling evaluation appointments may be frustrated by the child being absent or moving to another school within the district. Many children are mobile within the year, sometimes moving within a district and other times moving out of the district. These and many other issues can complicate meeting the timelines.

Specific themes emerged regarding compliance with IDEA requirements in conversations with 10 directors of special education, mostly from plaintiff districts. First, timeline problems were due primarily to inadequate monitoring of the delivery of services and computer software problems rather than the availability of personnel to carry out the services. Most cited computer software problems rather than shortages of personnel as the cause of non-compliance with timeline requirements. Two directors described changes in computer software that caused loss of critical information about the timelines. All are now in various stages of adoption and use of a software program, IEP Direct, that appears to resolve the problem of timely information about approaching timeline deadlines and all expressed confidence that the problems with timelines were resolved or would be resolved soon through better monitoring within the district and improved and more reliable software.

Districts of all enrollment sizes and widely varying proportions of free reduced price lunch (FRPL) were cited as needing assistance and listed as meeting requirements. There was no systematic relationship between meeting the requirements of IDEA and district size or district proportions of students in poverty (FRPL proportions). The compliance monitoring evaluations of districts listed as needing assistance for two or more consecutive years are illustrative of these relationships. In 2011-2012, five districts were cited as needing assistance in implementing IDEA for two consecutive years, that is, the same problems were identified in two consecutive years. Each of these districts of course is unique and as a group they are quite diverse.

Derby School District. Primary issue was timely and accurate reporting. Enrollment approximately 1500; FRPL=50%

Hartford School District. Primary issues with timely and accurate reporting and general supervision: noncompliance not corrected within one year. Enrollment approximately 21,500; FRPL=90%;

Newtown School District. Primary issues with timely and accurate reporting. Enrollment approximately 5,000; FRPL=7%

Thompson School District. Primary issues with timely and accurate reporting and development of transition goals and services. Enrollment approximately 1,200; FRPL=33%

Wilton School District. Primary issues with determining eligibility in accordance with state established timelines and timely and accurate reporting. Enrollment approximately 4,200; FRPL=2%

The five districts that were in the Needs Assistance 2 level of implementation in 2010-2011 based on compliance monitoring varied widely in enrollment and student poverty. Factors other than enrollment size and district poverty appear to determine success in implementing IDEA.

The focus here so far has been on districts that do not comply fully with IDEA implementation. The vast majority of Connecticut districts are found to meet the requirements of implementing IDEA in the annual Department of Education monitoring (see Table 5). Moreover, the vast majority of districts correct implementation issues within one year as indicated by comparing the number of districts in the Needs Assistance 1 and Needs Assistance 2 columns.

**Table 5. Compliance Monitoring of Connecticut District**

Year	Meets Requirements	Needs Assistance 1	Needs Assistance 2
2007-2008	131 (79%)	24 (14%)	11 (7%)
2008-2009	146 (88%)	15 (9%)	5 (3%)
2009-2010	139 (84%)	24 (14%)	3 (2%)
2010-2011	123 (74%)	39 (23%)	4 (2%)
2011-2012	150 (90%)	11 (7%)	5 (3%)



Summary. The vast majority of Connecticut school districts are successful in implementing the requirements of the Individuals with Disabilities Education Act within the current funding levels from federal, state, and local sources. Few districts have the same compliance problem in consecutive years. Districts with persistent compliance problems receive additional monitoring and assistance from the state. Overall, Connecticut districts are successfully implementing the IDEA principles with students with disabilities.

### **Special Education Funding and Costs**

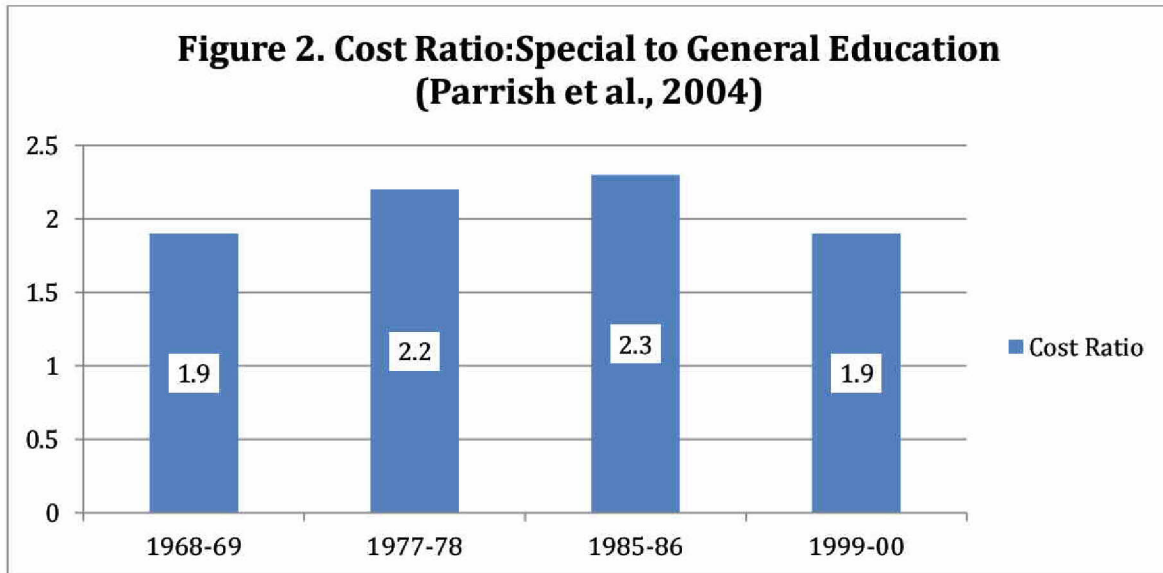
Local, state, and federal legislation allocates monies to support special education and related services to students with disabilities (SWD). The best available research on these expenditures was conducted during the 1999-2000 school year (Chambers, Parrish, & Harr, (2002). Although the Chambers et al. research is now over a decade out of date, the general patterns and conclusions likely are largely accurate to the current situation. Moreover, updates of aspects of Chambers et al. analysis have appeared in several sources (e. g., Ahearn, 2010; Parrish, 2010).

#### **Costs of Special Education**

Increased special education costs were the inevitable consequence of the early 1970s litigation, state mandates in the 1972-1976 era, and the EHA/IDEA. First, these legal requirements were initially implemented when many students with severe biologically-based disabilities requiring expensive and complex special education services were first included in the public schools. Continued increases in the proportions of the school population identified with disabilities and served in special education occurred from 1985 to the mid 2000s, primarily due to increased identification of SWD with less severe conditions, particularly specific learning disability (SLD). The overall prevalence of SWD in public schools increased from 8.5% in 1976-77 to 11.4% in 1990-91, rising to a peak of 13.8% in 2004-2005, then declining to 13.0% in 2010-2011, the most recent year reported (Snyder & Dillow, 2013). Since the special education legal mandates are applied to individual students, greater numbers of SWD means almost inevitably greater overall special education expenditures.

**Total Costs and Per Student Cost Ratios.** Estimates of the ratio of the costs for SWD compared to general education students have varied over the life of mandatory special education

requirements (see Figure 2) (Parrish, et al., 2004a). Average costs increased rapidly after EHA (1975) to a peak ratio of 2.3 in 1985-1986, likely due to the increased numbers of previously excluded or underserved students with complex biologically-based disabilities, then returned to the pre-EHA level of 1.9 by 1999-2000 as more students with less severe disabilities needing less expensive special education were increasingly identified in the 15 years from 1985-86 to 1999-2000. We can only speculate about current ratios, which have been, in the past, influenced by the *type* of disability identified. Since 1999-2000, the overall SWD prevalence increased from 13.2% to 13.8% (2004-05), then declined to 13.0% (2010-2011). During the 2000s, one category declined (SLD: from 6.0% to 4.8%) while two others increased (Autism from 0.2% to 0.8%) and other health impaired (0.6% to 1.4%).



Disability category per se is not, however, a reliable indicator of costs, perhaps because of the large variability in how different districts in the same state use the categories (Singer, Palfrey, Butler, & Walker, 1989) as well as state-to-state variations. One alternative (Chambers, Perez, Socias, Shkolnik, & Esra, 2004) is to identify key domains that reflect the complexity of the disability and the degree of deficit/need on each dimension. The Chambers et al. study found that disability category was a poor predictor of needs and costs, but prediction of costs was improved significantly by a multidimensional scheme. Others have suggested changes in the IDEA disability categories (President's Commission on Excellence in Special Education, 2002),

but strong resistance to any disability category changes should be anticipated (e. g., Fuchs, Fuchs, & Stecker, 2010).

**Full Funding.** Full funding is an issue often emphasized by advocacy groups who cite the original Congressional intent in EHA to fund 40% of the excess costs to state education agencies (SEA) and local education agencies (LEA) for serving SWD. Excess costs are those allocated to the education of SWD over the average per pupil expenditures (APPE) in general education. The most recent estimates of excess costs, that is, the ratio of special to general education APPE costs, is 1.9 (Chambers, et al., 2002). Actual Federal funding of the excess costs under EHA/IDEA has fluctuated from approximately 7% to a peak of about 18% in 2005. Federal funding was under 10% through 1997, grew from 11% to 18% from 1998 to 2005, and then declined to the current level of about 17% (Federal Education Project, 2012). Reaching the 40% target would require a Federal expenditure of about \$30 billion, a hefty increase over the current Federal IDEA expenditures of about \$12.5 billion. The Congressional full funding provision was never an entitlement, but rather a target expressing intent, not an enforceable legal commitment. Realization of “full funding” is a highly unrealistic expectation in the next few years.

#### **State Funding Method and Prevalence**

State funding methods vary significantly. Ahearn (2010) identified eight distinct methods of funding special education varying from multiple student weights to census-based allocation. Under the multiple student weights method different allocations are made by the state to local districts depending on the disability category and the overall district expenditures for general education students. For example, a district might use a weight of 2.0 for a student with SLD and 4.0 for a student with multiple and severe disabilities. If the overall general education per pupil expenditure was \$15,000 per student, then the student with SLD would generate an additional \$15,000 and the student with the multiple and severe would generate \$60,000. A census based funding method allocates monies to districts on the basis the average daily enrollment of all students. The latter does not establish incentives to identify greater or fewer numbers of students with disabilities. Depending on how constituted, the multiple weights may provide greater incentives to identify more students with disabilities or move students with disabilities to categories or program placements with higher weights, thus gaming the system to obtain more

funds for the local district. This incentive is especially strong if the state pays for most or all of the additional costs associated with educating students with disabilities.

The census based funding and the category of “No Separate Funding” that is used by CT and six other states (Ahearn, 2010) appear to provide no incentive to either increase or decrease the proportion of students identified with disabilities. Funds in both cases are allocated on the basis of the number of general education students, allowing local districts considerable discretion regarding the organization and delivery of special education services. All districts must, of course, meet the IDEA mandates regardless of funding method.

### **Diversity in Students with Disabilities**

Students with disabilities are enormously diverse. To understand this diversity better it is useful to identify broad categories of Functional/Behavioral (High Incidence) and Biologically-Based (Low Incidence) Disabilities and combinations of the two. Prevalence data can be interpreted more readily if a distinction is made between low and high incidence disabilities, a distinction that largely parallels the different etiologies of education related disabilities, those that have an identifiable biological anomaly vs functional/behavioral deficits that do not have an identifiable biological cause. The distinctions described below and in Table 6 are approximate, but yield further understanding of the variations between SWD and the differential costs associated with different kinds of SWD.

Five of the 13 disabilities defined in IDEA (2004; 34 CFR 300.8) clearly are low incidence disabilities (3 per thousand or less) with biological bases (See Table 2). Disabilities with clear biological foundations are Deaf/Blind, Hearing Impairment, Multiple Disabilities, Orthopedic Impairment, and Visual Impairment. The overall prevalence for the five low incidence disabilities is less than 1% of the P-12 enrollment. It should be noted that the costs of the special education and related services needed by children and youth with low incidence disabilities often are very high, perhaps as high as three to four times the average per pupil costs of general education students.

Four disabilities have a moderate prevalence varying from 0.7% to 0.9%. Three of these disabilities do not fit easily into either the biological or functional behavior etiologies. Autism with severe symptoms appearing before age 3 is best thought of as a biologically-based disability. Milder forms of Autism (e. g., Asperger’s Syndrome) generally are diagnosed after school entry and likely fit better into disabilities that do not have a clear biological basis and are

best understood as functional/behavioral. Intellectual disability (formerly mental retardation) likewise is a mixture of disability models. The mild level of intellectual disability defined by intellectual functioning in the IQ=55 to 75 range and associated adaptive behavior deficits typically has no underlying identifiable biological basis while more severe levels (e. g., Down's Syndrome) nearly always have a biological basis. Developmental Delay is used by most states with children age 3-9 (in Connecticut age 3-5) whose disability status is ambiguous. Some children with Developmental Delay have biologically based disabilities while others are more functional/behavioral. Emotional Disturbance nearly always is explained best as a functional/behavioral disability. The combined prevalence of the disabilities in the mixed etiology categories is 3.2% of the Pre Kindergarten (Pre-K) through 12<sup>th</sup> grade public school enrollment (hereafter referred to as P-12).

Three disabilities have prevalence over 1% of the P-12 enrollment, Other Health Impaired, Specific Learning Disability, and Speech/Language Impairment. Prevalence in Other Health Impaired has changed significantly over the last decade from about 0.4% to 1.4% as it has become a mixture of children with significant biological disorders such as epilepsy, diabetes, and asthma that require specially designed instruction and related services and children with attention-deficit hyperactivity disorder (ADHD), a condition without a clearly identifiable biological cause. It is highly likely that ADHD now accounts for 75% or more of the children in the other health impaired category.

High incidence disabilities typically are not identified prior to school entrance. Chronic achievement problems, particularly in reading, sometimes accompanied by disruptive behavior, lead to referral to special education by teachers and, for many, special education identification and placement. The special education and related services needed by the high incidence students typically are less extensive and expensive, costing approximately 1.5 to 2.0 times the average per pupil costs in general education.

The prevalence of low incidence disabilities likely is relatively constant across states and, within states, in districts that have substantial enrollments. All states have close to 1% of the overall enrollment needing high cost special education services. In addition, some students in the mixed etiology disability categories require very costly special education and related services while the costs for other students in the moderate prevalence categories are much lower. Moreover, disability identification of some students in the moderate and high prevalence

categories can be prevented through strong general education programming, thus preventing referral and special education placement. The large variations among states discussed above likely arise far more from high than low prevalence disabilities.

**Table 6. Kind of SWD, Presumed Etiology, and US Prevalence**

Disability Category	Low, Moderate, High Prevalence	Identifiable Biological Basis	US 2009-10 Prevalence
Deaf/Blind	Low	Yes	0.0% (rounds to zero)
Hearing Impaired and Deaf	Low	Yes	0.2%, (2 per thousand)
Multiple Disabilities	Low	Yes	0.3% (3 per thousand)
Orthopedic Impairment	Low	Yes	0.1% (1 per thousand)
Traumatic Brain Injury	Low	Yes	0.1% (1 per thousand)
Visual Impairment and Blindness	Low	Yes	0.1% (1 per thousand)
Autism	Moderate	Mix of causes	0.8% (8 per thousand)
Developmental Delay	Moderate	Mix of causes	0.7% (7 per thousand)
Intellectual Disability	Moderate	Mix of causes	0.9% (9 per thousand)
Other Health Impaired	High	Mix of causes Increasingly Functional/Behavioral	1.4% (14 per thousand)
Emotional Disturbance	Moderate	Functional/ Behavioral	0.8% (8 per thousand)
Specific Learning Disability	High	Functional/Behavioral	4.9% (49 per thousand)
Speech Language Impairment		Functional/Behavioral	2.9% (29 per thousand)

**LEA Variations in SWD Prevalence.** State and local education agencies (SEA: LEA) vary dramatically in SWD prevalence. LEA variations have been reported in numerous articles (e. g., Singer, et al., 1989). These variations appear in LEAs within the same state and in LEAs in different states. Large and to date unexplained LEA variations occur even among LEAs within the same state with demographically similar student populations and equivalent resources, presumably applying the same disability identification criteria. Although some studies have attempted to account for these variations, virtually no evidence developed thus far can account



for the large variations. In some commentaries, poverty is implicated as a contributor to higher SWD prevalence. Actual studies indicated that LEA poverty rates do not explain variations from district to district. In fact, urban districts with high poverty rates and large minority populations appear to have lower SWD prevalence than affluent suburban schools (US Department of Education, 2001).

Poverty is a factor, however. Poorer, lower achieving students in economically and racially/ethnically diverse districts are significantly more likely to be referred for disability consideration and more likely to be determined eligible for special education (Hibel, Farkas, & Morgan, 2012; Peterson & Shinn, 2002). It appears that *relative* achievement, compared to classroom average achievement, rather than low achievement per se, prompts referral to special education and disability identification.

Singer et al. (1989) reported large variations in SWD prevalence across 19 districts from different US regions. Using functional measures over 7 domains, Singer et al., compared the SWD categorical classification consistency across districts. Higher consistency was reported for low incidence disabilities with underlying biological causes (vision and hearing impairments, orthopedic impairment) than high incidence disabilities that generally involve behavior deficits with no identifiable biological disorder (speech/language, emotional disturbance, specific learning disability). Moreover, despite large overall SWD prevalence differences across districts, the prevalence of the biologically based disabilities was less variable. Kind of disability is an influence on prevalence and the prevalence of biologically based disabilities is more consistent across districts and, likely, across states as well.

Mahitivanichcha and Parrish (2005a, b) concluded that no specific state funding method was superior for encouraging best practices and that all had strengths and weaknesses. The actual effect of the different funding methods depended on complex state-specific factors that had to be carefully considered in public policy decisions. Different conclusions were reported in studies of states funding patterns (Kwak, 2010; Dhuey & Lipscomb, 2009), indicating that incentives in state funding methods do affect disability classification and placement decisions and that census-based funding systems were desirable in controlling costs and reducing inappropriate incentives to find more students with disabilities or to establish higher service levels.

**Table 7. Mean and Range of Prevalence in States Using Different Special Education Funding Methods.**

State Method (Ahearn, 2010)	Description of Method (Ahearn, 2010) descriptions were used	States Using Method (Ahearn, 2010)	Mean and Range Prevalence (Snyder & Dillow, 2011)
Multiple student weights	Funding usually as a multiple of general education costs, weighted per SWD depending on disability, type of placement, or severity of needs	AZ, CO, FL, GA, IN, IA, KY, NM, OH, OK, SC, TX (N=12)	M=13.2% H=16.4% (IN) L=10.1% (CO)
Census-based	Fixed dollar amount per total enrollment or ADA membership	AL, CA, ID, MA, MT, NJ, PA. MA excluded due to recent change to census-based funding	M=12.8% H=16.5% (PA) L=10.1% (ID)
Single student weights	Funding either a single multiple of the general education amount or a fixed dollar amount per special education student	LA, ME, NH, NY, NC, OR, WA	M=13.6% H=16.7% (MO) L=12.2 (WA)
General and Special Education Funding Combined	Funding to support special education included in overall education funding levels with, in most states, excess cost procedures (e. g., CT)	AR, CT, HI, MO, ND, RI, WV	M=14.2% H=18.1% (RI) L=11.1% (HI)
Resource-based Funding	Funding based on payment for a certain number of specific special education resources such as teachers or classroom units, usually prescribed by staff-student ratios that may vary by disability type, kind of placement, or severity of need	DE, KS, MS, NV, TN, VA	M=13.1% H=15.3 (DE) L=11.2 (NV)
Combination of Methods	Funding based on a combination of the previous methods	AK, IL, MD, SD, VT	M=14.1% H=15.3% (VT) L=12.1% (MD)
Percentage Reimbursement	Funding based on a percentage of allowable, actual expenditures	MI, MN, NE, WI, WY	M=14.9% H=17.1% (WY) L=13.8% (MI)
Block Grant	Funding based on a base-year or prior year allocations, revenues, and/or enrollment	UT	11.6%

Note: M=Mean, H=High, and L=Low

Funding methods also should contain some flexibility to account for special LEA circumstances. Flexibility is needed to account for unusually higher or lower rates of students with severe, multiple disabilities requiring expensive service levels. Supporting services for these high needs students can be burdensome for small school districts which may have difficulty generating sufficient local funds as part of their local share as well as greater limitations in personnel with expertise needed to provide an appropriate education to SWD with severe and multiple disabilities. Although one might expect a consistent proportion of high needs students across LEAs, research on prevalence indicates some inconsistency with specific LEAs having considerably more or fewer high needs students (*Study of the Incidence Adjustment in the Special Education Funding Model*, 2004) Some states, (e.g., WA), enable an LEA to seek more funds from the state for particularly high proportions of high needs students.

### **Connecticut Funding of Special Education**

Federal, state, and local funds support general and special education in Connecticut. The primary state funding is the Educational Cost Sharing (ECS) procedure that generates funds to districts in the state. ECS allocations are made to districts based primarily on enrollments and poverty statistics (town wealth and proportions of students eligible for free or reduced price school lunch (FRPL)). The Connecticut funding gradient for poverty is steep. Some wealthy districts receive state funds in amounts that pay only 3% or 4% of per student costs while other districts/towns with high poverty receive much larger per student allocations. The ECS formula is the primary mechanism to provide additional funds to districts with high poverty levels.

Connecticut per student expenditures are much higher than the US average (Snyder & Dillow, 2013, p. 304, Table 218). Compared to other northeast states and Maryland, Connecticut is lower than NJ, NY, and VT, but higher than ME, MA, NH, PA, RI and MD. Some adjustment for cost of living differences is appropriate (see reports by other state experts). Cost of living varies significantly in Connecticut depending on location in the state. The same is true of most if not all other states.

Poverty in the group of states represented in Table 8 is significantly lower than the national FRPL average of over 48% (Snyder & Dillow, 2013, p. 87, Table 46). Connecticut student poverty (34.5%) is well below the national average and slightly lower than the average for states in the northeast. Identification of students with disabilities is lower in Connecticut than other northeast states and, in some cases, well below (Snyder & Dillow, 2013, p. 87, Table 46).

Disability identification is a complex process that depends on state and district policy and other largely unknown factors (see also Figure 1). One other eastern state (Maryland at 12.2%) has disability identification essentially the same as Connecticut (12.1%). Higher disability counts do not necessarily result in better student outcomes, particularly if the higher rates are associated with more restrictive special education programs that take students away from the general education curriculum and general classroom instruction.

**Table 8. Average Student Expenditures, Poverty Levels, and SWE Prevalence in Northeastern States and Maryland.**

State	Average per Spending per Student 2009-2010	Poverty FRPL 2010-2011	SWD Identification 2010-2011
Connecticut	\$16,133	34.5%	12.2%
Maine	\$14,008	43.0%	17.1%
Massachusetts	\$15,411	34.2%	17.5%
New Hampshire	\$13,424	25.2%	15.3%
New Jersey	\$18,060	32.8%	16.5%
New York	\$19,965	48.3%	16.6%
Pennsylvania	\$13,078	39.4%	16.5%
Rhode Island	\$16,073	42.9%	17.6%
Vermont	\$16,946	36.8%	14.4%
USA Mean	\$11,445	48.1%	13.0%
Maryland	\$14,937	40.1%	12.1%

Source. Snyder & Dillow, 2013, Tables 46, 51 and 218

In the following sections results are presented by plaintiff and non-plaintiff districts as listed in Table 9. The plaintiff districts include those named in the *CCJEF v Rell Corrected Third Amended Complaint* and one additional district that has one named plaintiff (East Granby). The characteristics of the plaintiff districts are summarized in Table 9. The plaintiff districts compared to other Connecticut non-plaintiff districts generally had higher enrollments, higher rates of poverty, and higher prevalence of students with disabilities. All plaintiff districts had poverty rates higher than the Connecticut overall rate of about 34.5% except East Granby. SWD prevalence was highly inconsistent among plaintiff districts, varying from 9.7%, well below

state-wide prevalence for K-12 of 12.2%, to several well above the state-wide prevalence. Winchester had the highest SWD prevalence at 19.4%. The relationship between SWD prevalence and poverty was small to moderate. Winchester with the highest SWD prevalence has a poverty rate essentially at the state average (34.9% vs 34.5%). Bridgeport with a poverty rate of 99% has SWD prevalence slightly above the state average (12.7%). In further analyses, the relationships between these factors are analyzed more precisely.

**Table 9. Enrollment, Poverty, and Prevalence of Students with Disabilities in Named Plaintiff Districts and *CCJEF v Rell* Member Districts**

District	Enrollment	FRPL Percent	SWD Percent	District	Enrollment	FRPL Percent	SWD Percent
Bloomfield	2,275	48.6%	10.6%	New Haven	18,174	68.9%	12.2%
Bridgeport	21,491	99.1%	12.7%	New London	3,426	86.9%	17.2%
Danbury	10,205	49.6%	10.6%	Norwalk	11,302	44.9%	9.7%
East Granby	874	3.7%	9.7%	Norwich	5,461	72.7%	15.7%
East Hartford	7,858	58.8%	13.9%	Plainfield	2,458	42.9%	12.2%
Hamden	6,749	38.5%	12.0%	Putnam	1,188	56.6%	14.1%
Hartford	20,234	89.8%	15.6%	Stamford	17,473	48.3%	9.5%
Killingly	2,496	42.5%	14.4%	Stratford	7,360	43.6%	9.5%
Manchester	7,140	56.1%	13.7%	Torrington	4,623	45.7%	16.7%
Middletown	5,243	43.7%	11.8%	Winchester	1,335	34.9%	19.4%
New Britain	10,732	79.7%	14.2%	Windham	3,110	79.1%	16.9%

**Notes:**

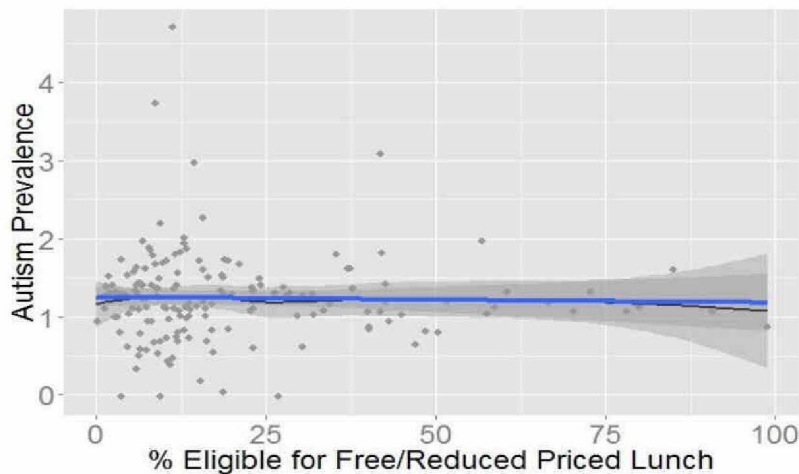
Enrollment source is the SEDAC October 1, 2011 Final File, K-12 student enrollment  
FRPL source is the Connecticut Department of Education Free and Reduced Price School Lunch file.

SWD identification source is the SEDAC October 1 Final File, SWD Prevalence for K-12 enrollment

**Autism Prevalence.** Plaintiffs' special education experts asserted that districts with higher poverty rates also had higher proportions of students with Autism, further claiming that such students required much higher service levels and substantially higher costs (McLaughlin et al., 2012). The claim was based on dividing Connecticut school entities by Quintiles that were based on poverty levels. As noted previously, this analysis was misleading because 15 of the 31 entities in Quintile 5, the highest poverty category, were not responsible for special education

costs. A more appropriate analysis is to examine poverty levels and Autism prevalence for all districts in the state. These results are presented in Figure 3. The relationship between school lunch eligibility and Autism prevalence does not exist for Connecticut school districts. The correlation of  $-0.03$  is not statistically significant and can only be interpreted as indicating no relationship between district Autism prevalence and district poverty status.

**Figure 3. Relationship between District Poverty and Autism Prevalence in All CT Districts Responsible for Special Education Expenditures**

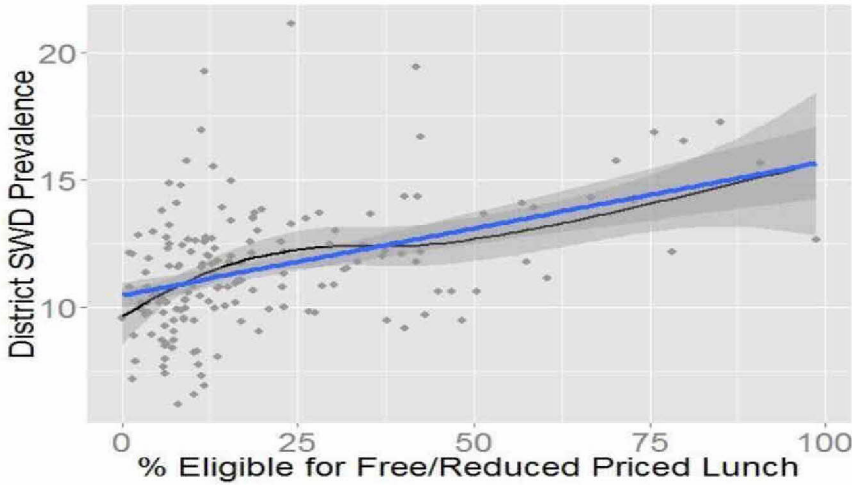


Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

**Overall Prevalence of Disabilities and Poverty.** The relationship between overall prevalence of students with disabilities and distribution of disabilities across categories and poverty was then analyzed. In Figure 4 the relationship between district poverty and overall SWD prevalence is depicted. The overall correlation in 2010-2011 was 0.42 indicating a moderate relationship. The correlation means that approximately 16% of the variation in overall district SWD identification can be accounted for by poverty, leaving 84% of this variation not explained. Inspection of Figure 4 reveals considerable variation in SWD prevalence at each of the poverty levels. For example, six districts have poverty rates over 75%. In these high poverty districts, SWD overall prevalence in four districts is at or above 15% while in the other two districts SWD overall prevalence is near the state-wide average.



**Figure 4. Relationship of Total SWD Prevalence and District Poverty in 2010-2011**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

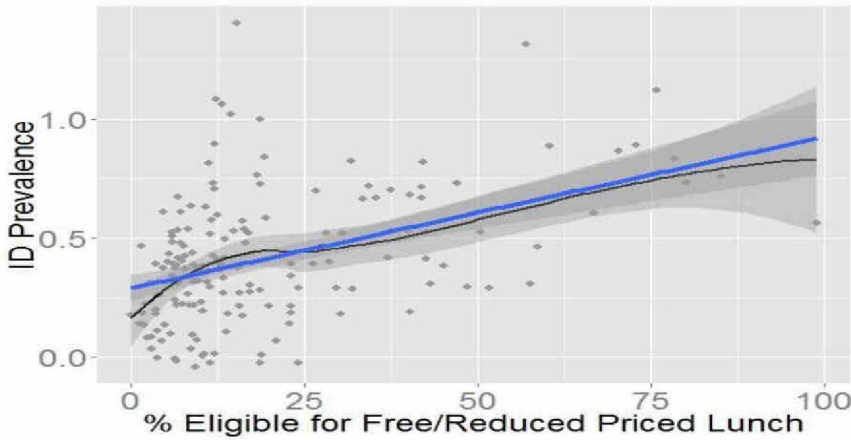
In Figure 5 the relationship between district Specific Learning Disabilities (SLD) prevalence and poverty is presented. The correlation of 0.23 can be characterized as a weak relationship, accounting for only approximately 5% of the variation between poverty and SLD prevalence. In other words, other factors account for 95% of the variation among districts in SLD prevalence.

**Figure 5. Relationship between District Specific Learning Disabilities Prevalence and District Poverty in 2010-2011**



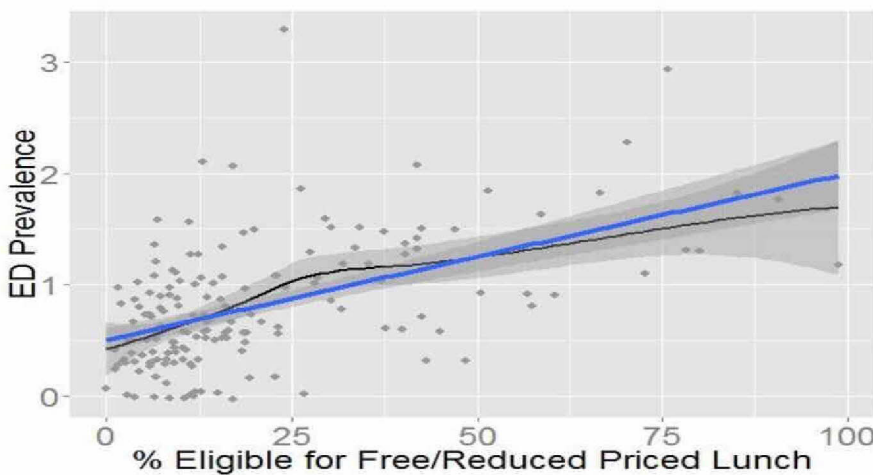
In Figure 6 the relationship between poverty and prevalence of intellectual disability (ID) is presented. The overall prevalence of ID in Connecticut is very low, statewide=0.4%, or only 4 per thousand students. The relationship of ID prevalence to poverty is indicated by a correlation of 0.46, indicating a moderate relationship meaning that poverty accounts for about 21% of the district variations in ID prevalence.

**Figure 6. District Poverty and Prevalence of Intellectual Disability.**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

**Figure 7. District Poverty and Prevalence of Emotional Disturbance**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

The relationship between district prevalence of Emotional Disturbance and Poverty is presented in Figure 7. The relationship was moderate, correlation=0.52, meaning that about 27% of the variation in-district prevalence of ED was explained by district poverty.

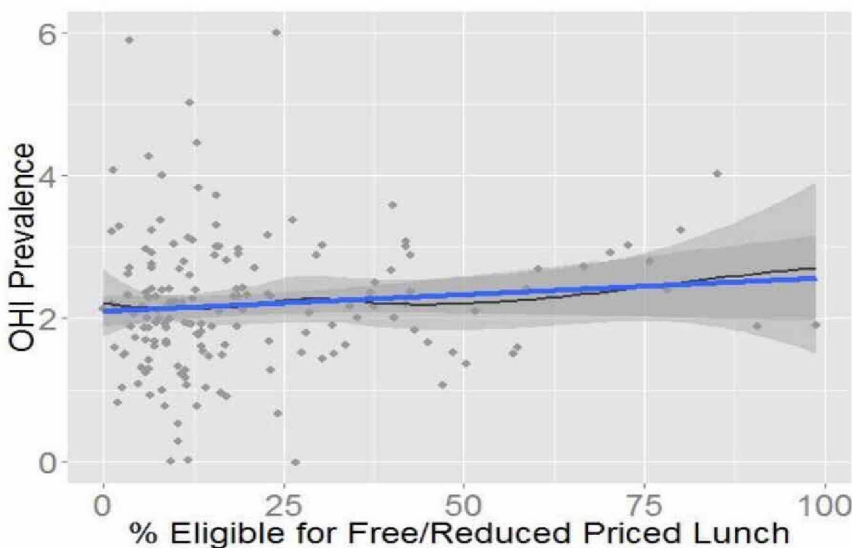
The relationship between district poverty and Speech/Language (Sp/L) prevalence was only 0.04, indicating that district poverty had no effect on Sp/L prevalence (see Figure 8). Essentially the same result of no relationship exists between poverty and Other Health Impaired prevalence (see Figure 9).

**Figure 8. Poverty and Speech/Language Impairment Prevalence**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

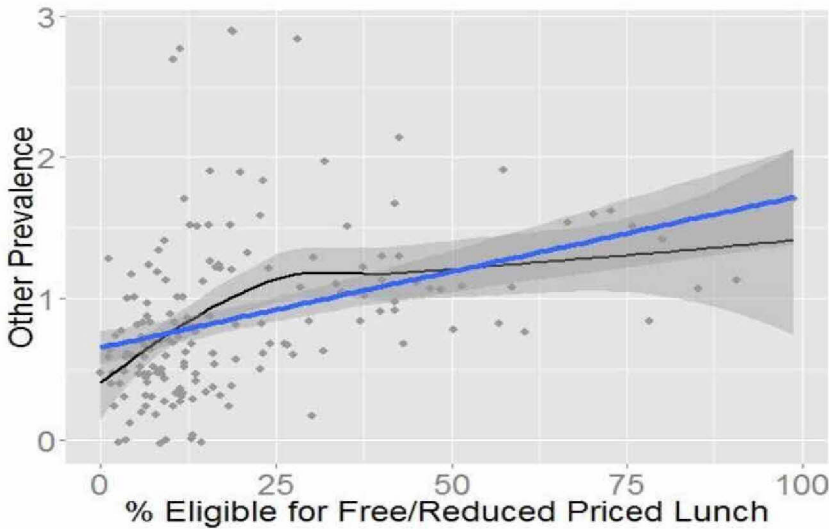
**Figure 9. District Poverty and OHI Prevalence**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

The last of these figures depicts the relationship between the category of “Other,” composed of six low prevalence disabilities, and district poverty. A correlation of 0.37 is reported in Figure 10. This correlation indicates a moderate relationship, meaning about 14% of the variations of the low prevalence disabilities is explained by district poverty.

**Figure 10. Poverty and the Prevalence of Low Prevalence Disabilities**



Source *CCJEF\_2011 - Supp.xls (Tbl39)*; *CCJEF\_2012 - Supp.xls (Tbl39)*

Summary. There is a small to moderate relationship between district poverty and the prevalence of some disabilities while the prevalence of several other disabilities is not related to district poverty. Large variations exist in the prevalence for each of the disabilities among districts that are similar in poverty levels, suggesting that other factors have a larger influence on the prevalence of students with disabilities than poverty. Moreover, the differences in prevalence occur to a larger degree with high than low prevalence disabilities. Generally, the costs of high prevalence disabilities are lower per student than low prevalence disabilities.

**District Special Education Expenditures.** The next step in the analysis was examination of special education district expenditures by enrollment, poverty level, and district *CCJEF v Rell* status, plaintiff or non-plaintiff. The first analysis examined the relationship of special education expenditures to district enrollment. The special education expenditures are the costs per student *in addition* to the general education expenses for the student. For example the average special education cost per student in districts with enrollment in the 1000 to 4999 range was \$25,789



(see Table 10). These costs are for the special education and related services. They do not include the general education costs for the special education students (personal communication Kevin Chambers, April 29, 2014). So, for example, if the district overall per student average cost was at the state average of approximately \$16,000 per student, the total cost of special education per student is the special education cost (\$25,789) plus the district per general education cost of approximately \$16,000, yielding a total per student cost of nearly \$42,000 per student or about 2.6 times the cost of students in general education. These Connecticut cost ratios are considerably higher than the Chambers et al. (2004) findings of a 1.9 ratio of special education student costs above general education costs. From these data, it appears that special education in Connecticut, compared to other states, and is very well funded.

Special education costs above the general education costs for each student vary significantly *within* categories of district enrollment, for example, from \$17,315 to \$41,954 in the enrollment category of greater than 5,000 students. The mean special education costs across the four enrollment categories were less variable, from \$25,789 to \$28,905. (see Table 10).

**Table 10. Special Education Costs in 2010-11 by District Enrollment**

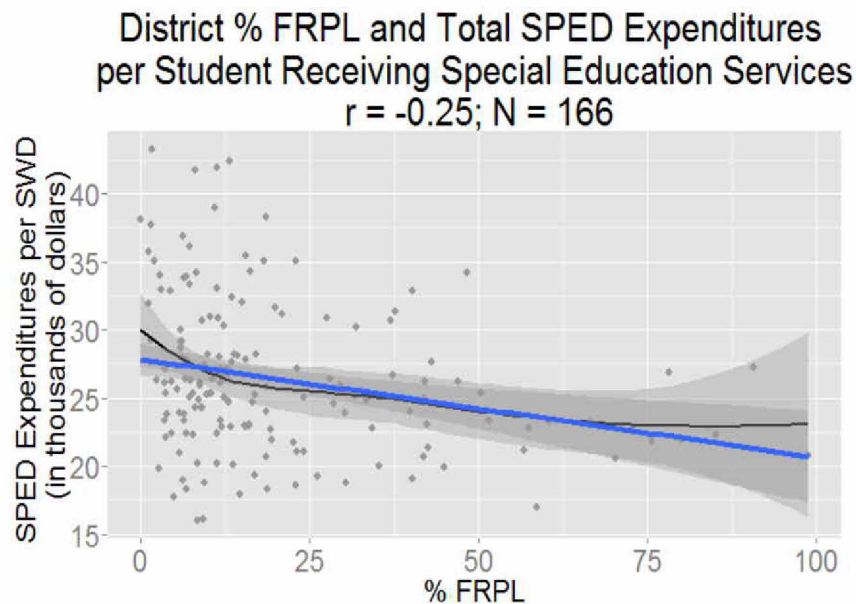
Enrollment	N	Min	Mean	Median	Max
<500	28	15,870	26,118	25,672	38,179
500-999	21	19,215	28,905	30,048	38,884
1000-4999	88	18,205	25,789	24,847	42,804
>5000	29	17,315	26,645	25,953	41,954

Next the special education costs in plaintiff and non-plaintiff districts were analyzed. The mean costs in the non-plaintiff districts were about \$2,000 less than in plaintiff districts. Several explanations might account for the lower costs in the plaintiff districts. First, larger enrollments exist in the plaintiff than non-plaintiff districts leading to economies of scale. A small district with a complex needs student may have little recourse other than a one to one aide to provide the necessary support to deliver an appropriate education. In a larger enrollment district several students with similar complex needs are more likely to be present permitting, for example, an aide per two rather than per one student. Second, larger districts are more likely to have the expertise to establish appropriate within-district programs for students with complex needs rather than placing a student in an out-of-district placement that typically is significantly more expensive than a comparable program in the district.

**Table 11. Special Education Costs in Plaintiff and Non-Plaintiff Districts**

Plaintiff	N	Min	Mean	Median	Max
Non-P	144	15,870	26,637	25,530	42,804
Plain.	22	17,315	24,755	24,082	34,354

The relationship between district poverty levels and per student expenditures was analyzed (see Figure 11). The relationship is small,  $r = -0.25$ , indicating that districts with higher poverty levels have slightly lower per student special education costs to deliver appropriate programs to students with disabilities. The correlation is small accounting for approximately 6% of the variation in-district costs. Contrary to the plaintiffs' expert report that used the flawed Quintile analysis, districts with higher poverty do not incur higher costs to deliver appropriate programs to students with disabilities.

**Figure 11. District Poverty and Special Education Per Student Expenditures**

Excess Cost Factor. Connecticut districts can obtain additional funds from the state for students with disabilities whose special education costs exceed 4.5 times the general education student cost in the district. The excess cost funding is intended to defray the costs of meeting the complex and significant needs of some students with disabilities who require extensive special education and related services to receive an appropriate education. If the average general



education student expenditure in the district was about \$16,000, excess cost reimbursement would be available to pay for costs above approximately \$72,000. The excess cost procedure is an additional method to pay for districts' special education costs.

Interviews with the 10 special education directors revealed some concerns about the delivery of the excess costs funds. First, excess cost funding shortfalls by the state amounting to appropriation of about 70% of the necessary funds were mentioned by several directors. The reduced excess cost funding apparently emerged during the recent national economic recession.

A second problem with the excess costs emerged in the interviews that is not easily understood or explained. The excess costs are paid to the town, not directly to the school district. According to the interviews some towns allocate all the excess cost monies to the district while other towns allocate only part or none of these funds to the district. Two plaintiff districts were quite explicit that they did not receive any of the excess cost funds. Some other special education directors thought the town was legally obligated to transfer the funds to the district, but some difference of opinion clearly exists. Clarification of the allocation of the excess cost funds is needed.

Adequacy of Special Education Funding.<sup>5</sup> All of the special education directors agreed that they had adequate funds to provide appropriate programs to students with disabilities in their district, although sometimes the agreement was with reluctance and qualifications. Two directors made clear that the funds might be regarded as adequate, but were insufficient to *fully* implement IDEA. Moreover, one superintendent also participated in the conversation and made the point that inadequate special education funding had the effect of limiting resources to students in general education. She commented, "The district has to fund the programs for students with disabilities, but that increasingly comes at the expense of general education students." Several mentioned special education as an unfunded mandate and provided a list of other unfunded mandates in addition to special education imposed on districts. Nonetheless, the directors generally reported that funding was adequate and that problems with IDEA implementation had more to do with district organization, use of resources, and monitoring compliance than

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<sup>5</sup> I took notes using computer word processing during the interviews with district special education directors. At the conclusion of the interview I turned the computer screen to the director and asked for review and verification. Slight changes typically were made. Directors agreed with the accuracy of the interview notes as revised.

insufficient funds. However, all directors believed that more funding would lead to better results for students with disabilities.

When asked about priorities for the expenditures, most mentioned staff professional development, especially regarding techniques to deal with complex, challenging, often aggressive behaviors. The challenging behaviors were most often listed as significant challenges and the reason that some students were placed out of the district in what typically are extremely expensive special education programs. Every director mentioned concerns with the costs of out district placements and nearly all described efforts to provide appropriate programs within the district.

Summary. Connecticut school districts are funded very well compared to national averages for per student funding. Substantial additional monies are provided to districts with higher poverty levels. Special education expenditures in Connecticut appear to be well above national averages and adequate to meet the IDEA requirement to provide appropriate programs to students with disabilities.

### **Least Restrictive Environment (LRE) and the Costs/Benefits of Special Education**

Delivery of special education instruction and related services in the most normal environment possible consistent with delivery of an appropriate program is a foundational principle in the federal and state special education laws since the mid-1970s. Least restrictive environment involves three questions: Where is the program delivered? What is the student doing? and Who is the student with? The goal in the IDEA legislation is placement in the general education classroom, pursuing general education curriculum goals, and interacting with non-disabled peers, with the qualification that the programs must be appropriate and be based on the student's needs. LRE does not mean always being in the general education classroom or always being with like-age, non-disabled peers. The key principle is to be in as normal an educational situation as possible that is consistent with delivering an appropriate program.

The LRE profile for a district or state is typically expressed in broad categories reflecting the degree of involvement in general education classrooms and settings. The federal Office for Special Education Programs (OSEP) established categories of program placements to reflect different degrees of involvement in general education. Districts must report to states and states to OSEP their LRE profile in different settings over these placements defined by the amount of

time in the general education classroom. The common names educators typically associate with the categories and the OSEP time/setting parameters are given in Table 12.

**Table 12. OSEP LRE Placement Categories and Common Names**

Common Name	OSEP Percent Parameters
General Education	Participation in the General Education Classroom for $\geq 80\%$ of the School Day
Resource Teaching Program	Participation in the General Education Classroom for 40% to 79% of the School Day
Special Class	Participation in the General Education Classroom $< 40\%$ of the School Day
Separate Programs	Programs located in separate settings involving very little or no involvement with general education classrooms or non-disabled peers

Note: The LRE category of separate programs includes several OSEP categories involving separate settings within a school district, out-of-district placements, and homebound programs.

LRE category generally is related to special education costs. Although there are exceptions in individual student cases, the more separate the program from general education, the greater the cost. Generally, the most expensive programs for students with disabilities are out-of-district placements that typically require payment of tuition from the school district. These payments often exceed the Connecticut 4.5 excess cost level and are a concern to all of the special education directors I interviewed.

The distribution of students with disabilities across the LRE categories for Connecticut state-wide, Connecticut Plaintiff (listed in Table 9) and Non-Plaintiff districts, other northeast states and Maryland appear in Table 13. The proportion of Connecticut students in general education for 80% or more of the school day has improved dramatically over the 10-year period from 2001-2002 to 2011-2012, from 55% to 71% (US DOE, 2012). The overall Connecticut LRE profile compares favorably with the other states in the northeast, the US average, and Maryland. In Connecticut 87% of students with disabilities spend at least 40% of the school day in general education classrooms.

**Table 13. 2010-2011 School Year State Annual Performance Reports LRE Profiles for CT State-Wide, CT-Plaintiff, and CT Non-Plaintiff, and Other Northeast States**

Place-ment Option	CT State-wide	CT Plain-tiffs	CT Non Plain-tiffs	ME	MA	NH	NJ	NY	PA	RI	VT	USA	MD
≥80%	71%	67%	72%	55%	58%	73%	48%	56%	61%	71%	74%	60%	66%
40%-79%	16%	16%	17%	31%	20%	16%	28%	15%	25%	10%	13%	20%	13%
<40%	5%	8%	5%	11%	15%	9%	16%	23%	10%	13%	7%	15%	14%
Separate Setting	7%	9%	7%	3%	7%	3%	8%	6%	4%	5%	6%	5%	7%

Note. Percent rounded to the nearest whole number.

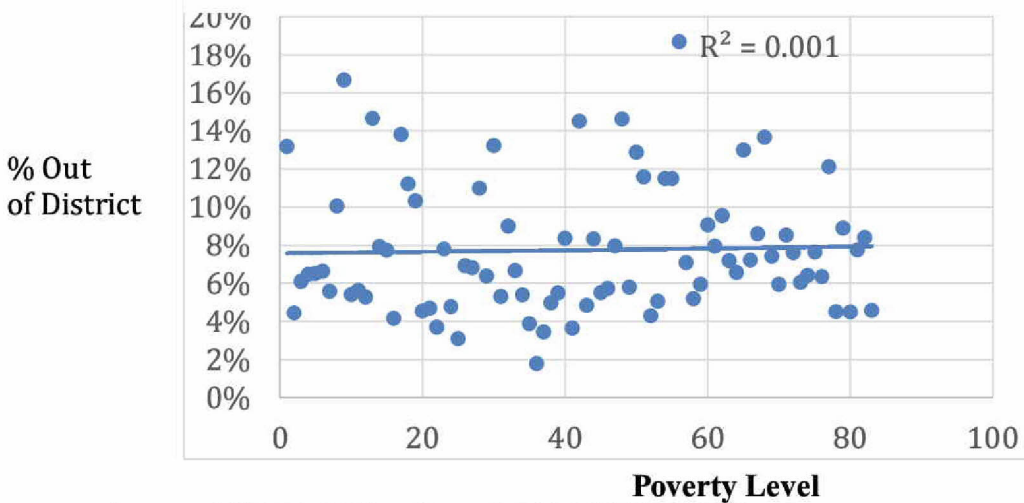
Sources: <http://www2.ed.gov/fund/data/report/idea/partbspap/allyears.html> and Snyder & Dillow, 2013, p. 91, Table 50).

The proportion of Connecticut students with disabilities placed in separate settings is a potential concern due to the generally higher expenditures associated with these programs and the degree of separation from general education instruction. The Connecticut state-wide level is 7% and is above the national level of 5% and exceeds the separate setting percentages of six of the nine states in the northeast region. The state goal is to reduce separate setting placements to 6% (Connecticut Annual Performance Review, 2013 at <http://www2.ed.gov/fund/data/report/idea/partbspap/allyears.html?exp=2#md>). Reducing separate setting placements, particularly changing out-of-district placements to in-district programs would save substantial amounts of money for Connecticut school districts. The LRE profiles of Connecticut Plaintiff and Non-Plaintiff districts differed primarily in the proportions of students in general education 80% or more of the school day and in the use of separate settings (see Table 13). Greater use of the full time general education setting was higher in Non-Plaintiff than Plaintiff districts (72% vs 67%). This difference likely has some cost implications. The greater cost consideration exists with the higher Plaintiff than Non-Plaintiff use of separate setting placements (9% vs 7%). The separate setting programs, especially out-of-district placements are significantly more costly to the district and, in addition, nearly always involve less exposure to general education social settings, instruction, and curriculum. Plaintiff districts could save money

and, likely, increase educational opportunities for students with disabilities by reducing placements in separate settings to the national level of 5%.

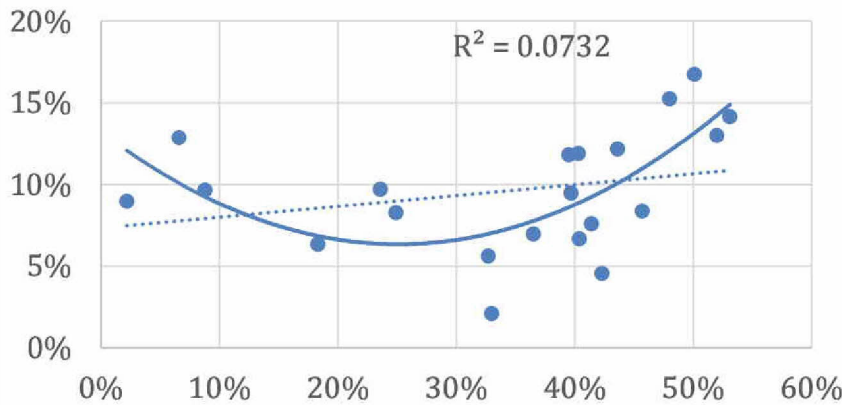
The relationship of district poverty and out-of-district placements for Non-Plaintiff districts is depicted in Figure 12. For the vast majority of Connecticut school districts, the Non-Plaintiff districts, there is no discernible relationship between poverty and out-of-district placements.

**Figure 12. The Relationship of Poverty to Out of Districts Placements in Non-Plaintiff Districts**



Source: CCJEF\_2012 – Supp (Tbl4, Tbl10, Tbl29)

**Figure 13. Relationship of District Poverty and Out of District Placement of SWD in 2012 in Plaintiff Districts**



Sources: CCJEF\_2012 – Supp (Tbl4, Tbl10, Tbl29)



The relationship for Plaintiff districts of district's poverty and out-of-district placements of students with disabilities is depicted in Figure 13. For Plaintiff districts the relationship is more complex and non-linear, meaning that the relationship between district poverty and out-of-district placements depends on the level of poverty. Plaintiff districts with very low levels of poverty (FRPL < 10%) had relatively higher rates of out-of-district placements. Districts with FRPL between 10% and 40% had somewhat lower overall and highly variable rates of out-of-district placements. For districts with poverty between 40% and 50%, the level of out-of-district placements was highly variable with 3 districts at or below 8% and 4 above 8%. The three districts with > 50% poverty all had out-of-district placements at above 12 per cent. The major finding here is that Plaintiff districts have higher rates of out-of-district placements that vary in complex ways with district poverty.

The costs and, to a lesser degree the appropriateness, of separate setting placements emerged in every interview I conducted with district directors of special education. Several mentioned that they were striving toward reducing separate setting placements through professional development of staff, focused particularly on competencies to deal with challenging behavior, and the development of in-district placement options for students with challenging behavior.

Some proportion of the out-of-district placements did not involve the local districts, but required local district assumption of all of the costs. Special education directors were concerned about out-of-district placements made by other Connecticut government units such as the Department of Children and Families and the state courts. In some instances these placements were made without the knowledge of local officials until the costly tuition bills were sent to the district. Moreover, in some of the cases a more integrated program in the local district might have been more desirable in terms of the student's development. The special education directors would support, I believe, some change in how the out-of-district placements are made including greater involvement of district special education related services and educational personnel.

Summary. Plaintiff districts as a group spend larger amounts on separate setting placements for students with disabilities. Separate setting placements are used at a higher level by Connecticut Plaintiff than Non-Plaintiff districts and at a higher level than several other northeast states and the US. Reducing separate setting placements is a viable way to provide



special education and related services more efficiently and, in many cases, with greater potential benefits to the children served. Some revisions in current placement practices should be considered to improve local district involvement and influence on separate setting placements.

### **Connecticut Students with Disabilities and School Achievement**

The educational achievement of students with disabilities (SWD) has improved significantly since the IDEA (1997) requirement that individualized education programs be based on goals from the general education curriculum and strong encouragement by the Office of Special Education Programs to integrate SWD into the general education to the maximum extent consistent with delivering an appropriate educational program. It is indeed true that the capability of SWD to achieve in the general education curriculum was underestimated by many general and special educators and concerted efforts to improve SWD educational programs resulted in significant achievement gains.

It is unrealistic, however, to expect students in special education programs to achieve academically at the same level as general education students. Certainly, some SWD do indeed achieve at very high levels; however, the definitions of disabilities in IDEA at 34 C.F.R. 300.8 include language that the disability interferes with educational achievement and that the student needs specially designed instruction to attain an appropriate education. Further, federal and state classification criteria for specific learning disabilities, the largest prevalence category, include language about below average achievement in relation to state standards for achievement. There may be some reasonable exceptions to the below average achievement clause; nevertheless, the vast majority of students with specific learning disabilities do have achievement well below district and state averages. Clearly, we must establish high expectations for SWD and foster achievement growth with appropriate educational programs; however, students with disabilities as a group will not achieve as well as general education students.

The achievement of general and special education students on the Connecticut Mastery Tests at grades third through eighth is summarized in Tables 14 through 18 on subsequent pages. First a caution; The Scale Scores cannot be compared between grade levels because the scale is recalibrated by grade level each year. A lower scale score at a higher grade level does NOT imply that achievement has declined, only that the scale is recalibrated by grade. Several findings are noteworthy. First, there are different levels of achievement comparing general education

students in Plaintiff and Non-Plaintiff districts. General education students in Non-Plaintiff districts obtain higher scale scores at every grade with approximately the same difference at each of the grade levels. As noted previously, the Plaintiff and Non-Plaintiff districts differ significantly in overall poverty proportions and the size of this gap is typical for districts differing in poverty levels. Although Connecticut has established policies and funded interventions to overcome the achievement gap related to poverty, the gap still exists in Connecticut and every other state that I have examined (See other defense expert reports regarding the poverty gap).

The next comparisons of interest in Tables 14-18 are the gaps between students with disabilities and general education students at each grade level. These gaps are consistently higher for Non-Plaintiff than Plaintiff districts at every grade level. For example, at grade 6 (Table 17), the Plaintiff gaps over three areas of achievement were smaller than the Non-Plaintiff gaps. This trend holds true at every grade level and in every subject except for Writing at 4<sup>th</sup> grade where the gaps were equal. Plaintiff students in special education generally have smaller achievement gaps compared to general education students at every grade level and in every subject. Inferences from these data are tentative, but it appears that Plaintiff districts may be more effective in controlling the achievement gap between students with disabilities and general education students.

**Table 14. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 3rd Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Wri</b>
Plain_Gen	241.0	225.5	239.3
Plain_SWD	200.7	185.2	187.3
Plain_Gap	40.3	40.3	51.9
Non-P_Gen	273.8	252.1	265.4
Non-P_SWD	230.4	208.0	209.4
Non-Plain_Gap	43.4	44.1	56.0

*All districts with counts sufficient for state reporting are included*

**Table 16. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 5<sup>th</sup> Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Sci</b>	<b>Wri</b>
Plain_Gen	254.9	224.0	239.1	244.6
Plain_SWD	212.8	185.3	189.7	196.4
Plain_Gap	42.1	38.7	49.5	48.1
Non-Plain_Gen	288.8	255.6	274.8	269.8
Non-P_SWD	236.9	210.1	221.0	217.2
Non-Plain_Gap	52.0	45.5	53.8	52.6

*All districts with counts sufficient for state reporting are included.*

**Table 15. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 4<sup>th</sup> Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Wri</b>
Plain_Gen	245.8	236.1	239.5
Plain_SWD	205.6	194.0	189.7
Plain_Gap	40.3	42.1	49.8
Non-Plain_Gen	283.2	268.8	265.8
Non-P_SWD	238.1	223.4	216.0
Non-Plain_Gap	45.1	45.4	49.8

*All districts with counts sufficient for state reporting are included*

**Table 17. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 6<sup>th</sup> Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Wri</b>
Plain_Gen	250.1	249.3	244.9
Plain_SWD	210.7	211.7	195.7
Plain_Gap	39.3	37.5	49.1
Non-Plain_Gen	280.9	278.4	270.6
Non-P_SWD	234.0	233.1	216.6
Non-Plain_Gap	46.8	45.3	54.0

*All districts with counts sufficient for state reporting are included*

**Table 18. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 7<sup>th</sup> Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Wri</b>
Plain_Gen	250.0	237.1	232.6
Plain_SWD	208.7	195.9	188.1
Plain_Gap	41.3	41.2	44.5
Non-Plain_Gen	283.7	269.7	261.3
Non-P_SWD	235.8	220.8	210.9
Non-Plain_Gap	47.8	48.9	50.4

*All districts with counts sufficient for state reporting are included.*

**Table 19. 2011 Scale Scores for General and Special Education Connecticut Mastery Test Results at 8<sup>th</sup> Grade for Plaintiff and Non-Plaintiff Districts**

<b>Group</b>	<b>Mth</b>	<b>Rdg</b>	<b>Sci</b>	<b>Wri</b>
Plain_Gen	242.6	242.0	234.4	233.5
Plain_SWD	206.7	204.9	192.8	186.0
Plain_Gap	36.0	37.2	41.6	47.5
Non-Plain_Gen	278.5	274.8	270.8	265.3
Non-P_SWD	230.1	227.8	220.1	210.8
Non-Plain_Gap	48.4	47.0	50.7	54.5

*All districts with counts sufficient for state reporting are included*

### Availability of Personnel to Implement IDEA

The delivery of appropriate programs to students with disabilities that meet the Individuals with Disabilities Education Act (IDEA) provisions requires significantly lower ratios of professional personnel to numbers of student in special than general education. Connecticut personnel ratios devoted primarily to students with disabilities compare favorably to ratios among the northeast states and to US averages. The personnel resources are nearly the same in Plaintiff and Non-Plaintiff districts (see Table 20). Non-Plaintiff districts have slightly better ratios of personnel per 100 students with disabilities. For example, the special education teacher ratio per 100 special education students was 8.9 in Non-Plaintiff and 8.4 in Plaintiff districts. Based on comparisons to national averages and to other northeast states, sufficient numbers of personnel exist to implement the IDEA in Connecticut school districts.

**Table 20. Ratios of Special Education Teachers, Speech Language Pathologists, and School Psychologists to the Number of Students with Disabilities. (2010-2011)**

	Number of Districts	Special Education Teachers (FTE/100 SPED Students)	Speech Language Pathologists (FTE/100 SPED Students)	School Psychologists (FTE/100 SPED Students)
Non-Plaintiff	144	8.9	1.8	1.6
Plaintiff	22	8.4	1.3	1.2

FTE means Full Time Equivalent.

Sources: CCJEF CEDAR Req Staff 2011.xlsx (FTE by type (no GET); CCJEF for total, FRL, SE and ELL enrollment by district as of 03262014.xls (dist1011)

### Prevention and Early Reading Results

Reading achievement in the early grades predicts achievement in different subjects in later grades. Moreover, children who are not reading reasonably well by the end of third grade are at increased risk for a variety of poor outcomes in later education pursuits as well as social and career outcomes (*Early Warning! Why Reading by the End of Third Grade Matters*, 2011; National Reading Panel, 2000; Snow, Burns, and Griffin, 1998). Although the so called <sup>6</sup>*reading wars* are not resolved regarding methodologies taught and used in teacher preparation and

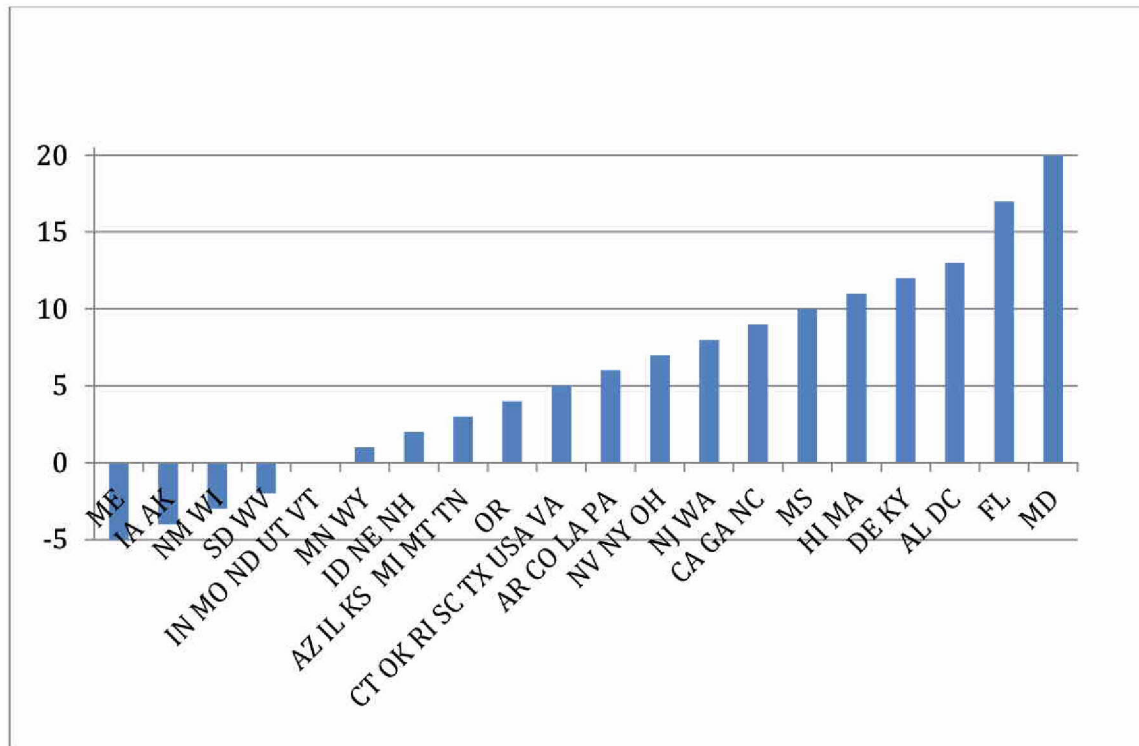
<sup>6</sup> Simplified here as contrasting approaches emphasizing SBRI involving direct, explicit instruction and the five content areas of reading vs a whole language approach emphasizing inquiry or discovery instruction and much less emphasis on phonemic awareness and phonics.

classroom practices, there is a strong scientific consensus that direct and explicit instruction in reading over the basic five content areas (phonemic awareness, phonics, fluency, vocabulary, and comprehension) is important to improve reading outcomes. Direct and explicit instruction likely is especially important for students who present at school with limited language competencies, the case with many children in poverty circumstances.

Reading and mathematics achievement at the 4<sup>th</sup> grade level on the National Assessment of Educational Performance is a good indicator of state level achievement in these vital areas. Connecticut 4<sup>th</sup> graders were above the national mean in 1992 by 7 scale score points (US mean=215 and CT mean=222). In 2011 Connecticut 4<sup>th</sup> graders again attained reading performance above the national mean (US=222 and CT mean=227). Connecticut 4<sup>th</sup> grade students improved in reading, consistent with national trends.

In Figure 14 a slightly different perspective on 4<sup>th</sup> grade reading trends is presented that focuses on the amount of growth in reading in each state from 1992 to 2011, or for some states, from the year that the state first participated in NAEP. The average growth using the NAEP standard score scale was 5 points from 1992 to 2011, estimated to be approximately 0.2 of the NAEP scale score standard deviation. However, the amount of growth was highly variable across states. Some states' NAEP 4<sup>th</sup> grade growth was negative meaning that students did better in 1992 (or the first year the state participated in NAEP) than in 2011. Six states' reading performance declined. Other states had the same standard score in 1992 and 2011, or gained slightly. Connecticut 4<sup>th</sup> graders attained the average amount of growth of 5 NAEP standard score points. Growth in some states was well above the national average. States growing by 10 or more NAEP scale score points were MS, HI, MA, DE, KY, AL, DC, FL, and MD. Although there is no definitive study of how these states were different, from personal knowledge I can describe some of the differences. First, the states that grew by 10 points or more generally established strong standards that defined reading content and goals, often referred to as scientifically-based reading instruction (SBRI). The standards were supported by curriculum frameworks to guide teachers in implementing instruction closely related to the standards. The curriculum frameworks were paired with appropriate state and local assessments (e. g., curriculum-based measures of early reading progress). Finally, teacher professional development was devoted to the SBRI and, in some states, teacher preparation programs were required to teach prospective teachers SBRI.



**Figure 14. NAEP Reading Growth 1992-2011 at the 4<sup>th</sup> Grade: NAEP Standard Scores**

Source: National Center for Education Statistics (2012). *The Nation's Report Card: Reading 2011*. Washington DC: Institute for Educational Sciences, US Department of Education. Table 8, p. 22 <http://nces.ed.gov/nationsreportcard/>

Most states did not follow the SBRI process described in the preceding paragraph. Until recent years, that conclusion appears to be applicable to CT. The Education Reform legislation enacted recently by the CT legislature reverses that trend and emphasizes implementation of SBRI (Personal communication with Ellen Cohn, Connecticut Department of Education). Although CT might be criticized for not emphasizing SBRI sooner, the same can be said about 34 other states whose growth was six points or less. In other words what Connecticut did regarding reading was essentially similar to what was done in two-thirds of the states.

Teacher professional development in SBRI was emphasized in all of the high growth states. In some cases, additional funds were used from federal and state sources to support professional development. Alabama, a state with restricted resources, implemented SBRI with Reading First federal funds augmented by some state funding. Alabama and several other high

growth states were able to implement SBRI despite restricted resources and student populations with high poverty levels.

Connecticut efforts to intervene early to prevent many later reading problems is enhanced significantly by recent Education Reform legislation that emphasizes response to intervention systems (Reschly & Bergstrom, 2009) and appropriates funds to improve early reading instruction. Based on the experiences of other states, these changes are likely to improve overall reading performance in the state. This legislation also established requirements that certain teachers must pass a Foundations of Reading test. The requirement applied to Elementary Education and Early Childhood teachers effective September 1, 2009. The requirement was extended to teachers seeking endorsement in Comprehensive Special Education, Remedial Reading, Reading and Language Arts, and to Consultants in Language Arts effective September 1, 2013. The Foundations of Reading test will prompt greater emphasis on SBRI in Connecticut teacher preparation programs and contributes to the improvement of teacher competencies in teaching reading.

Greater success in teaching reading in the early grades has an effect on the number of children referred to special education in later grades due to poor reading achievement. Many of these students in the past have been classified as specific learning disabled (SLD) and placed in special education. The declining proportions of students classified as SLD in Connecticut and the US likely is reflective of improved early reading instruction as part of response to interventions systems implemented by states and local districts.

Credibility of the above assertion was supported by the content of interviews with special education directors. All were committed to participating in the Connecticut response to intervention process and supporting SBRI. Several commented that the SLD prevalence was declining in their district *because* of the existing efforts to identify and intervene with reading problems in the early grades, rather than waiting for students to fail. Instruction using SBRI principles and more frequent monitoring of student progress in acquiring reading skills were regarded as key elements in preventing disabilities with some students and reducing special education enrollments.

Summary. Connecticut reading instruction and reading progress at the 4<sup>th</sup> grade level was like that of two-thirds of the states that made small or average gains in reading over the last 20 years. The recognition of the importance of SBRI through Education Reform legislation and

funding in Connecticut is a positive development that likely will improve special and general education outcomes. These changes have the potential to move Connecticut into the high growth pattern attained by a few states.

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## Sources

The sources for the analyses presented in this report were listed either in the narrative or as notes to tables. Raw data available at the Connecticut Department of Education were used in most of the analyses.

Interviews with the following directors of special education were conducted over three days in April 2014. The in-person interviews occurred at the school offices of the directors of special education. Notes reflecting the content of the interview were entered into a word processing program. At the conclusion of the interview, each director was asked to read the notes, make revisions as appropriate, and then verify the accuracy of the content. I am deeply appreciative of the time and effort devoted by the directors of special education to the interviews. My strong impression was that each director was a highly competent professional who was deeply committed to serving children with disabilities.

- Derby Public Schools, Dr. Stacey Chambers, April 22, 2014
- Bristol Public Schools, Mrs. Kim Hapken and Dr. Ellen Solek, April 22, 2014
- Newington Public Schools, Dr. Martha Hartranft, April 22, 2014
- Norwich Public Schools, Ms. Mary Donnelly, April 23, 2014
- Bridgeport Public Schools, Dr. Robert Arnold, April 23, 2014
- East Hartford Public Schools, Dr. Sharon Bremner, April 23, 2014
- Willington Public Schools, Ms. Holly McCarthy, April 24, 2014
- New London Public Schools, Mrs. Mariam Morales-Taylor, April 24, 2014
- Windham Public Schools, Mrs. LeeAnn Packer, April 24, 2014
- Hartford Public Schools, Mrs. Clare Kennedy, April 24, 2014